

YEAR: 2019

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
MOZAMBIQUE
RAPID RESPONSE
DROUGHT
2019**

19-RR-MOZ-34221

RESIDENT/HUMANITARIAN COORDINATOR	Myrta Kaulard
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

N/A

As an ad-hoc AAR did not take place due to critical time constraints between the end of the CERF grant implementation and the deadline for the submission of this report, the inputs were collected by the Report Focal Point (UNOCHA) from recipient agencies and their implementing partners (including NGOs and relevant government counterparts) and cluster coordinators through a number of bilateral consultations. During the consultations, the overall results and impact, people reached figures and added value were analysed. Furthermore, best practises and lessons learned with recommendations were also discussed, in an overall effort to improve efficiency and effectiveness of future CERF allocations.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

Yes No

The RC/HC Report on the use of CERF funds was discussed in the Humanitarian Country Team (HCT) meetings held on 12 November 2019 and 10 December 2019.

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

Yes No

The final version of the RC/HC Report was shared for review with various stakeholders, including recipient agencies and their implementing partners (NGOs and relevant government counterparts) and cluster coordinators.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

In February 2019, CERF allocated US\$4,963,658 to Mozambique from its window for rapid response to support the provision of life-saving assistance in two of the provinces most affected by the 2018-2019 food security crisis.

CERF allocations have enabled the implementation of immediate response interventions as well as initial early recovery activities and restoration of livelihoods of the affected population from March to November 2019. Moreover, the CERF-funded projects have reinforced the coping mechanisms of communities through approaches that were more sustainable and cost-efficient, including through cash-based programming. Overall, most of the projects have been able reach or to exceed the initial targeted number of beneficiaries, reaching an estimated total of 186,887 people.

Moreover, CERF has helped to foster coordination between recipient agencies, humanitarian partners and the Government of Mozambique. Due to the coordinated structure of the submission of the CERF application, adequate consultations on priorities and funding allocation took place that allowed for an agreement on sequencing of funding requests. Through this exercise, sectoral coordination among a variety of partners was widely strengthened.

Finally, the CERF funds have been instrumental in timely starting the emergency response and have been catalytic in raising further donor funds in line with the Mozambique Humanitarian Response Plan (HRP)'s requirements for November 2018-June 2019.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

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a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	55,140,000
FUNDING RECEIVED BY SOURCE	
CERF	4,963,658
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	24,316,799
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	29,280,457

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-004	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	899,535
UNFPA	19-RR-FPA-006	Protection - Sexual and/or Gender-Based Violence	299,450
UNICEF	19-RR-CEF-014	Nutrition - Nutrition	148,369
UNICEF	19-RR-CEF-015	Water Sanitation Hygiene - Water, Sanitation and Hygiene	552,281
WFP	19-RR-WFP-012	Food Security - Food Assistance	2,900,189
WFP	19-RR-WFP-013	Nutrition - Nutrition	163,834
TOTAL			4,963,658

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	4,240,671
Funds transferred to Government partners*	190,052
Funds transferred to International NGOs partners*	460,608
Funds transferred to National NGOs partners*	72,327
Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	722,987
TOTAL	4,963,658

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

Mozambique experiences natural hazards every year, particularly given its geographical location (the country is located downstream of nine international river basins and has a long Indian Ocean coastline with active cyclone activity) and the social and economic vulnerability of the population. According to the Global Facility for Disaster Reduction and Recovery, drought in Mozambique occurs primarily in the southern region, with a frequency of seven droughts every 10 years. The recurrence of these climatic shocks in shorter cycles has negated efforts to reduce vulnerability across many communities.

The 2017-2018 rainy season was characterised by a late start, extended mid-season dry spell (December-January) and heavy rains, resulting in moisture stress and wilting of early planted crops in many areas of the country. This caused significant below-average agricultural yield, particularly in southern and some central parts of Mozambique. As a result, the country faced significant pockets of food insecurity, mainly due to the poor rainfall performance and a fall army worm (FAW) invasion that contributed to reduced crop production, particularly of maize.

In 2018, the Technical Secretariat for Food Security and Nutrition (SETSAN) conducted two food security and nutrition assessments in June and September 2018 and both identified significant cases of acute food insecurity varying from 531,477 in June to 814,727 in October 2018. The assessment conducted in September 2018 indicated that the most affected provinces were Cabo Delgado, Inhambane, Gaza, Sofala, and Tete. Gaza province, for example, had nearly 22 percent of its population—more than 318,000 people—affected by the crisis. Tete, Inhambane, Sofala and Cabo Delgado reported together almost 500,000 people in IPC phase 3 (Crisis). This population was a prioritised subset of the overall number of severely food insecure people in the 11 provinces, which was estimated at 1.78 million people (IPC phase 3 and above) for the period September-December 2018, according to the Integrated Phase Classification (IPC) analysis and above-mentioned assessments.

Additionally, climatic predictions for the 2018-2019 rainfall season indicated normal to below normal rainfall for the southern and central regions and normal to above normal rainfall for the northern region, according to the National Institute for Meteorology (INAM). Moreover, in December 2018, the likelihood of an El Niño was revised to at least 80 per cent during the period between November 2018 and March 2019, according to the official El Niño-Southern Oscillation (ENSO) forecast. This poses a high risk for the Mozambique 2018-2019 cropping season, especially in already drought-affected southern and parts of central regions.

For the period December 2018-April 2019, SETSAN prioritised 815,000 people in five provinces for immediate humanitarian assistance. An estimated 19,500 children in nine districts were also expected to suffer from acute malnutrition, according to the IPC Acute Malnutrition analysis conducted in April 2018 by SETSAN. Five districts were in IPC Acute Malnutrition Phase 2 or above during the 2018-2019 lean season. Global Acute Malnutrition (GAM) increased from acceptable to alert/serious levels (IPC Phase 2 and 3) with GAM rates between 6 to 10.9 per cent, particularly in Balama (Cabo Delgado), Marara (Tete province), Milange (Zambezia province) and Macossa (Manica province), largely due to: low quality and quantity of infant

feeding; increased occurrence of childhood diseases, such as diarrhoea and malaria; low coverage of health and sanitation services; and low access to safe water sources.

As a result of these conditions, families adopted negative stress coping strategies in almost all the affected provinces, heightening protection risks, particularly for women and children, according to preliminary indications of the October 2018 SETSAN assessment report. The most severe cases were identified in Gaza, Inhambane and Sofala provinces, where families adopted crisis strategies (17 per cent) and emergency strategies (13 per cent) respectively, including: selling of productive assets and animals; and taking children out of school to perform household chores, including fetching water, and begging. In the past—including during the 2015-2017 El Niño-induced drought—rising food insecurity heightened the risk of child labour, child trafficking and forced marriage. Past anecdotal evidence suggests that the age of sexual debut lowered to 11- or 12-years during drought, with older men engaging with girls aged 11 to 13 as they went about water collection activities.

Furthermore, diminished rainfall and drought conditions heightened the challenges to access safe water. According to reports, only half of Mozambicans have access to improved water supply and only one in five uses improved sanitation facilities. There is a large disparity between urban (80 per cent) and rural water supply coverage (35 per cent), and only an estimated 40 per cent of rural schools has water, sanitation and hygiene (WASH) facilities for learners and teachers. Unimproved sanitation is also linked to poor maternal health, with 90 per cent of underweight mothers having access to only unimproved sanitation. At the peak of the lean season in drought-affected areas around 296,000 people needed some form of WASH intervention, as localised water stress levels impacted the waiting time at water points as well as longer return distances for water trucking.

On 3 December 2018, the Government of Mozambique (GoM) through the National Institute for Disaster Management (INGC) organised a meeting with partners to request support to mobilise additional resources to assist the population affected by food insecurity as well as to reduce the financial gap of the INGC Contingency Plan 2018-2019. Moreover, on 27 December 2018, the Government activated the Orange institutional alert to intensify the emergency preparedness, early action and mitigation measures, provide timely assistance, activate the emergency operating centers and advocate for the mobilisation of additional resources to close the gaps.

In response to the Government call, the Humanitarian Country Team (HCT) developed a Humanitarian Response Plan (HRP) targeting about 700,000 people to complement the Government efforts to mitigate the food insecurity crisis in five provinces. The priority sectors were defined according to the needs of people affected by food insecurity which were mainly food, water, inputs to restore the agriculture activity, nutrition services and mitigation to protection risks due to negative stress coping measures. Therefore, the sectors prioritised in the response plan included food security, WASH, Nutrition, Protection, Education and early recovery.

3. PRIORITIZATION PROCESS

The overall prioritization of the sectors and project activities has been carried out based on the main needs of the affected people and through a consultative and participatory process among the HCT and Inter-Cluster Coordination Group (ICCG) partners and stakeholders. The main parameters for the prioritization have been the following:

- Most life-saving critical needs;
- Most vulnerable people among the affected populations;
- Gaps identified by the government jointly with HCT;
- Underfunded sectors and Government requests;
- Response capacity of the Government;
- Geographical presence, experience and expertise of involved agencies to deliver the needed assistance.

Specifically, the CERF-funded activities have been prioritised along with the IPC analysis and the Food Security and Nutrition Assessment conducted by SETSAN in June and September 2018. The partners involved in the assessments were WFP, FAO, UNICEF, Famine Early Warning Systems Network (FEWS NET) through IPC support Unit and a consortium of INGOs.

Priorities and comparative advantages of the respective humanitarian partners have been also considered. The identified activities have been selected to ensure that the most urgent humanitarian needs in various sectors could be immediately met.

The request of CERF funds has been made in line with the priorities of the Government of Mozambique. Moreover, the CERF strategy has been aligned with the Mozambique HRP developed by HCT and issued in January 2019, allowing for an immediate relief of a portion of the people in need. The Food Security and Agricultural sectors have been prioritised as key components of the early response to the drought along with WASH, Nutrition and Protection, in an overall effort to timely mitigate the impacts of the drought conditions.

Regarding the target areas, efforts have been made to concentrate the CERF-funded activities in the same locations to ensure complementary targeting. The prioritization of geographical areas was based on (i) total population in need; (ii) coverage of people in need; (iii) rainfall anomaly; and (iv) the seasonal forecast for the rain season. The combination of these factors informed the priority provinces to be assisted (see table below):

Provinces	People in need of urgent assistance	Response interventions (partners)	Planned Assistance	People Assisted	Gap people assisted (%)	Rainfall anomaly	Rain Forecast
Gaza	319,000	WFP, CHEMO	142,000	60,955	55	negative to neutral	Normal to below normal
Tete	360,000	WFP	120,000	19,405	67	negative	Normal to below normal
Sofala	22,000	-	0	0	100	negative-neutral	Normal to below normal
Inhambane	45,000	CHEMO	12,000	2,800	73	negative-neutral	Normal to below normal
Cabo Delgado	70,000	WFP	33,000	25,215	53	neutral-positive	Normal to above normal

Based on the analysis of the indicators shown in the table, the most affected provinces were Gaza and Tete. Although, Inhambane province presented the highest gap (%) in terms of people assisted, the actual numbers of people in need were lower than in Gaza and Tete province. An additional element was the late onset of the rainfall (approximately 30-40 days) which was recorded in Gaza province. The presence of the humanitarian agencies in the mentioned locations was also considered to facilitate a more rapid implementation of the projects. In fact, this has helped reduce some of the operation costs, making use of the existing infrastructure, partnerships and capacity to deliver the project activities. Additionally, the prioritization of the CERF-funded activities has taken a set of vulnerability criteria into account, focusing on vulnerable women as well as children below the age of 5.

Taking into consideration all these elements, it was agreed to implement the CERF-funded projects in the districts of Chibuto, Chicualacuala, Chigubo, Guija, Mabalane, Mapai, Massangena and Massingir (Gaza province) and Doa, Cahora Bassa, Changara, Chiuta, Magoe and Marara (Tete province).

All the humanitarian activities have been coordinated to ensure the complementarity of interventions and the avoidance of duplications. Within and between sectors interventions have been complementary, especially for the food assistance, agriculture, livelihoods and nutrition interventions. Moreover, the mainstreaming of protection issues in all the sectoral interventions has been ensured. Lastly, all the funded projects have been implemented in close collaboration with government counterparts and through various implementing partners.

4. CERF RESULTS

In February 2019, CERF allocated US\$4,963,658 to Mozambique from its window for rapid response to support the provision of life-saving assistance in two of the provinces most affected by the 2018-2019 drought conditions. CERF allocations have enabled the implementation of immediate response interventions as well as initial early recovery activities and restoration of livelihoods of the affected population from March to November 2019. Moreover, the CERF-funded projects have reinforced the coping mechanisms of communities through approaches that were more sustainable and cost-efficient, including through cash-based programming. Overall, the CERF-funded projects have been able to reach and exceed the targeted number of beneficiaries.

This funding has enabled UN agencies and their implementing partners to provide support for an estimated total of 186,887 people; emergency seeds and watering can kits have been delivered to 18,000 vulnerable families totalling 90,000 people, out of which at least 40,500 have been women; community awareness campaign have been conducted on GBV and child marriage to 149,749 people during the six months of the project in all 15 districts; 146 health providers in remote areas and 54 social workers at community level have been trained on GBV case management, counselling, psychological support to GBV survivors; 4,000 dignity kits have been distributed to women of reproductive age for girls and women to maintain basic hygiene and dignity in a difficult situation and as an incentive to seek GBV response services; the Mozambican Ministry of Health has screened 80,969 children for Moderate Acute Malnutrition (MAM) in 13 districts of Gaza and Tete provinces.

Moreover, a total of 1,094 children with Severe Acute Malnutrition (SAM) have been admitted for treatment; a total of 18,655 people, including 9,700 children, have been reached with critical behaviour change and life-saving information on safe WASH practices; 5,000 families have received household water treatment products; moreover, 10,200 people have increased their access to safe water through the construction of 5 new water sources and the upgrade of 5 existing boreholes into solar powered, multi-use water supply systems with water storage towers; a total of 75,789 beneficiaries that were in IPC Phase 3 (Crisis) have been reached through in-kind and Cash-Based Transfer (CBT) assistance; the treatment of Moderate Acute Malnutrition (MAM) in 2,306 children (6–59 months), 1,038 boys, 1,248 girls, has been supported from March to August 2019. Finally, 20.013 metric tons of ready-to-use supplementary food have been delivered to 41 health facilities across the targeted provinces.

Specifically, FAO and its governmental and NGO partners have provided emergency seeds and watering can kits to 18,000 vulnerable families totalling 90,000 people out of which at least 40,500 were women. A total of 2,250 families have been comprised of elderly members who have been among the most vulnerable members of their communities. In addition to emergency kits, the same families have received technical guidance and assistance in the planting and husbandry of the crops produced from the seeds.

UNFPA has worked with government partners and local community leaders to address the issue of gender-based violence (GBV) in drought affected communities in 15 target districts (seven districts in Gaza province and eight districts in Tete province). Through CERF allocations, community awareness campaign has been conducted on GBV and child marriage to 149,749 people during the six months of the project in all 15 districts. The awareness campaign has been important to address the high prevalence rate of HIV (25% in Gaza) and the high numbers of girls marrying at an early age as a mechanism to cope with family impoverishment. The campaign has motivated 600 women to come forward to seek assistance for intimate partner or family member violence that they had experienced or were suffering from. To assist these women and women in the future, 146 health providers in most remote areas and 54 social workers at community level have been trained on GBV case management, counselling and psychological support to GBV survivors. Moreover, 4,000 dignity kits have been distributed to women of reproductive age for girls and women to maintain basic hygiene and dignity in a difficult situation and as an incentive to seek GBV response services.

Through UNICEF support, the Mozambican Ministry of Health has been able to screen 80,969 children for Moderate Acute Malnutrition (MAM) in 13 districts of Gaza and Tete provinces. Moreover, a total of 1,094 children with Severe Acute Malnutrition (SAM) have been admitted for treatment. In Tete province, a total of 674 children with SAM have been admitted to treatment services and more than 48,512 have been screened in the districts of Doa, Cahora Bassa, Changara, Chiuta,

Magoé and Marara. In Gaza province, the admissions of SAM children have been 420 with screenings of 32,487 children in the districts of Chibuto, Chicualacuala, Chigubo, Guija, Mabalane, Mapai, Massangena and Massingir. Nutrition therapeutic products have been procured according to the agreed plan and have been available for the treatment of children with SAM. Screenings have been reinforced through outreach activities made by the Ministry of Health. Despite a delayed start in Gaza province related to post cyclone response in other provinces, the project has been completed on time.

Moreover, UNICEF has covered the WASH needs of some of the communities most affected by the drought in Gaza province, particularly in the districts of Guija, Chibuto and Mabalane, where the programme has been implemented between March and November 2019. UNICEF and its implementing partners have reached 18,655 people, including 9,700 children, with critical behaviour change and life-saving information on safe WASH practices. Moreover, 5,000 families have received household water treatment products to ensure safety of water. Additionally, over 10,200 people have increased their access to safe water through the construction of 5 new water sources and the upgrade of 5 existing boreholes into solar powered, multi-use water supply systems with water storage towers.

WFP has managed to expand the assistance to additional 75,789 beneficiaries that were in IPC Phase 3 (Crisis) in Massingir, Massangena, Chigubo and Guija in Gaza Province; and Cahora Bassa and Marara in Tete Province through in-kind and CBT assistance, reaching 104% of the planned targets. Of these, 54,794 people were reached through the in-kind modality. Additionally, the project has allowed the creation of 120 community assets that are supporting the communities to quickly recover from the shock and reduce their dependence on long-term food assistance. Moreover, WFP has managed to combine the asset creation activities with a series of trainings on nutrition as well as water and sanitation and hygiene aiming at enhancing the response quality and sustainability of the interventions. A total of 10,194 people has participated in the mentioned trainings and sensitization sessions and have built 120 improved latrines and handwashing stations.

Finally, WFP and its partners have supported the treatment of Moderate Acute Malnutrition (MAM) in 2,306 children (6–59 months), 1,038 boys, 1,248 girls, across Cahora Bassa, Changara, Chiuta, Doa, Magoé and Marara districts of Tete province from March to August 2019. The programme performance has been 93.4% cured (based on 1,092 exit cases), exceeding SPHERE standards of 75%. Capacity of 49 health facility, nutrition staff has been strengthened through trainings on Nutrition Rehabilitation Programme (PRN) protocol, stock management and monitoring and evaluation. WFP has also delivered 20.013 metric tons of ready-to-use supplementary food to 41 health facilities across the six mentioned districts.

5. PEOPLE REACHED

CERF allocations enabled the implementation of immediate response interventions as well as initial early recovery activities and restoration of livelihoods for the affected population from March to November 2019. Moreover, the CERF-funded projects reinforced the coping mechanisms of communities through approaches that were more sustainable and cost-efficient, including through cash-based programming. Overall, most of the projects have been able reach or to exceed the initial targeted number of beneficiaries, reaching an estimated total of 186,887 beneficiaries.

Regarding the approach used towards estimating the number of beneficiaries, FAO worked through district governments and the local leadership at the community level. Selection was done according to a set of criteria focusing on poverty and vulnerability. All families registered in each community had to show official identification documentation at the time of registration. Their details were entered in a spreadsheet and crosschecked to avoid repetition of names. Where there was a case of repetition of names, the community leaders either confirmed that the persons were in fact not the same, or in the few cases that they were the same person, a substitution was made.

With regards to the number of beneficiaries assisted as part of the food security intervention, WFP has rigorous Monitoring and Evaluation systems that avoid beneficiary double counting. The number of beneficiaries assisted with food security interventions

were counted on a monthly basis by multiplying the number of unconditional food assistance recipients by 5, which is the average national household size. Importantly, reporting was done by Food Distribution Points (FDPs). To identify the total

number of beneficiaries that were assisted without double counting, the maximum number of beneficiaries that were assisted in a particular month for a particular FDP were aggregated.

For UNFPA, prior to the distribution of dignity kits, the team held discussions with community members to identify vulnerable women and girls, focusing especially on issues related to GBV, including girls' school dropout rates, child marriage and susceptibility to negative coping mechanisms that put women and girls at greater risk for violence, including domestic violence and trafficking. The discussions involved parents, influential community members as well as community and religious leaders. To estimate number of beneficiaries, UNFPA considered 4,000 most vulnerable women in identified communities in the affected areas (girls, female-headed household, pregnant and lactating women, people with disability and older women) who benefited from access to dignity kits. The number of kits distributed was multiplied by the average family size of five since the kit benefited the entire family including, importantly, messages on GBV that were included in the dissemination process.

Regarding the WFP and UNICEF activities on Nutrition, the number of screened children for acute malnutrition was based on populations estimates (children under 5) and targets set by the Ministry of Health to cover them through outreach activities (integrated Mobile Brigades) in the targeted districts. The total children with SAM to be treated, was also based on an estimation for those districts based on the prevalence of acute malnutrition and the number of children to be screened by the Ministry. Since the Ministry does not normally make disaggregation by sex, the proportion of sex for the beneficiary population was tentatively set on a 50/50 proportion, based on population estimates and the fact that no significant difference were found on nutrition prevalence among sexes in existing nutrition surveys.

For the UNICEF activities on WASH, beneficiary calculations were based on actual population served by the water systems as per coordination with local partners and community leaders.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹		
Category	Number of people (Planned)	Number of people (Reached)
Host communities	0	0
Refugees	0	0
Internally displaced persons	0	0
Other affected persons	156,261	186,887
Total	156,261	186,887

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²					
	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	45,575	38,686	36,000	36,000	156,261
Reached	50,316	54,508	41,032	41,031	186,887

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)³					
	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	194	210	210	228	842
Reached (Out of the total reached)	1,442	1,469	320	348	3,579

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Food Assistance	14,952	17,065	19,845	20,738	72,600 (WFP)
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	41,250	33,750	0	0	75,000 (FAO)
Water Sanitation Hygiene - Water, Sanitation and Hygiene	3,888	4,212	4,212	4,563	16,875
Nutrition - Nutrition	0	0	36,500	36,500	73,000 (UNICEF)
Protection - Sexual and/or Gender-Based Violence	5,200	5,600	4,400	4,800	20,000

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Food Security - Food Assistance	15,612	17,811	20,766	21,600	75,789
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	49,500	40,500	0	0	90,000
Water Sanitation Hygiene - Water, Sanitation and Hygiene	4,300	4,659	4,659	5,047	18,665
Nutrition - Nutrition	0	0	41,032	41,031	83,275
Protection - Sexual and/or Gender-Based Violence	50,316	54,508	21,564	23,361	149,749

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

6. CERF'S ADDED VALUE

a) Did CERF funds lead to a **fast delivery of assistance to people in need?**

YES

PARTIALLY

NO

CERF funds have been very critical to allow for a fast delivery of assistance according to the response plans previously drafted by partners to respond to the emerging needs. In this context, FAO and its governmental and NGO partners have provided emergency seeds and watering can kits to 18,000 vulnerable families during the crop window, totalling 90,000 people, out of which at least 40,500 were women. In addition to emergency kits, the same families have received technical guidance and assistance in the planting and husbandry of the crops produced from the seeds. Moreover, through CERF allocations, UNICEF and its implementing partners have reached 5,000 families that received household water treatment products to ensure safety of water as an emergency activity. Similarly, over 10,200 people have increased access to safe water through the construction of 5 new water sources and the upgrade of 5 existing boreholes into solar powered, multi-use water supply systems with water storage towers.

b) Did CERF funds help respond to **time-critical needs?**

YES

PARTIALLY

NO

CERF funds have provided very time critical support. The assistance started during the lean season (October 2018-February 2019) in which a total of 814,700 people in five provinces were estimated to face the most severe levels of food insecurity (IPC Phase 3 and above) and needed urgent life-saving assistance. Through CERF support, the Mozambican Ministry of Health has timely screened 80,969 children for MAM in 13 districts of Gaza and Tete provinces. Moreover, a total of 1,094 children with SAM have been admitted on time for immediate treatment, malnutrition being a deadly disease if not cured on time. In Tete province, a total of 674 children with

SAM have been admitted to treatment services and more than 48,512 have been screened in a wide number of districts. In Gaza province, the admissions of SAM children have been 420 with screenings of 32,487 children in a wide number of districts. CERF allocations have also supported the treatment of MAM in 2,306 children (6–59 months), 1,038 boys, 1,248 girls from March to August 2019. Finally, 20.013 metric tons of ready-to-use supplementary food have been delivered to 41 health facilities across the affected districts.

Moreover, CERF funds have enabled UNFPA to advocate for the importance of addressing GBV, which in turn had a positive outcome on UNFPA activities with the strong engagement of the provincial authorities of both provinces of Gaza and Tete. In fact, during an emergency such as the drought in Mozambique, economic and other stresses can lead to increased levels of GBV, especially child marriage and domestic violence. It is important that response mechanisms are built into all aspects of the assistance efforts, and advocacy to that effect needs to be a priority at the beginning of the response rather than waiting for problems to appear. In Tete, the GBV community awareness campaign on prevention of GBV has been carried out by the spouse of governor in all eight districts, leading an advocacy campaign to engage district administrators in discouraging parents from giving daughters for marriage before adulthood. In Gaza the campaign has focused on prevention of girls' school drop-out and HIV prevention. The campaign has also served as a link to a recently launched UNFPA project in the province—the Spotlight Initiative—on GBV prevention and access to services.

c) Did CERF improve coordination amongst the humanitarian community?

YES

PARTIALLY

NO

CERF has helped to foster coordination between recipient agencies, humanitarian partners and with the Government of Mozambique. Furthermore, due to the coordinated structure of the submission of the CERF application, adequate consultations on priorities and funding allocation took place that allowed for an agreement on sequencing of funding requests. Through this exercise, sectoral coordination among a variety of partners was strengthened.

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

YES

PARTIALLY

NO

The CERF funds have been instrumental in kick starting the emergency response in February 2019 and they have been catalytic in raising additional funds from other international donors (DFID, ECHO, World Bank, UN Member States, etc.) over the following months, in line with the Mozambique HRP's requirements.

under the food assistance intervention, CERF funds played a critical role in complementing resources received from other donors that were insufficient to cover all the food needs within the critical period of February to April 2018. CERF funds allowed WFP to expand and extend food assistance to a total of 114,850 beneficiaries, in a period during which SETSAN results indicated that 269,999 people were in crisis phase in Gaza Province (IPC3 results of June 2019) and required immediate food assistance until September 2019. CERF funds also contributed to covering 20% of WFP's nutrition response needs. The nutrition response implemented thanks to CERF funds primarily targeted children under five years of age in Doa, Cahora Bassa, Changara, Chiuta, Magoe and Marara districts of Tete province.

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

CERF has added value in several fields of the humanitarian response, particularly through the structures and information it has provided that are currently used by humanitarian partners.

For instance, CERF funds have been used to strategically strengthen the nutrition information system at the Mozambican Ministry of Health, particularly regarding the treatment of acute malnutrition. Moreover, the overall process of provision of therapeutic supplies within the PRN has been improved as well as the report rate and prevention of stock outs. Moreover, the investments on resilient, solar powered water systems further have reinforced government acceptance of these multi-use systems as shock-resistance options for larger villages in at-risk areas. In this regard, UNICEF will continue to work with the government to evaluate and standardize the approach.

Through CERF funds, the government's institutional capacity to address GBV prevention and response has been reinforced not only at the service delivery level, but also increasing the understanding at the community level through the engagement of community leaders, influential community members and parents at school level. In Gaza, at the closure of the project, the provincial government has organized a workshop to design a preparedness plan for drought response that involved key government sectors and stakeholders on GBV that designed an awareness strategy on the prevention of forced marriages.

Finally, the availability of CERF funds contributed to strengthening WFP's presence and capacity in Gaza province and at district level to better coordinate and monitor interventions with other humanitarian partners present in the Food Security Cluster. The good coordination also enabled WFP to identify and ensure complementarities between the interventions and minimize duplications. Similarly, in Tete province, the CERF contribution helped WFP to strengthen its presence to lead and coordinate the nutrition response in partnership with the authorities, UNICEF and other local partners and initiate the immediate response. Particularly, CERF funds enabled WFP to strengthen the technical and management capacities of health professionals from provincial and district health authorities,

including supporting health facility staff to conduct active MAM case finding, adequately treating acute malnutrition and stock management.

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
CERF funds have allowed agencies to start humanitarian activities and allow to sequence interventions. Funds have been delivered timely.	Not applicable
Importance of evidence during the drafting and submission of the CERF application. Not all information is necessarily available at the same time. Assessments are sequenced but this shall not prevent some activities from taking off. Insisting on evidence has been helpful and is right from an accountability perspective but might hamper other projects from starting.	Clear communication on the requirements in terms of information for the submission of the CERF application. Potentially sequenced payments by CERF, depending on the availability of information. Potentially acceptance of information even if not available globally across the country (water levels, negative coping mechanisms etc.). In case of the absence of full assessment data in the early stage of the humanitarian situation, satellite imagery, price monitoring and other data sources may be compared to historic information to determine the severity of the crisis.

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
High-level commitment and buy-in are required for projects to be implemented timely and effectively. Logistical and operational issues have only been unblocked through the involvement of senior management.	Strengthen capacity in the Ministries is required to facilitate the implementation of humanitarian programmes. Engagement of government senior management to ensure buy-in and facilitation in case of challenges.	All HCT Partners
Better results are achieved when local districts and communities are involved in the screenings made by community health workers during outreach health and nutrition activities under the leadership of the Mozambican Ministry of Health	Integration of Community Health Workers and provincial/district authorities on each step of the process to reach more children with MAM and SAM.	Nutrition partners
National humanitarian community still lacks the ability to face and respond to multiple emergencies. When the two cyclones hit the country, the drought turned into a “ <i>forgotten crisis</i> ” and attention turned to other provinces.	Need to strengthen the capacity of humanitarian actors to respond to multiple emergencies by working with relevant, e.g. INGC and its sector specific counterparts and sub-national level (provinces and districts) authorities.	All HCT Partners
Delays to engage implementing partners in the project as most of them are not familiar with drought response in sectors other than food and water distribution.	Establish and maintain standby partnerships with national NGOs and government counterparts and train them beforehand.	All HCT Partners
Data analysis of the impact of drought on vulnerable population is limited.	Baselines need be established in advance and a specific group delegated to do so.	All HCT Partners

<p>Issues concerning pre-existing GBV cases were not addressed and they were further exacerbated when the crisis hit.</p>	<p>Need to link humanitarian aid with development projects so that there is continuum of resilience building (humanitarian-development nexus)</p>	<p>All HCT Partners</p>
<p>Working directly through provincial and district government departments and with community leaders is the best way to ensure that the beneficiaries selected for assistance include a high percentage of the most vulnerable families. Careful selection of a service provider, who in this case worked with the districts to select the beneficiaries and distribute the agricultural kits, is an important factor in the success of emergency projects where large numbers of families must be reached in a short period of time.</p>	<p>Strengthen partnerships and long-term agreements with service provider.</p>	<p>All HCT Partners</p>
<p>High level of food needs as well as political interferences from the district governments targeting of the most affected people in the communities required additional resources for conducting sensitization sessions as well as regular field visits to monitor the situation.</p>	<p>Review the endorsement of beneficiary selection criteria as well as proper dissemination by INGC at the central level to districts authorities and communities.</p>	<p>WFP, Cooperating Partners, field staff, provincial and district authorities</p>
<p>Due to the limited food availability in the country to respond to large-scale and several emergencies simultaneously (Cyclones Idai and Kenneth in the central and northern regions and drought in the South) - significant delays were encountered in the food procurement process. Therefore, WFP had to seek alternative food supplies in the region.</p>	<p>Reduce in kind food transfers and continue to expand Cash-Based Transfers.</p>	<p>WFP and Cooperating partners</p>
<p>Setting up partnerships with local transporters to dispatch the specialized nutrition supplements up to health facility level is challenging and costly due to the small quantities required for limited durations.</p>	<p>Dispatching of Specialized Nutrition Supplements directly without involving a third-party.</p>	<p>WFP</p>
<p>Management capacity of nutritional foods stocks by health facilities is very limited, including storage capacity.</p>	<p>Continuing to support the integration of Specialized Nutrition Supplements in the Supply. Chain management system of the Ministry of Health. Allocate containers to improve the storage capacity of target health centres, including the improvements of storage conditions.</p>	<p>WFP and Ministry of Health</p>

PART II

8. PROJECT REPORTS

8.1. Project Report 19-RR-FAO-004 - FAO

1. Project Information			
1. Agency:	FAO	2. Country:	Mozambique
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	4. Project Code (CERF):	19-RR-FAO-004
5. Project Title:	Emergency Assistance for Livelihoods of people Affected by Drought in the Province of Gaza		
6.a Original Start Date:	27/02/2019	6.b Original End Date:	26/08/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	30/11/2019
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,240,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 899,535
	c. Amount received from CERF:		US\$ 899,535
	d. Total CERF funds forwarded to implementing partners		US\$ 88,030
	of which to:		
	Government Partners		US\$ 15,703
International NGOs		US\$ 0	
National NGOs		US\$ 72,327	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through CERF allocations, FAO and its governmental and NGO partners have provided emergency seeds and watering can kits to 18,000 vulnerable families totalling 90,000 people out of which at least 40,500 were women. A total of 2,250 families were comprised of elderly members who were among the most vulnerable members of their communities. In addition to emergency kits, the same families have received technical guidance and assistance in the planting and husbandry of the crops produced from the seeds. The project has been implemented in Gaza province which was one of the most food insecure parts of Mozambique in 2018-2019 due to its semi-arid climate and the adverse impact of climate change. The original implementation period was 6 months, i.e. March-August 2019. However, a 3-month no-cost extension was requested and granted to adequately implement and complete all the activities. The project ended on 30 November 2019.</p>

3. Changes and Amendments
<p>The national humanitarian context worsened during the implementation of the project due to the continuation of the prolonged drought. In response, FAO managed to increase the number of direct beneficiaries by 15,000 persons (from the planned 75,000 to the reached 90,000). The original plan was amended as FAO was unable to deliver field beans (part of the planned seed kits) within the anticipated time period due of a delivery delay by the supplier (the period for planting field beans had already passed). Due to this delay, FAO</p>

cancelled the contract with the field bean supplier and requested a 3-month no-cost extension and redesigned the project to include the distribution of cowpea seeds to the same beneficiaries. However, challenges related to unavailability of cowpea seeds in Southern Africa led FAO to replace cowpea by maize seeds to be distributed during the main cropping season. Procurement of the maize seeds took place in September 2019. Distribution of the seeds took place in October-November 2019, at the beginning of the main cropping period.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	41,250	33,750	0	0	75,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	49,500	40,500	0	0	90,000
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	1,125	1,125	0	0	2,250

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

FAO managed to procure the emergency kits cheaper than expected in the project planning phase. As a result, the total number of beneficiaries rose from the planned 75,000 to the reached 90,000 people.

5. CERF Result Framework

Project Objective	Reduce food insecurity of 75,000 most vulnerable people in Gaza province
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Output 1	Vulnerable households with access to seeds of horticultural crops and beans			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of kits of seeds of horticultural crops and beans procured and distributed	15,000	18,000	FAO and NGO partner reports
Indicator 1.2	% of women and elderly HH benefiting directly from the project	6,750 (45%)	8,100 (45%)	FAO and NGO partner reports
Indicator 1.3	Number of HH that received horticultural seeds	15,000	18,000	FAO and NGO partner reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procurement of agricultural inputs	FAO		
Activity 1.2	Selection of a service provider for selection of beneficiaries and distribution of inputs	FAO		
Activity 1.3	Refine criteria for the selection of beneficiaries	Serviço Distrital de Actividades Economicas de Chigubo (SDAE)/FAO/Provincial Director of Agriculture and Food Security (DPASA) de Gaza		
Activity 1.4	Organize lists with identification of beneficiaries	SDAE/Service Provider		
Activity 1.5	Distribution of agricultural inputs (seeds and watering cans)	Service Provider/SDAE		

Output 2	Increased availability of food of vulnerable households			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of kits of seeds of horticultural crops and beans procured and distributed	15,000	18,000	FAO, SDAE and NGO partner reports
Indicator 2.2	% of women and elderly HH benefiting directly from the project	6,750 (45%)	8,100 (45%)	FAO, SDAE and NGO partner reports
Indicator 2.3	Number of HH that received horticultural seeds	15,000	18,000	FAO, SDAE and NGO partner reports
Explanation of output and indicators variance:		Number of beneficiaries was increased through cost saving. The purchase price of the kits was lower than anticipated.		
Activities	Description	Implemented by		
Activity 2.1	Technical assistance for the production of horticultural crops	SDAE		
Activity 2.2	Design and implement a monitoring tool for the project	FAO		
Activity 2.3	Train HH in processing and conservation of vegetables	SDAE		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The crisis-affected people have been involved in the selection of the beneficiary's families through the active participation of community leaders in this process. Community leaders also have mobilised and organised the beneficiaries to receive the emergency kits and the technical assistance (training) as well as to participate in joint monitoring by FAO/SDAE/DPASA.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Meetings have been organised in the targeted communities by SDAE and community leaders to inform the communities about the project, explain its objectives and compile the lists of beneficiaries according to clearly pre-defined criteria (poverty/vulnerability focus, etc.). These meetings have been attended by women and girls as well as men and boys. The plan has been to distribute the emergency kits to a minimum 45% of women beneficiaries (55% men). Lastly, 78% of the households that received the kits have been represented on the days of distribution by women - i.e. 78% of the recipients have been women including elderly women and numerous women-headed households.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

These activities have taken place in the early meetings in the target communities organised by SDAE and the service provider as previously explained.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

The Linha Verde hotline was established by WFP as an inter-agency complaint feedback mechanism on behalf of the humanitarian community and it was disseminated at all levels. The hotline number has been placed on posters across locations accessible to communities including the distribution sites, implementation sites as well as public places that are normally visited by the communities. Information regarding the hotline has been included in sensitization messages to beneficiaries. The Linha Verde was designed to support three core elements of Accountability to Affected Populations (AAP): information provision; complaints, feedback and response mechanisms; and, community participation.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

SEA-related matters have been contemplated in all contractual agreements with NGO and Government counterparts. Beneficiaries have had the possibility to report any SEA-related complaints through the above-mentioned hotline.

Any other comments (optional):

N/A

7. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	N/A	N/A	N/A	N/A	N/A

Supplementary information (optional):

N/A

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

No specific evaluation was planned for these CERF-supported interventions.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

8.2. Project Report 19-RR-FPA-006 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Mozambique
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	19-RR-FPA-006
5. Project Title:	Protection Interventions on Drought Response areas in Mozambique		
6.a Original Start Date:	26/02/2019	6.b Original End Date:	25/08/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:	US\$ 1,200,000	
	b. Total funding received for agency's sector response to current emergency:	US\$ 299,450	
	c. Amount received from CERF:	US\$ 299,450	
	d. Total CERF funds forwarded to implementing partners of which to:	US\$ 94,610	
	Government Partners	US\$ 94,610	
International NGOs	US\$ 0		
National NGOs	US\$ 0		
Red Cross/Crescent	US\$ 0		

2. Project Results Summary/Overall Performance

UNFPA has worked with government partners and local community leaders to address the issue of GBV in drought-affected communities in 15 target districts (seven districts in Gaza province and eight districts in Tete province). Through CERF allocations, community awareness campaign has been conducted on GBV and child marriage to 149,749 people during the six months of the project in all 15 districts. The awareness campaign has been important to address the high prevalence rate of HIV (25% in Gaza) and the high numbers of girls marrying at an early age as a mechanism to cope with family impoverishment. The campaign has motivated 600 women to come forward to seek assistance for intimate partner or family member violence that they had experienced or were suffering. To assist these women and women in the future, 146 health providers in most remote areas and 54 social workers at community level have been trained on case GBV case management, counselling, psychological support to GBV survivors. Moreover, 4,000 dignity kits have been distributed to women of reproductive age (2,000 in Gaza and 2,000 in Tete) for girls and women to maintain basic hygiene and dignity in a difficult situation and as an incentive to seek GBV response services. The distribution of dignity kits has been accompanied by discussions, information sharing, awareness raising on women and girls sexual and reproductive health and rights, including access to family planning, GBV and prevention of early marriage, childcare, and menstrual health and hygiene.

3. Changes and Amendments

The project originally targeted 20,000 direct beneficiaries. This expanded to 149,749 beneficiaries when the decision was reached to undertake community awareness campaign in target districts, which involved government authorities, community members, community leaders and parents. The humanitarian context also changed as in the initial phase to the response to drought the country was hit by two consecutive cyclones, Idai and Kenneth, in central and northern parts of the country which overstretched the agency's capacity to assist. These circumstances resulted in some delays on planned activities related to distribution of dignity kits.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	5,200	5,600	4,400	4,800	20,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	50,316	54,508	21,564	23,361	149,749
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	102	112	88	96	398

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The project expanded the initial number of 20,000 direct beneficiaries to 149,749 by the addition of a community awareness campaign on GBV and child marriage in all 15 target districts, which involved government authorities, community members, community leaders, and parents. In some districts the awareness campaign had the participation of high levels government official and the Cabinet of the First Lady. This campaign was deemed as the most efficient way to reach large audiences with GBV prevention and response messages.
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5. CERF Result Framework	
Project Objective	Humanitarian actors increased capacity to address protection and the needs of vulnerable people in drought-affected areas.

Output 1	Women and girls are protected and have access to specific needs			
Indicators	Description	Target	Achieved	Source of Verification

Indicator 1.1	Number of target affected women in reproductive age (WRA) receiving dignity kit	80% (4,000)	4,000	Distribution reports and registration slips
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Hire a humanitarian technical officer for the quick implementation of activities	UNFPA		
Activity 1.2	Procurement of Dignity Kits	UNFPA		
Activity 1.3	Distribution of Dignity Kit	UNFPA and Ministry of Gender, Children and Social Affairs (DPGCAS)		
Activity 1.4	Establishment of complaint and feedback mechanisms in all humanitarian response to address PSEA, corruption and mismanagement	UNFPA and WFP		
Activity 1.5	Implement and monitor referral pathways for GBV survivors and ensure referral to integrated services	UNFPA, DPGCAS and Provincial Health Directorate/Direcção Provincial de Saúde (DPS).		

Output 2	Safe, simple and accessible complaint and feedback mechanisms in all sectors, to address GBV, corruption and mismanagement are established for equitable access of humanitarian assistance of vulnerable groups, including children, girls, pregnant and lactating women, elderly, people with disability and people with chronic diseases			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	% of targeted population reached by protection services (GBV, psychosocial support - PSS)	80%	80%	Monthly Reports
Indicator 2.2	Existence of mechanisms to support and ensure the participation of people with special needs (people with disability, people with chronic diseases and elderly)	Yes	Yes	Monthly Reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Oversee the distribution of food and non-food items using vulnerability as prioritization criteria	DPGCAS and UNFPA		
Activity 2.2	Activate local social protection mechanisms and strengthening child protection mechanisms	DPGCAS		
Activity 2.3	Community discussion on GBV-sensitive issues (girls school drop-out and early marriage) involving parents, influencers and community leaders including religious leaders	DPGCAS and UNFPA		
Activity 2.4	Community discussion to address barriers and transform beliefs that limit people with disabilities and older people access to protection and gender-based violence (GBV) services	DPGCAS, DPS and UNFPA		
Activity 2.5	Empowerment of girls, boys, women and men who face discrimination based on disability, gender and/or age	DPGCAS and UNFPA		

6. Accountability to Affected People
6.a IASC AAP Commitment 2 – Participation and Partnership
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>Project design was based on a study commissioned by UNFPA under the Protection Cluster on the vulnerability of most affected people such as women, girls, people with disability, pregnant and lactating women. The process of project implementation, including monitoring the involvement of beneficiaries were assured through regular meetings and complaint mechanisms with different levels of implementation: communities through local committees, the provincial and district directorates of Gender, Child and Social Action, and Health through their project focal points.</p>
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>Community leader and women representation was assured in all target districts.</p>
6.b IASC AAP Commitment 3 – Information, Feedback and Action
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>The project has been implemented in partnership with two government sectors, DPGCAS and DPS and the beneficiaries have been informed about the project. Every week the consultant has had discussions with different group to measure level of satisfaction of beneficiaries.</p>
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>There is complaint mechanism via hotline and complainant boxes, managed by WFP. Once they receive a case related to GBV or PSEA they refer to DPGCAS and UNFPA. UNFPA also has trained the attendants on how to deal with GBV cases.</p>
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>In Gaza simple complaint mechanisms have been established, such as indication of community focal point and group discussions.</p>
<p>Any other comments (optional): N/A</p>

7. Cash Transfer Programming					
7.a Did the project include one or more Cash Transfer Programmings (CTP)?					
Planned			Achieved		
No			No		
7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	N/A	N/A	N/A	N/A	N/A
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No specific evaluation was planned for these CERF-supported interventions.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.3. Project Report 19-RR-CEF-014 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Mozambique
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-RR-CEF-014
5. Project Title:	Nutrition screenings in Mozambique's high food and nutrition insecure areas to assure access to treatment for children affected with Acute Malnutrition		
6.a Original Start Date:	28/02/2019	6.b Original End Date:	27/08/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,200,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 730,343.60
	c. Amount received from CERF:		US\$ 148,369
	d. Total CERF funds forwarded to implementing partners		US\$ 64,739
	of which to:		
	Government Partners		US\$ 64,739
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>The main objective of the project was to provide nutrition services to drought-affected households. Through UNICEF support, the Mozambican Ministry of Health has screened 80,969 children for Moderate Acute Malnutrition (MAM) in 13 districts of Gaza and Tete provinces. Moreover, a total of 1,094 children with Severe Acute Malnutrition (SAM) have been admitted for treatment. In Tete province, a total of 674 children with SAM have admitted to treatment services and more than 48,512 have screened in the districts of Doa, Cahora Bassa, Changara, Chiuta, Magoe and Marara. In Gaza province, the admissions of SAM children have been 420 with screenings of 32,487 children in the districts of Chibuto, Chicualacuala, Chigubo, Guija, Mabalane, Mapai, Massangena and Massingir. Nutrition therapeutic products have been procured according to the agreed plan and were available for the treatment of children with SAM. Screenings have been reinforced through outreach activities made by Ministry of Health in the Cyclone Idai-affected provinces like Tete. Despite a delayed start in Gaza province related to post-cyclone response in other provinces, the project has been completed on time.</p>

3. Changes and Amendments
<p>UNICEF had already started the response program in Tete province, when the province was affected also by Cyclone Idai in March 2019. After an initial set-back on the planned activities, that situation produced an incremented support for outreach activities. These circumstances increased significantly the number of children screened through the period of the project in that province. Since the original estimated cost of nutrition supplies was lower than the one budgeted, the related balance was used to support nutrition response activities, i.e Mobile Brigades for service delivery and integration of Agentes Polivalentes Elementares (CHWs) to the massive screenings done by government partners.</p>

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Nutrition - Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons: <i>Children with SAM treated</i>	0	0	500	500	1,000
Other affected persons: <i>Children <5 Screened through MUAC</i>	0	0	36,000	36,000	72,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	N/A	N/A	N/A	N/A	N/A

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons: <i>Children with SAM treated</i>	0	0	547	547	1,094
Other affected persons: <i>Children <5 Screened through MUAC</i>	0	0	40,485	40,484	80,969
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0
In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:			As a result of outreach activities, there was an increase to the number of beneficiaries reached by approx. 12 per cent over the planned targets.		

5. CERF Result Framework

Project Objective	Mitigate the effects of drought and the food insecurity crisis in districts affected in the provinces of Gaza and Tete
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Output 1	72,000 children are screened through MUAC in food insecure communities in 13 districts in the provinces of Gaza and Tete, and at least 1,000 children with severe acute malnutrition identified with this activity get access to quality treatment services			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of children of both sexes under five screened using MUAC measurements in the identified food and nutrition insecure districts.	72,000 (100%)	80,969	Program reports, Programa de Rehabilitacao Nutricional (PRN), CMAM database, National Health Day activity's report in Tete province.
Indicator 1.2	Number with Severe Acute Malnutrition referred and treated	1,000 (100%)	1,094	Program reports, PRN, CMAM database.
Explanation of output and indicators variance:		Outreach activities in districts also affected by Cyclone Idai increased significantly children screened in Tete province.		
Activities	Description	Implemented by		
Activity 1.1	Training and logistic support for active case findings through MUAC screenings	UNICEF, WFP and Provincial Directorates of Health from the Mozambican Ministry of Health in Gaza and Tete provinces		
Activity 1.2	Acute case finding through MUAC screenings and referral	UNICEF and Provincial Directorates of Health from the Mozambican Ministry of Health in Gaza and Tete provinces		
Activity 1.3	Treatment of Severely Malnourished children	UNICEF, AMOPE (Paediatric Association of Mozambique) and Provincial Directorates of Health from the Mozambican Ministry of Health in Gaza and Tete provinces		
Activity 1.4	Procurement and distribution of RUTF and other nutritional commodities used for treatment of SAM cases	UNICEF		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The definition of the nutrition response program was based on sectoral contingency and response plans that were defined through a multi-partner and multi-sectoral exercise under the lead of the Ministry of Health. Moreover, most of the screenings for children were achieved through Community Health workers supported by local authorities and Ministry of Health staff.

Vulnerability assessments were conducted in the affected districts in March-April 2019 by SETSAN. For most of the districts evaluated the situation was acceptable (i.e. Phase 1 on the IPC Acute Malnutrition Classification). The sole exception was the district of Doa (Tete province), which was then included in an expanded response program supported by Cyclone Idai response's mechanisms.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Local districts and communities were involved in the screenings during massive outreach health and nutrition activities under the leadership of the Mozambican Ministry of Health. Most of the screenings were done by Agentes Polivalentes Elementares (APEs'/CHW) that were selected at community level.

6.b IASC AAP Commitment 3 – Information, Feedback and Action
How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?
UNICEF in collaboration with Ministry of Health and authorities at district level conducted social mobilisation activities and used local media like community radios to promote the activities in local languages
Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
An inter-agency complaint mechanism was activated through the overall humanitarian response called Linha Verde to address complaints related to the humanitarian assistance.
Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
UNICEF provided active information and training to all partners involved in the humanitarian response to prevent any sexual exploitation and abuse situation.
Any other comments (optional): N/A

7. Cash Transfer Programming					
7.a Did the project include one or more Cash Transfer Programmings (CTP)?					
Planned			Achieved		
No			No		
7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	N/A	N/A	N/A	N/A	N/A
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No specific evaluation was planned for these CERF-supported interventions.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.4. Project Report 19-RR-CEF-015 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Mozambique
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project Code (CERF):	19-RR-CEF-015
5. Project Title:	Improving access to safe water and promotion of key hygiene practices in three of the most drought-affected districts in Gaza, Mozambique		
6.a Original Start Date:	26/02/2019	6.b Original End Date:	25/08/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,700,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 552,281
	c. Amount received from CERF:		US\$ 552,281
	d. Total CERF funds forwarded to implementing partners		US\$ 460,608.41
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 460,608.41
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>CERF resources have been instrumental in covering the WASH needs of communities most affected by the drought in Gaza province, particularly in the districts of Guija, Chibuto and Mabalane, where the programme has been implemented between March and November 2019. UNICEF and its implementing partners have reached 18,655 people, including 9,700 children, with critical behaviour change and life-saving information on safe WASH practices. Moreover, 5,000 families (17,430 people) have received household water treatment products to ensure safety of water. Additionally, over 10,200 people have increased access to safe water through the construction of 5 new water sources and the upgrade of 5 existing boreholes into solar powered, multi-use water supply systems with water storage towers.</p>

3. Changes and Amendments
<p>Due to the geophysical conditions in the implementation area, the construction and upgrade of water sources were faced with negative borehole testing results in some cases. The groundwater yield was not sufficient to support motorized pump installation. This challenge led to a change in the originally targeted communities and repetition of testing activities to achieve the intended results. However, these issues did not result in any changes of the overall implementation plan. During the implementation period of this project, a system wide Level 3 emergency was declared in the Mozambique following land impact of Cyclone Idai in March 2019, followed up by cyclone Kenneth in April 2019. The increased humanitarian needs as a result of these two cyclones shifted the priority for both humanitarian partners and other actors in the country (including Government and private sector), temporarily limiting their capacity to cover the activities within this project. As a result, some activities for the finalization of solar powered, multi-use water supply systems and their final certification/handover were completed in the period September-October 2019. However, all activities were completed, and results achieved, by the time of final reporting to CERF.</p>

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	3,888	4,212	4,212	4,563	16,875
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	194	210	210	228	842

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	4,300	4,659	4,659	5,047	18,665
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	215	232	232	252	931

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	No major discrepancies were observed. The project reached more people compared to the planned targets as community populations were larger than anticipated.
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4. CERF Result Framework	
Project Objective	Improve access to safe water and hygiene promotion in three of the most drought-affected districts in Gaza, Mozambique

Output 1	8,800 affected population provided with access to safe water			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of water points upgraded into solar-powered MUS water systems	5	5	Implementing partner's reports
Indicator 1.2	# of new water points constructed	5	5	Implementing partner's reports

Indicator 1.3	# of water management committees trained	10	10	Implementing partner's reports
Explanation of output and indicators variance:		N/a		
Activities	Description	Implemented by		
Activity 1.1	Upgrading of existing water points into solar-powered MUS water system	World Vision		
Activity 1.2	Construction of new water points	World Vision		
Activity 1.3	Formation and training of water management committees	World Vision		

Output 2	Affected population with improved hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of affected people who have participated in hygiene behaviour change programming	16,875	18,665	Implementing partner's reports
Indicator 2.2	# of affected people with access to household water treatment products	8,000	17,430	Implementing partner's reports
Explanation of output and indicators variance:		Number of household's water treatment products increased to match needs.		
Activities	Description	Implemented by		
Activity 2.1	Train affected people on key hygiene practices (hand washing at critical times, water treatment, safe water collection, transportation, storage and use, etc.).	World Vision		
Activity 2.2	Distribute household water treatment products ("Certeza", provided in-kind by UNICEF)	World Vision		

6. Accountability to Affected People
6.a IASC AAP Commitment 2 – Participation and Partnership
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>During the design and implementation of water supply interventions, communities have been consulted for the location of water sources and components of the multi-use water supply systems. Similarly, information on the interventions has been shared through community sensitization activities for the dissemination of WASH life-saving messages.</p>
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>In line with national WASH implementation modalities for the WASH sector in Mozambique, water committees have been established in all 10 communities receiving water supply interventions. These committees serve as community coordination platforms/mechanisms where specific needs are identified.</p>
6.b IASC AAP Commitment 3 – Information, Feedback and Action
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>UNICEF have shared with all the implementing partners the UP Protocol on Sexual Exploitation and Abuse and UNICEF requirements for dealing with SEA. UNICEF has also recruited a specialist on SEA who is currently providing training to all partners.</p>
<p>Any other comments (optional): N/A</p>

7. Cash Transfer Programming					
7.a Did the project include one or more Cash Transfer Programmings (CTP)?					
Planned			Achieved		
No			No		
7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	N/A	N/A	N/A	N/A	N/A
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No specific evaluation was planned for these CERF-supported interventions. However, UNICEF, together with Government partners, will evaluate solar powered, multi-use water systems. It is expected that some of the CERF funded systems will be included in this initiative.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.5. Project Report 19-RR-WFP-012 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Mozambique
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-012
5. Project Title:	Emergency food assistance to Drought affected people in southern and central Mozambique.		
6.a Original Start Date:	15/02/2019	6.b Original End Date:	14/08/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	14/10/2019
6.d Were all activities concluded by the end date? (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 45,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 21,735,189
	c. Amount received from CERF:		US\$ 2,900,189
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through CERF allocations, WFP has managed to expand the assistance to additional 75,789 beneficiaries that were in IPC Phase 3 (Crisis) in Massingir, Massangena, Chigubo and Guija in Gaza Province and in Cahora Bassa and Marara in Tete Province through in-kind and Cash-Based Transfer (CBT) assistance, reaching 104% of the planned targets. Of these, 54,794 people have been reached through the in-kind modality. Additionally, the project has allowed the creation of 120 community assets that are supporting the communities to quickly recover from the shock and reduce their dependence on long-term food assistance. Moreover, WFP has managed to combine the asset creation activities with a series of trainings on nutrition as well as water and sanitation and hygiene aiming at enhancing the response quality and sustainability of the interventions. Assets created as part of this project included the rehabilitation of dams, sealing of water source pumps (WASH), in addition to livestock related (production of fodder; sanitary cattle treatment infrastructure) and agricultural (fruit trees plantation, horticulture, seed multiplication, sealing of production areas) activities. A total of 10,194 people participated in trainings and sensitization sessions and built 120 improved latrines and handwashing stations. A total of 10,194 people have participated in the trainings and sensitization sessions and have built 120 improved latrines and handwashing stations.

3. Changes and Amendments

Cyclone Idai hit the central regions of Mozambique in mid-March 2019 and significant delays were encountered in the purchasing process due to lack of food availability from suppliers at that time. The purchase of 1,981.5 metric tons of food (including 1,704.9 metric tons of maize, 188 metric tons of pulses (peas) and 88.6 metric tons of fortified vegetable oil) faced several bottlenecks resulting in a number of delays. WFP sought alternative food supplies in the region to purchase 693.75 metric tons of food (645.75 metric tons of maize and 48 metric tons of pulses) in March-April 2019 and the remaining 1,287.75 metric tons (1,059.15 metric tons of maize, 140 metric tons of pulses and 88.6 metric tons of fortified oil). The purchase was completed in July 2019. The distributions were initially planned to end in April 2019. Following delays in food procurement, distributions were delayed as well, further justifying the need for

an extension of the period of intervention. In fact, WFP requested a no-cost extension for an additional period of two months that was subsequently approved on 1 August 2019.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Food Security - Food Assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	14,952	17,065	19,845	20,738	72,600
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Food Security - Food Assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	15,612	17,811	20,766	21,600	75,789
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

As reported below, delays were encountered in completing the purchase of the planned food quantities. The lack of enough food in the local market forced WFP to purchase part of the products (mostly cereals) in the region through the WFP Global Commodity Management Facility (GCMF) where the maize prices were lower than in the local market. That allowed WFP to assist additional 3189 beneficiaries. Additionally, there was a need to review the type of assets to be created identified by the communities that required hard labour force to more light assets (constructions of kitchens, latrines and hand-washing systems for households.) or trainings and sensitization sessions in wash, nutrition and hygiene and agriculture conservation, as the period of the assistance had to be extended in time.

5. CERF Result Framework

Project Objective	Provide 3-month food assistance to 72,600 people affected by drought through both conditional and unconditional transfers
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Output 1	In-kind food assistance to 51,600 people affected by drought			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of women who receive food assistance	26,868	28,493	Distribution lists signed by beneficiaries; distribution monitoring reports and distribution and post distribution monitoring processes.
Indicator 1.2	Number of men who receive food assistance	24,732	26,301	Distribution lists signed by beneficiaries; distribution monitoring reports and distribution and post distribution monitoring processes.
Indicator 1.3	Quantity of food distributed by type as % of planned	100% (1,828MT)	104% (1,981.5MT)	Distribution lists signed by beneficiaries; distribution monitoring reports and distribution and post distribution monitoring processes.
Indicator 1.4	Quantity of assets built as % of planned	100% (120)	100% (120)	Partners' reports
Explanation of output and indicators variance:	Slightly decreases on oil prices allowed the purchase of additional metric tons benefiting additional 3,190 additional beneficiaries.			
Activities	Description	Implemented by		
Activity 1.1	Selection of communities, targeting of beneficiaries	The selection of communities and beneficiaries targeting was done in the first quarter of 2019 by the implementing partners of WFP, extending the existing partnerships: Caritas Regional de Chokwe, Associação Rural Africana (ARA), Agência Adventista para o Desenvolvimento e Assuntos Assistenciais (ADRA) and The Hunger Project (THP).		
Activity 1.2	Procurement of 1,828 metric tons of food commodities and dispatch of commodities to the distribution sites	The procurement of food was managed by WFP and was initiated on 27 February 2019, immediately after confirmation of the grant.		
Activity 1.3	Selection of assets	The selection of assets was a consultative process done jointly by WFP's Implementing Partners Caritas Regional de Chokwe, Associação Rural Africana (ARA), Agência Adventista para o Desenvolvimento e Assuntos Assistenciais (ADRA) and The Hunger Project (THP)., community committees, community leaders, WFP field monitors and WFP directly in districts without partners.		
Activity 1.4	Non-Food Items procurement	Non-Food Items procurement was managed by WFP's implementing partners namely Caritas Regional de Chokwe, Associação Rural Africana (ARA), Agência Adventista para o Desenvolvimento e Assuntos Assistenciais (ADRA) and The Hunger Project (THP).		
Activity 1.5	Distribution of food rations to 51,600 people	Caritas Regional de Chokwe in Massingir and Mabalane; Associação Rural Africana (ARA) in Agência Adventista para o Desenvolvimento e Assuntos Assistenciais (ADRA) in Massangena and Chigubo) and The Hunger Project (THP) in Guijá.		
Activity 1.6	Provide technical guidance and monitoring for assets creation	Caritas Regional de Chokwe in Massingir and Mabalane; Associação Rural Africana (ARA) in Agência Adventista para o Desenvolvimento e Assuntos Assistenciais (ADRA) in Massangena and Chigubo) and The Hunger Project (THP) in Guijá. District Technical Services: Economic Activities, Planning and Infrastructure and Gender, Child and Social Action.		

Output 2	Vouchers assistance to 21,000 people affected by drought			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of women who receive vouchers assistance	10,935	10,917	SCOPE (WFP's beneficiary registration and transfer management platform as a database that securely stores the beneficiary information), monthly distribution reports; retailers invoices reports; beneficiaries lists, distribution monitoring reports and distribution and post distribution monitoring processes.
Indicator 2.2	Number of men who receive vouchers assistance	10,065	10,078	SCOPE distribution reports; retailers invoices reports; beneficiaries lists, distribution monitoring reports and distribution and post distribution monitoring processes.
Indicator 2.3	Transferred amount as % of planned	100% (US\$ 524,790)	99% (US\$ 520,995)	SCOPE Financial Report
Explanation of output and indicators variance:		WFP initially intended to support 4,200 drought-affected households across Cahora Bassa and Marara in Tete province for a period of three months. However, following further analysis of needs, WFP expanded the interventions to a third district, Changara. A total of 20,995 drought-affected individuals (4,199 HHs), 99% of the planned targets, were reached across Marara (1,200HHs), Changara (1,998 HHs) and Cahora Bassa (1,001 HHs).		
Activities	Description	Implemented by		
Activity 2.1	Selection of communities, targeting of beneficiaries	The selection of communities and beneficiaries targeting was done by the implementing partners of WFP: Caritas Regional de Chokwe, Associação Rural Africana (ARA), Agência Adventista para o Desenvolvimento e Assuntos Assistenciais (ADRA) and The Hunger Project (THP).		
Activity 2.2	Contracting of retailers	The contracting of retailers was managed directly by WFP.		
Activity 2.3	Food distributions through retailers	The distributions were managed both by WFP Implementing Partners and WFP field staff.		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

WFP worked closely with communities to ensure the equal participation and involvement of women and men in improving women's health rights. One of the means of achieving this objective was by ensuring women's representation in community committees. These committees played the role of key information and liaison points between the wider community and intervening parties. Women were also particularly encouraged to be the primary recipients of food assistance which ensured that they are directly involved in the action.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The process of beneficiary and assets selection was undertaken through the Tree Pronged Approach (3PA), WFP innovative programming approach to strengthen the design, planning and implementation of FFA integrated programs with the ultimate result of building resilience of the most vulnerable communities. The selection of beneficiaries was done in a participatory way following already defined beneficiary selection that are contextualized to the Mozambican context. For partners selection, the Seasonal Livelihood Programming Calendars that provide information on cooperating partners intervening in the districts, identify potential complementarities between the different interventions and synergies that can be made to plan activities that can contribute to

communities' resilience building focusing on the most vulnerable communities. Three community Participatory Planning were conducted involving 76 community members representing the different social economic groups of the communities as well as the district technical services, NGOs and private sector operating in the areas of interest to develop multi-sectorial plans tailored to local priorities, ensuring prioritization and ownership by communities. The main problems identified included: Water shortage and due to lack of rains and water conservation systems both for irrigation and consumption- most of the available water sources have salty water; Use of poor agriculture practices and poor seeds quality; In the dry season or years of drought all the pasture dries and lack of knowledge on hay conservation; Most of social services are not accessible in the communities, specially availability of essential goods in the markets, and limited access also to essential services of rural extension and savings and Loan services. While the most important priorities identified by most of the communities included: the need of more water conservation systems to ensure water availability for long periods, support with irrigation systems and improved agriculture technics to increased food production, improved storage facilities and improved fodder productions and conservation technics as well as access to market and financial services for loans and savings.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The project has been implemented in partnership with two government sectors, DPGCAS and DPS and the beneficiaries have been informed about the project. Every week the consultant has had discussions with different group to measure level of satisfaction of beneficiaries.

All the selected communities were informed and participated in the discussions and decision-making processes through the general and focus groups discussion meetings conducted by the cooperating partners. Regular meetings and sensitization sessions were conducted to the communities on gender and protection issues as well as their rights and responsibilities.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes No

There is complaint mechanism via hotline and complainant boxes, managed by WFP. Once they receive a case related to GBV or PSEA they refer to DPGCAS and UNFPA. UNFPA also has trained the attendants on how to deal with GBV cases. Since February 2018, WFP had a beneficiary complaint and feedback mechanism called Linha Verde in Gaza and Tete provinces that consists of free hotline set up for beneficiaries, enabling them to call for any complaints and suggestions. The hotline number has been placed on posters across locations accessible to communities including the distribution sites, FFA implementation sites as well as public places that are normally visited by the communities. Information regarding the hotline has been included in sensitization messages to beneficiaries. The Linha Verde was designed to support three core elements of Accountability to Affected Populations (AAP): information provision; complaints, feedback and response mechanisms; and, community participation. Linha Verde has been operated by a team of multi-lingual national operators, with at least 50 percent of the call centre agents being female. Through its different communication channels, the platform shares and captures data whilst taking account of the different needs within communities from an age, gender, and diversity perspective. Needs and priorities are circulated to response partners through agreed feedback referral pathways, which include guidance on response time to feedback to ensure feedback loop closure, document programme adjustment and to build trust with affected communities.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

In Gaza, simple complaint mechanisms have been established, such as indication of community focal point and group discussions. As the risk of sexual exploitation and abuse in a post-disaster context remains high, particularly since more influential society members can exploit the vulnerability of women and abuse their positions of power, WFP led the establishment of an inter-agency complaints and feedback mechanism (CFM) as part of the humanitarian response's accountability to affected populations (AAP) on the behalf of the HCT.

Any other comments (optional):
N/A

7. Cash Transfer Programming					
7.a Did the project include one or more Cash Transfer Programmings (CTP)?					
Planned			Achieved		
No			No		
7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	N/A	N/A	N/A	N/A	N/A
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No specific evaluation was planned for these CERF-supported interventions.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.6. Project Report 19-RR-WFP-013 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Mozambique
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-RR-WFP-013
5. Project Title:	Support to life saving services for the management of moderate acute malnutrition in children 6 – 59 months		
6.a Original Start Date:	27/02/2019	6.b Original End Date:	26/08/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 800,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 100,000
	c. Amount received from CERF:		US\$ 163,834
	d. Total CERF funds forwarded to implementing partners		US\$ 15,000
	of which to:		
	Government Partners		US\$ 15,000
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through CERF allocations, WFP and its partners have supported the treatment of Moderate Acute Malnutrition (MAM) in 2,306 children (6–59 months), 1,038 boys, 1,248 girls, across Cahora Bassa, Changara, Chiuta, Doa, Magoe and Marara districts of Tete province from March to August 2019. The programme performance has been 93.4% cured (based on 1,092 exit cases), exceeding SPHERE standards of 75%. Capacity of 49 health facility, District Services for Health, Women and Social Action/Serviços Distritais de Saúde, Mulher e Acção Social (SDSMAS) and Provincial Health Directorate/Direcção Provincial de Saúde (DPS) staff has been strengthened through trainings on Nutrition Rehabilitation Programme (PRN) protocol, stock management and monitoring and evaluation. WFP has also delivered 20.013 metric tons of ready-to-use supplementary food to 41 health facilities across the six mentioned districts.

3. Changes and Amendments

N/A

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Nutrition - Nutrition					
	Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities		0	0	0	0	0

Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	1,920	2,080	4,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	1,038	1,268	2,306
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The coverage figure used to estimate caseload for the project was 50% based on SPHERE standards and anticipated increase in acute malnutrition cases due to drought. However, actual coverage was approximately 30% which aligns more closely with past performance of management of acute malnutrition through Ministry of Health's facilities.
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5. CERF Result Framework

Project Objective	Mitigate the effects of drought and the food insecurity crisis in affected districts of Tete province
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Output 1	4,000 children 6 – 59 months receive life-saving treatment for moderate acute malnutrition in 6 districts of Tete province			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of children admitted to PRN for moderate acute malnutrition	4,000	2,306	Health centre PRN register books
Indicator 1.2	Number of children discharged cured from PRN for moderate acute malnutrition	>75% (Sphere standards)	93% (1,020 out of 1,092 discharged/exited)	Health centre PRN register books
Indicator 1.3	Number of health facility, SDSMAS, and DPS staff trained on PRN protocol and stock management	80	49	Training records
Explanation of output and indicators variance:	Output 1.1: The coverage figure used to estimate the caseload for the project was 50% based on SPHERE standards and anticipated increase in acute malnutrition cases due to drought. However, actual coverage was			

		approximately 30%, which aligns more closely with past performance of management of acute malnutrition through Ministry of Health's facilities. Output 1.3: The original training for health facility SDSMAS, and DPS staff had to be re-scheduled as on the day of initiation for the training as several health staff were involved in a tragic road accident that resulted in loss of life. Not all the planned staff from the original training were able to attend the rescheduled training due to competing priorities.
Activities	Description	Implemented by
Activity 1.1	Procurement of ready-to-use supplementary food (RUSF) and dispatch to health facilities	WFP
Activity 1.2	Training on PRN protocol and stock management	WFP/DPS
Activity 1.3	Active case finding of children 6-59 months with acute malnutrition and referral to health facilities for treatment	Community Health Activists/Health Facility Staff
Activity 1.4	Support to treatment of moderate acute malnutrition, including distribution of RUSF	WFP/DPS/SDSMAS

6. Accountability to Affected People
6.a IASC AAP Commitment 2 – Participation and Partnership
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>As part of WFP's routine monitoring it conducts, post-distribution monitoring questionnaires are administered to beneficiaries to corroborate that the planned activities are delivered as intended and to receive feedback on the activities from beneficiaries. WFP operates a complaint and feedback mechanism in Tete. In relation to the design and implementation the PRN is a Government programme and standardized throughout the country. Therefore, there is not much room for involvement in the design as it is already set by the MOH protocol. Related to implementation, the provincial and district health authorities and health facility staff, who themselves have been affected by the drought, were integral to the implementation of the PRN.</p>
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>Community health activists who are members of the affected communities are engaged on sensitization and screening for acute malnutrition at community level.</p>
6.b IASC AAP Commitment 3 – Information, Feedback and Action
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>WFP provided support directly to Provincial and District Health authorities and health facilities. WFP embedded one Field Monitor Assistant in each district who managed the relationship with the district health authorities and health facility staff. If outreach is conducted at community level then the FMA does this jointly with health facility or district health authority staff. Prior to programme implementation staff from all levels (provincial, district and health facility) participated in a training with WFP staff related to PRN protocol, stock management, M&E. This training also discussed the roles and responsibilities of each entity in delivery of PRN.</p>
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Since February 2018, WFP had a beneficiary complaint and feedback mechanism called Linha Verde in Gaza and Tete provinces that consists of free hotline set up for beneficiaries, enabling them to call for any complaints and suggestions. The hotline number has been</p>

placed on posters across locations accessible to communities including the distribution sites, FFA implementation sites as well as public places that are normally visited by the communities. Information regarding the hotline has been included in sensitization messages to beneficiaries. The Linha Verde was designed to support three core elements of Accountability to Affected Populations (AAP): information provision; complaints, feedback and response mechanisms; and, community participation. Linha Verde has been operated by a team of multi-lingual national operators, with at least 50 percent of the call centre agents being female. Through its different communication channels, the platform shares and captures data whilst taking account of the different needs within communities from an age, gender, and diversity perspective. Needs and priorities are circulated to response partners through agreed feedback referral pathways, which include guidance on response time to feedback to ensure feedback loop closure, document programme adjustment and to build trust with affected communities.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes No

As the risk of sexual exploitation and abuse in a post-disaster context remains high, particularly since more influential society members can exploit the vulnerability of women and abuse their positions of power, WFP led the establishment of an inter-agency complaints and feedback mechanism (CFM) as part of the humanitarian response's accountability to affected populations (AAP) on the behalf of the HCT.

Any other comments (optional):
N/A

7. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).

CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
None	N/A	N/A	N/A	N/A	N/A

Supplementary information (optional):
N/A

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

No specific evaluation was planned for these CERF-supported interventions.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
19-RR-FAO-004	Agriculture	FAO	NNGO	\$72,327.00
19-RR-FAO-004	Agriculture	FAO	GOV	\$3,906
19-RR-FAO-004	Agriculture	FAO	GOV	\$3,906
19-RR-FAO-004	Agriculture	FAO	GOV	\$3,985
19-RR-FAO-004	Agriculture	FAO	GOV	\$3,906
19-RR-FPA-006	Protection	UNFPA	GOV	\$50,000
19-RR-FPA-006	Protection	UNFPA	GOV	\$44,610
19-RR-CEF-014	Nutrition	UNICEF	GOV	\$64,739.08
19-RR-CEF-015	Water, Sanitation and Hygiene	UNICEF	INGO	\$460,608.41
19-RR-WFP-013	Nutrition	WFP	GOV	\$15,000
19-RR-WFP-013	Nutrition	WFP	GOV	\$15,000

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
ADRA	Adventist Development and Relief Agency International
AMOPE	Paediatric Association of Mozambique
APE	Agentes Polivalentes Elementares
ARA	Associação Rural Africana
CBT	Cash-Based Transfer
CFM	Complaints and Feedback Mechanism
DNEA	National Directorate of Agrarian Extension
DPASA	Provincial Director of Agriculture and Food Security
DPGCAS	Ministry of Gender, Children and Social Affairs
DPS	Provincial Health Directorate/Direcção Provincial de Saúde
ENSO	El Niño-Southern Oscillation
FAO	UN Food and Agriculture Organization
FAW	Fall army worm
FDPs	Food Distribution Points
FEWS NET	Famine Early Warning Systems Network
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GoM	Government of Mozambique
HCT	Humanitarian Country Team
HH	Household
HRP	Humanitarian Response Plan
ICCG	Inter-Cluster Coordination Group
INAM	National Institute for Meteorology
INGC	National Institute for Disaster Management
INGOS	International Non-governmental organizations
IPC	Integrated Food Security Phase Classification
MAM	Moderate Acute Malnutrition
NGOs	Non-governmental organizations
PRN	Nutrition Rehabilitation Programme
PSS	Psychosocial support
RC/HC	Resident Coordinator and/or Humanitarian Coordinator
SDAE	Serviço Distrital de Actividades Economicas
SETSAN	Technical Secretariat for Food Security and Nutrition
THP	The Hunger Project
UNFPA	UN Population Fund
UNICEF	UN Children's Fund
UNOCHA	UN Office for the Coordination of Humanitarian Affairs
WASH	Water, Sanitation and Hygiene
WFP	UN World Food Programme