

YEAR: 2019

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**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
19-RR-MOZ-35492  
19-RR-MOZ-37184  
MOZAMBIQUE  
RAPID RESPONSE  
Cyclone Idai & Cyclone Kenneth  
2019**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>MYRTA KAULARD</b>
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REPORTING PROCESS AND CONSULTATION SUMMARY		
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a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	28 May 2020	
<p>An After-Action Review (AAR) survey of lessons learnt was circulated to CERF focal points to collect information on lessons learnt, opportunities and how CERF contribute to the overall response effort. Following written submission, agencies met via online platform to conduct an After-Action review discussion on 28 May 2020. OCHA hosted the call and facilitated discussion with participation from UNHCR, Linha Verde/PSEA, UNICEF, FAO, WFP, WHO, UNFPA, IOM and OCHA.</p>		
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>CERF implementation was discussed by the RC/HC and the Humanitarian Country Team (HCT) throughout the allocation. Agencies updated on CERF progress and discussed within the HCT regularly as a part of the monitoring of the progress of assistance to Cyclone Idai and Kenneth. The CERF report was discussed in HCT meetings held on 11 February and 10 March 2020.</p>		
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 <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>The final version of the RC/HC Report was shared for review with various stakeholders, including recipient agencies and their implementing partners (INGOs/NGOs and relevant government counterparts) and cluster coordinators.</p>		

## PART I

### Strategic Statement by the Resident/Humanitarian Coordinator

In April and May 2019, CERF allocated US\$23,983,028 to Mozambique from its window for rapid response to support the provision of life-saving assistance to over 1.9 million people in the aftermath of the devastating Cyclones Idai and Kenneth, from April to December 2019.

CERF allocations have enabled rapid funding to kick-start immediate life-saving response interventions and restore livelihoods to over 1.9 million people affected by Cyclones Idai and Kenneth. CERF-funded projects have reinforced the coping mechanisms of communities, through sustainable approaches, and fostered coordination between recipient agencies, humanitarian partners and the Government of Mozambique. CERF funding has been instrumental in the timely start 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-May 2020.

## 1. OVERVIEW

**TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>527,331,957</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	23,983,028
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	256,132,387
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>280,115,415</b>

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

Date of official submission:		27/03/2019 (19-RR-MOZ-35492); 13/05/2019 (19-RR-MOZ-37184)	
Agency	Project code	Cluster/Sector	Amount
FAO	19-RR-FAO-019*	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	1,500,000
IOM	19-RR-IOM-015*	Emergency Shelter and NFI - Shelter and Non-Food Items	1,534,354
IOM	19-RR-IOM-015*	Protection - Protection	144,410
IOM	19-RR-IOM-015*	Health - Health	126,358
IOM	19-RR-IOM-020**	Emergency Shelter and NFI - Shelter and Non-Food Items	2,303,409
IOM	19-RR-IOM-021**	Protection - Protection	150,000
UNAIDS	19-RR-AID-001*	Health - Health	149,650
UNFPA	19-RR-FPA-022*	Health - Health	349,350

UNFPA	19-RR-FPA-023*	Protection - Sexual and/or Gender-Based Violence	399,977
UNFPA	19-RR-FPA-032**	Protection - Sexual and/or Gender-Based Violence	605,042
UNFPA	19-RR-FPA-033**	Health - Health	302,082
UNHCR	19-RR-HCR-016*	Protection - Protection	99,876
UNICEF	19-RR-CEF-053*	Education - Education	699,058
UNICEF	19-RR-CEF-054*	Health - Health	523,976
UNICEF	19-RR-CEF-055*	Nutrition - Nutrition	210,940
UNICEF	19-RR-CEF-056*	Water Sanitation Hygiene - Water, Sanitation and Hygiene	2,150,379
UNICEF	19-RR-CEF-057*	Protection - Child Protection	212,117
UNICEF	19-RR-CEF-074**	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,739,927
UNICEF	19-RR-CEF-075**	Health - Health	300,397
UNICEF	19-RR-CEF-076**	Protection - Child Protection	202,646
WFP	19-RR-WFP-033*	Emergency Telecommunications - Common Telecommunications	99,363
WFP	19-RR-WFP-034*	Logistics - Common Logistics	2,660,000
WFP	19-RR-WFP-035*	Food Security - Food Assistance	2,549,841
WFP	19-RR-WFP-036*	Nutrition - Nutrition	290,396
WFP	19-RR-WFP-045**	Food Security - Food Assistance	2,217,883
WFP	19-RR-WFP-046**	Emergency Telecommunications - Common Telecommunications	249,114
WFP	19-RR-WFP-047**	Logistics - Common Logistics	1,486,034
WHO	19-RR-WHO-031*	Health - Health	318,076
WHO	19-RR-WHO-037**	Health - Health	408,373
<b>TOTAL</b>			<b>23,983,028</b>

\* Projects under allocation 19-RR-MOZ-35492 for Cyclone Idai (allocation total: US\$ 14,018,121)

\*\* Projects under allocation 19-RR-MOZ-37184 for Cyclone Kenneth (allocation total: US\$ 9,964,907)

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>20,453,971</b>
Funds transferred to Government partners*	831,912
Funds transferred to International NGOs partners*	2,571,369
Funds transferred to National NGOs partners*	125,775
Funds transferred to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>3,529,057</b>
<b>TOTAL</b>	

\* These figures should match with totals in Annex 1.

## 2. HUMANITARIAN CONTEXT AND NEEDS

**On 14 March 2019, Tropical Cyclone Idai made landfall near Beira City, bringing devastation and destruction in its path. Both ahead of and after its landfall, the weather system brought torrential rains, wind and flooding to multiple districts, affecting an estimated 1.85 million people across Sofala, Manica, Zambieza and Tete provinces.** Over the weekend of 16 to 17 March, entire villages were submerged as the floodwaters rose, leaving people stranded on roofs and trees. According to the Government at least 400 people have died and more than 1,500 have been injured. Hundreds of thousands of acres of crops were damaged, exacerbating food insecurity across the central region of the country. Prior to Cyclone Idai, 850,000 people across Mozambique were already in need of humanitarian assistance, mainly due to poor rainfall and the fall army worm (FAW) invasion.

**Health and education facilities have suffered significant damage, with more than 2,800 classrooms and 39 health centers impacted by the cyclone and floods.** Water supply have also been damage and/or contaminated, heightened the risk of water borne diseases. More than 17,400 houses have been totally destroyed (11,025), partially destroyed (4,363) or flooded (2,056), according to government reports. In addition, more than 450,000 hectares of crops have been damaged, which will impact food security and nutrition in the months ahead, particularly as the losses coincide with the annual harvest period.

**Affected families are adopting negative stress coping strategies in almost all the affected provinces, heightening protection risks, particularly for women, in Gaza, Inhambane, Sofala and Zambezia provinces which were already impacted by the current lean season.** Humanitarian actors reported that 17 per cent of the affected population had already adopted crisis strategies, while another 13 per cent have adopted emergency strategies for the lean season, including selling of productive assets and animals, taking children out of schools to perform household chores. Since the cyclone and subsequent flooding, the situation is deteriorating as schools are being used as displacement sites. In previous emergencies, including during the 2015-2017 El Nino, rising food insecurity reportedly heightened the risk of child labor, child trafficking and forced marriage. Children were reportedly pulled out of school to fetch water, while others resorted to begging. Past anecdotal evidence from emergencies in Mozambique highlight that girls are subjected to increased risk, including sexual activity with reports that this affected girls as young as 11 and 12 years old during the previous drought.

**With thousands of people living in areas submerged by floods, and extensive damage to key roads and bridges, access to services and basic supplies have been compromised.** Many people have been unable to move freely due to the persistence of flood waters in their villages, while in Nhamatanda, people have been isolated between the Zimbabwean border and the flood-affected areas. An estimated 67,000 women impacted by the cyclone are reportedly pregnant, of whom 60 per cent (19,000) are expected to give birth within the next three months. The majority of these women were attending pre-natal clinics in neighboring health centers, which have been destroyed or damaged. HIV prevalence in Mozambique is among the highest globally, and this disaster is expected to increase the risk of transmission as well as to jeopardize access to care for people living with HIV. More than 77,000 women of reproductive age are reportedly HIV positive and in need of urgent access to routine medication and other related nursing care in crisis-affected areas.

**Following the destruction from Cyclone Idai, Cyclone Kenneth made landfall in Cabo Delgado, Mozambique on 25 April 2019 as a Category 4 cyclone, with the eye of the storm hitting Quissanga, Macomia and Ibo district which is composed of three islands (Matemo, Ibo and Quirimba).** This is the first time in recorded history that two strong tropical cyclones (above Category 2) have made landfall in Mozambique in the same season. Further, no cyclone has made landfall this far north in Mozambique, in recorded history. In Cabo Delgado, the situation is further compounded by the ongoing conflict and insecurity in some of the districts including Palma, Macomia, Mocimboa de Praia, Meluco and Nagande.

**An estimated 372,843 people have been affected by Cyclone Kenneth in Cabo Delgado and Nampula provinces, including 94 people with injuries and 43 deaths.** A total of 447 schools were affected with 41,944 school going children impacted as well as 19 health facilities. In addition to the flooding, heavy rains also resulted in flooding affected parts of Pemba and Nampula. A total of 55,490 ha of crops were affected while 28,189 ha were completely destroyed. A total of 45,382 houses were destroyed of which 27,203 were partially destroyed and 18,179 completely destroyed.

**An estimated 12,130 people are internally displaced in the four assessed areas including 2,000 people in Mucojo sede (Macomia) and 900 in Matemo, (Ibo) who were displaced prior to cyclone Kenneth.** About 85 per cent of houses in each of the districts assessed were destroyed, according to the assessment team. More than 42 per cent (21,154) of the people in Quissanga were reportedly affected by Cyclone Kenneth and about 689 houses were destroyed, and the district is reportedly without electricity or enough fuel for cooking. In addition, 4,230 IDPs are living with host communities in Quissanga and about 543 families lost their houses in Metuge, affecting a total of

5,000 people were reportedly either with host families, crowded accommodation sites or in open spaces due to a lack of accommodation centres. In Mucojo sede, 100 per cent of the houses had some form of damage; 80 per cent of which were destroyed completed as observed by the MRA team.

**Cyclone Kenneth hit Cabo Delgado during the main harvest season and food insecurity remains a major concern in the affected areas due to the destruction of between 50 to 75 per cent of the planted crops (rice, beans, maize, cassava). Unknown quantities of pre-cyclone harvests were also either washed away or destroyed and not fit for human consumption.** This area of Mozambique does not have a second annual crop and the next harvest will be in April 2020. Most of the ground is reportedly still flooded, making it difficult to resume agricultural livelihoods. Several areas remain cut-off due to destruction of roads and bridges and sustained flooding because of continuing rains; hindering access to markets. Food commodity prices are reportedly high (17 to 25 per cent) in Metuge, Macomia and Quissanga, impacting access to basic staple foods, including maize, corn, rice and cash crops. In Matemo, despite there being no reported incidences of hikes in food prices, the MRA team was informed of food shortages in various areas, likely to result in hoarding of supplies, and eventually influencing increased commodity prices.

**Health facilities in the assessed districts are reportedly destroyed and essential medical supplies and equipment missing.** At least 19 health facilities have been damaged in Cabo Delgado and with malaria being endemic, there are serious concerns in several locations where health facilities have been damaged or destroyed that malaria medicines were ruined during the cyclone and subsequent torrential rains thereby increasing the risk. In Quissanga, only one solar panel for the freezer is functioning, while essential drugs and consumables are now only partially available. The only health center in Mucojo sede was significantly destroyed by the cyclone leaving a ripped and damaged roof. The solar panels for the cold chain were damaged, hence no appropriate storage for vaccines. Stocks of antiretrovirals (ARV) drugs have reportedly been destroyed and access maternal care interfered with, due to the destruction of the health centre. The only health center in Matemo was slightly damaged. Loss of power has broken the cold chain and there are no vaccines. A total of 75 cases of cholera were reported in About 75 patients were received in health centres in Pemba and Mecufi district, out of whom 23 cases have been confirmed. Although health partners are on the ground providing support and managing cases, the risk remains high given the flooding and pools of water in some of the affected districts.

**Residents in the assessed areas of Macomia, Matemo, Metuge and Quissanga mainly relied on water towers, powered by electricity for their water supply, which were non-functional as electric grids and transformers were destroyed during the cyclone.** The available wells are reportedly contaminated in the wake of the flooding and destruction of household latrines, hampering access to safe clean water for drinking and domestic use. Water supply to the health centres has also been affected. As people resort to using untreated water sources, disease outbreak remains critically high, a total of 75 cholera cases have been reported in health centres in Pemba and Mecufi. Open defecation was reported in all areas as community and household latrines were destroyed by the heavy winds and flooding. This is creating attendant protection risks for women and girls as they relieve themselves in dark unsafe bushes, distant away from their homes.

**The number of schools affected across the entire affected northern province is reportedly 41,944, with 477 classrooms destroyed according to the Government (INGC).** More than 4,000 children of school-going age have been affected in the four areas in Cabo Delgado, including those whose schools have been destroyed (six schools in Macomia; three in Mucojo sede in Matemo); those whose schools are being used as accommodation centers such as Meize High School in Metuge and others, who despite returning to school, have reported lack of schooling and learning materials, schools uniform and lost documents, particularly in Metuge area (33 primary schools and two secondary schools have been affected). More than half of the affected children (2,765) are in Quissanga and have not been able to attend school since the cyclone.

**Accessibility by road remains compromised due to the severe destruction of infrastructure.** Road access in Metuge town remains impassible and rapid assessment teams were unable to reach the town headquarters of Metuge by car. Transportation of supplies to the inaccessible area has been by road until the cut-off section, then manually through human loaders to the other side of the road. Mucojo Sede is currently reachable only via air or sea; road access remains cut from Macomia Sede. With Mucojo being several kilometres from the ocean to the town, transportation of supplies from the beach to Mucojo Sede the only option for delivery of supplies is via helicopter or by boat. Matemo island, which was heavily affected is currently only be reachable by sea.

**The humanitarian situation is compounded by high levels of poverty, as well as the Government's limited fiscal space to respond effectively.** Despite a downward trend in the incidence of poverty over the years, the number of poor people remains high and inequality is growing. Cyclone Idai and Kenneth is expected to exacerbate this situation, as recent poverty analysis conducted in Mozambique shows that cyclone, flood or drought can lead to a drop of up to 25 to 30 per cent in per capita food consumption and that affected households also cut back on expenditures in basic non-food items. The rain-dependent agricultural sector -which accounts for around 25 per cent of

Mozambique's Gross Domestic Product (GDP) and employs nearly 75 per cent of the labour force- has been hard-hit by Cyclone Idai. Cabo Delgado remains one of the poorest regions in Mozambique.

### 3. PRIORITIZATION PROCESS

A Humanitarian Country Team existed in Mozambique prior to Cyclone Idai making landfall the IASC scale-up protocol was initiated with the activation of IASC clusters. The CERF strategic allocation and prioritization for the Cyclone Idai and Kenneth applications were done and achieved through the discussion at the Humanitarian Country Team (HCT) meeting and the Inter-Cluster Coordination Group (ICCG) whereby prioritization was agreed based on the volume of the needs and CERF lifesaving criteria.

The CERF application was developed with inputs from the clusters, based on the assessments that were conducted to the areas that were accessible.

Activities that were considered critical to save lives as well as the status of resource mobilization were considered. An inter-cluster prioritisation criteria focused on:

- Life-saving interventions that can be implemented with a 3-6 month timeframe;
- Activities that within a short time span remedy, mitigate or avert direct loss of life, physical and psychological harm or threats to the population affected or major portion thereof and/or protect their dignity;
- Activities that are common humanitarian services and that are necessary to enable the delivery of humanitarian assistance;
- The prioritisation also considered assessments carried out by the Government, humanitarian actors as well as existing baseline data.

Mozambique had an existing flash appeal for lean season response that was revised in March 2019 to include the requirements for Cyclone Idai. To respond to the effects of Cyclone Idai the appeal called for 282 million USD to respond to the immediate lifesaving needs of 1.7 million people. After Cyclone Kenneth the flash appeal was amended in August 2019 into a Humanitarian Response Plan covering the needs of 527 million USD with 2 million people targeted. CERF contributed to 4.5 percent of the overall requirements for the Humanitarian Response to Cyclone Idai and Kenneth.

### 4. CERF RESULTS

**CERF allocated \$23,983,028 to Mozambique under the rapid response window for emergencies to kick-start life-saving assistance to people affected by Cyclones Idai and Kenneth in 2019.** The funding enabled UN agencies and partners to provide lifesaving food assistance to 588,717 and livelihoods and agricultural support to 304,970 people; access to immediate primary health care services, sexual and reproductive health and vaccinations benefitting 1,485,152 people; school kits and emergency education services benefitting 52,600 learners and educators; emergency shelter assistance and provision non-food items for 127,445 people displaced by the cyclones; management of severe acute malnutrition for 32,258 children 6 – 59 months; support to interim care, protection and family tracing and reunification (FTR) of separated and unaccompanied children (UASC), 140,190 orphaned and other vulnerable children; protection assistance and referral support for over 30,307 people and 223,229 women and girls sensitized and provided with sexual and gender based violence support services and access to safe water and sanitation to 434,649 people.

The following results were achieved for the allocations by Sector:

**Education**, through CERF funding **UNICEF** enabled access to education for 51,500 children and 1,100 teachers in the areas affected by the Cyclones Idai (Sofala, Manica). This included 120 early school development kits reaching around 12,000 children were distributed; 381 School in a box kits for classrooms were distributed to reach 38,125 children and 20 tarpaulin materials were built sheltering 5,000 children to continue their education.

**Emergency Shelter and Non-Food Items**, for Cyclone Idai **IOM** and partners assisted 62,202 people in Sofala and Manica provinces. Informed by needs assessments, 12,046 households (60,230 individuals) received Shelter and NFIs-kits. Households with low or limited labour capacity, such as women/child/elderly-headed households were provided with casual labour for carrying items. Info-sessions on the use of items enabled households to capitalize the most from what they received, confirmed by 77% of interviewees.

For Cyclone Kenneth **IOM** and Implementing Partners (IP) improved shelter outcomes, in line with SPHERE standards, to 13,443 Cyclone Kenneth and flood-affected families (67,215 individuals) in Cabo Delgado and Nampula. 11,162 families in Erati, Ibo, Macomia, Momba and Pemba districts were provided with NFIs-kits, including tarpaulin and corda-de-pneu (tyre rope). Out of the 11,162 families, 7,653

families (38,265 individuals) received a solar crank radio and 1,120 families (5,600 individuals) received toolkits to facilitate the construction/repair of shelters, while lighting was distributed as a GBV mitigation measure. In Chiure, Erati, Ibo, Matemo, and Metuge, 1,014 vulnerable families were assisted with emergency shelter, including tarpaulin and construction of wooden frames. In Ibo Macomia, Matemo and Memba, districts 1,267 families were supported in early recovery with construction material for repairing/retrofitting or constructing shelters, while construction material for 650 families (3,250 individuals) and three petrol sawmills for communities to prepare wood materials for retrofitting/construction of shelters in Macomia were procured. The project also repaired the roofs of one Health Post and four schools in Mucojo district, and two latrines in each respective facility, and provided materials to the community radio station to repair its roof damaged by the cyclone.

**Food Security – Agricultural Assistance** through **FAO** supported a total of 304,970 people (60,994 families) Cyclone Idai affected families with emergency livelihoods support in the provinces of Sofala and Manica between April and December 2019. FAO distributed 21,813 agricultural kits (maize, beans, hoes and machetes) in the immediate aftermath of Cyclone Idai, 34,989 agricultural kits (vegetable seeds, hoes, machetes and water cans) for the winter season and 4,192 electronic vouchers for purchasing of agricultural inputs for the main planting season.

**Food Assistance**, in response to Cyclone Idai, thanks to the CERF contribution, **WFP** provided 439,702 people with immediate lifesaving assistance during the first two months of the intervention in 2019. CERF funding was utilized to purchase a total of 2,119.6 MT of cereals and pulses (1,767.6 MT of pulses and 352 MT of rice) that were distributed to beneficiaries as part of a complete food basket. The food basket consisted of 400 grams of rice, 67 grams of pulses and 25 grams of fortified vegetable oil, per person, per day, which fulfilled 100% of daily kilocalorie needs of 2,200 kilocalories. Life-saving food assistance was distributed to people displaced in accommodation centres created by the Government, as well as isolated populations in the affected communities whose habitat was affected by the storm and floods.

**WFP** provided critical life-saving food assistance to 248,757 cyclone-affected people for a duration of 2 months in Cabo Delgado and Nampula provinces which were both affected by Cyclone Kenneth. The assisted geographical areas included Montepuez, Ancuabe, Chiure, Meluco, Mueda, Muidumbe, Nangade, Ibo, Macomia, Mecufi, Metuge, Mocimboa da Praia, Pemba city and Quissanga districts in Cabo Delgado province and Memba and Erati districts in Nampula province. Food assistance played a critical role in avoiding the further deterioration of the food security and nutritional situation of cyclone-affected communities

**Health, IOM**, through mobile clinics, IOM referred/transported 518 emergency cases (223 men, 295 women) to/from care. IOM also assisted the return of 95 TB and HIV patients (34 men, 61 women) to treatment, identified and referred 378 persons (151 men, 227 women) with chronic diseases, and assisted 208 obstetric/maternal/pre-post-natal women.

**UNAIDS** supported a total of 21,564 people living with HIV who were lost to follow up and allowed for the use of the HIV guidelines between the periods of 9 April 2019 to 15 December, 2019. UNAIDS and its' partners provided 273 community advocates with essential package of services and 19 peer support groups established, Contracted 5 community coordinators, 5 supervisors and 90 activists the associations. Trained 90 community activists on adherence and retention on ART in an emergency and early recovery situation.

With CERF funds, **UNFPA** and its partners assisted a total of 224,935 people, including women and girls in reproductive health age, and other indirect beneficiaries as boys and men in accommodation, transit centers and resettlement areas in Dondo, Nhamatanda, Buzi, Beira city in Sofala, Sussendena, Mossurize and Chimoio in Manica province affected by Cyclone Idai. The project provided 80 boxes of clean delivery kits containing 200 units (total of 1,600 clean delivery kits) and 143 reproductive health kits were delivered to the Cyclone Idai affected health facilities enabling these services to provide integrated SRH services in including emergency obstetric care, antenatal care, and family planning services; a total of 30 temporary SRH tents/clinics were established in the accommodation centers and the resettlement areas to continue to provide essential sexual and reproductive health services toward the affected populations; 90 health providers were trained on the Minimum Initial Service Package (MISP).

**UNFPA's** project assisted a total of 231,876 people mostly women and girls in reproductive health age including boys and men in accommodation, transit centers and resettlement areas in Cabo Delgado provinces affected by Cyclone Kenneth from May to November 2019. With CERF funds, UNFPA and its partners was able to provide following support: SRH services restored in 13 of 17 health facilities in the cyclone-affected area and able to provide the emergency obstetric care and family planning services. Total of 19 temporary SRH tents/clinics established in the target districts and essential sexual and reproductive health kits distributed with a SRH kit training conducted by the UNFPA SRH health specialists towards the health service providers at the temporary SRH clinics; 11 health service providers trained on Minimum Initial Service Package (MISP).



**UNICEF** through CERF funds supplied health facilities with 8 tents for temporary outpatient and preventive clinics in Sofala, 130 interagency health emergency kits with medicines which aimed at treating most common illnesses, supported reestablishment of mobile clinics and community health workers which resulted in 390,141 consultations of sick children benefiting from health care. UNICEF spearheaded the Health Week in response to the emergency. Services during the Week reached 21 districts most affected by the cyclone and floods and reached 673,614 children under-five with measles-rubella vaccine (105.3 per cent coverage), 716,352 with vitamin A supplementation and deworming. 52,000 mosquito nets (LLINs) were procured and distributed in households affected by the cyclone which benefited at least 130,000 people of which 22,100 were children under-five and 52,000 were women and men above 18 years. Twenty-one (21) malaria kits which include rapid diagnostic malaria tests and artemisinin-based therapies sufficient for 16,000 suspected cases of malaria and 8,000 treatments were also distributed.

**UNICEF** supported Cabo Delgado provincial health to assess and re-establish the function of health facilities affected or destroyed by the cyclone Kenneth. UNICEF procured and installed 3 refrigerators for immunization cold chain, supported installation of illumination systems powered by solar panels in health facilities which ensured safe deliveries during the night and supplied medicines for treatment of common diseases such as malaria, diarrhea and pneumonia, and traumatic wound which increased due to the cyclone. In total 100 interagency kits were procured of which 50 for malaria and the remain for other diseases which benefited 142,703 people. In addition, 9,750 therapeutic spread bags were procured and used for treatment of cases of severe acute malnutrition.

With CERF funding, **WHO** supported the deployment of 15 national medical personal, who arrived on scene within days of Cyclone Idai landfall to manage trauma cases. Procured 1 trauma kit A & B and a total of 1,423 of different degree trauma cases were treated and benefited from the services. WHO supported the MoH to strengthen disease surveillance by implementing Early Warning Alert and Response System (EWARS). 20 Outbreak investigation teams from 9 districts were trained and supported outbreak investigations and verification of rumours. Recruited 1 staff member to provide technical support for implementation and monitoring of EWARS. Supported the recruitment of a Public Health Officer for 3 months and supported disease surveillance and response and monitoring of the response. Under this proposal, different cholera kits (Cholera Treatment Centre Kit=5, Cholera hardware kit=4, Peripheral cholera kit=18, Community cholera treatment center kit=40, Cholera investigation kit=15) were procured and distributed to facilitate setting up CTC/CTU and ORP to strengthen cholera outbreak response and supported the treatment of 6,768 cases of cholera either a CTC, CTU or at an ORP, the case fatality rate (CFR) was low; 8 deaths were reported corresponding to <1% CFR.

Through CERF, **WHO** supported Cyclone Kenneth response through the procurement of essential medical supplies and supported the MoH to rapidly contain and control the cholera outbreaks in 3 districts, Pemba, Mecufi and Metuge. WHO facilitated the printing of essential technical guidelines and treatment algorithms to facilitate correct case management of cholera cases (Cholera Case Management Guidelines=100, Cholera Case Definitions=200, Cholera Case Management Algorithms=200). Procured different cholera kits (Centre Cholera Kit=6, Cholera hardware kit=4, Peripheral cholera kit=18, Community cholera treatment center kit= 80, Cholera investigation kit = 10, 2 emergency Health Kits (IAHEK) ). A total of 284 cases of cholera were reported and treated in either a CTC, CTU or at an ORP, the reported case fatality rate (CFR) was zero (no deaths). 55 Health Personnel trained on Cholera case management, IPC and on RRT for five days.

**Nutrition** through **UNICEF** identified and admitted for treatment 1,474 cases of Severe Acute Malnutrition following the national protocol for management of acute malnutrition of the national program (PRN) in Manica and Sofala provinces (DPS) to conduct nutritional status screenings, especially at 22 resettlement sites and 8 most affected districts. Since the occurrence of Cyclone Idai, and using the support from CERF funds, among other funding resources made available at a later date a total of 515,447 children under 5 years of age were screened for malnutrition through outreach primary health and nutrition care campaigns, and integrated mobile brigades (IMBs) in the most-affected districts of Sofala and Manica.

With the CERF contribution, **WFP** supported the treatment of moderate acute malnutrition in 17,452 children 6 – 59 months (8,370 boys, 9,082 girls) and 13,384 Pregnant and Lactating Women across Manica, Sofala, Tete and Zambezia provinces of Mozambique from April to September 2019. The programme performance was 84 % cured, exceeding the SPHERE standards of 75%. Furthermore, the capacities of 502 health facility, the District Services for Health, Women, and Social Action (SDSMAS), and DPS staff was strengthened through trainings on Ministry of Health's Nutrition Rehabilitation Programme (PRN) protocol to increase uptake of treatment through screening and referral to health centres, stock management and monitoring and evaluation. Throughout the intervention period, WFP delivered 225.78 MT of Ready-to-Use Supplementary Foods (RUSF) and 319.80 MT of Super Cereal to 212 health facilities across the four supported provinces.

**Protection** **UNICEF** supported the Provincial Directorate of Justice in Zambezia to provide birth registration to 41,364 people (19,736 male and 21,620 female) of which 7,994 were children under one year. Mental health and psychosocial screening were provided in Manica

through the Provincial Department of Health to children within the Child Friendly Spaces. Within the 23 Child Friendly Spaces established in Manica Province a total number of 6,940 children received basic Psychosocial Support.

**UNICEF** supported cyclone Kenneth response in five districts in Cabo Delgado (Quissanga, Ibo, Metuge and Pemba City) and four in Nampula (Monapo, Memba, Erati and Nampula City). Forty-one police and social workers were trained at district and administrative post level to provide integrated response to affected and at-risk children, women and other vulnerable groups. Funds were also used to strengthen the institutional capacity of the police units in affected districts with communication support, travel and monitoring to respond to cases, urgent repairs of three victim support units and purchase of essential furniture and equipment. Through funding provided Specialized police units in Cabo Delgado were scaled up from 21 in 2018 to 30 as of the end of 2019. In total 4,138 cases were registered by the Department from Cabo Delgado and Nampula provinces (1,066 and 3,074 respectively, no district level administrative data is available now) as of December 2019.

**IOM** enhanced the protection of IDPs by building the capacity of 125 (58 men, 67 women) professionals to identify and refer victims of trafficking and gender-based violence (GBV), and persons in need of protection, and to operationalize the referral mechanism. Provincial government staff was hired and placed at protection desks in 12 resettlement sites, who referred 1,454 cases (45% of total cases at protection desks) to police/social/medical services. IOM also provided IT-equipment to the Center of Integrated Support, rehabilitated the provincial transit centre, and constructed the protection desks.

Through CERF grant **UNHCR** was able to provide trainings and equip 108 protection focal points in 10 resettlements neighbourhoods. The project included equipment such as cell phones, the construction of 4 (four) Protection desks with the disposition of tables and chairs, stationery and bags. Also, UNHCR donated visibility material to 81 persons trained to be part of the community police with torches, vests and caps. About 36,000 IDPs benefited from these projects.

Through CERF **IOM** Cyclone Kenneth response contributed to the operationalization of a referral mechanism for the identification, referral and assistance of vulnerable individuals, including victims of trafficking (TiP), gender based violence (GBV) and violence against children (VAC). IOM conducted the mapping of relevant actors and service providers, including governmental and non-governmental organizations and provided nine trainings for 151 professionals (refresher trainings for protection actors and reference group trainings), on referral pathways, focusing on TiP, GBV, and VAC mitigation and response in emergencies. In addition, to fill identified gaps, IOM directly assisted and referred 307 individual vulnerable cases to actors on the ground providing assistance and specialized services such as health services and mental health support, legal assistance, and other assistance, such as wheelchairs, basic food and NFIs, medicine, school-material and livelihood kits, for example, bread-making kits or farming tools providing livelihood alternatives for vulnerable families.

CERF funds enabled **UNFPA** to immediately launch the Gender-Based-Violence (GBV) response that reached 157,833 people, out of which 135,115 were women and girls directly impacted by the devastating effects of Cyclone Idai. The project conducted 319 awareness sessions on GBV, SRHR and PSEA; established 15 Women Friendly Spaces (WFS) in resettlement sites, 9 tents provided and protection desk established; 5,000 dignity kits distributed across Sofala and Manica and messages on PSEA, GBV, SRH and Menstrual Health included in every distribution; 500,000 people reached through radio messages on GBV prevention and response, PSEA and family planning.

For Cyclone Kenneth response **UNFPA** was able to reach 71,880 women and girls, out of which 3,201 were people with disability, though the provision of 4,665 dignity kits to women and girls of reproductive age in Macomia, Quissanga, Ibo, Metuge and Pemba with the support of DPGCAS, Wiwanana and Amodafa; establishment of 4 WGFS in Pemba, Metuge and Taratara, to support the population displaced or resettled by the Cyclone; GBV Sub Cluster meetings were initiated and supported, led to the development of the GBV Capacity Development Plan for Cabo Delgado October – December 2019; GBV Referral workshop was held for 25 GBV Reference group members from five cyclone affected districts of Ibo, Metuge, Macomia, Pemba and Quissanga; Five (5) GBV referral pathways were developed to support response to GBV survivors who may seek assistance and or referred for support; 100 Community awareness raising on GBV through activists, using community discussion, community radios where existing on issues related to GBV, PSEA, sexual reproductive health and rights including family planning, HIV and other topics; IEC messages developed, translated into local languages and disseminated across the 4 provinces affected by the cyclone through radio spots and leaflets. Based on statistics provided by the National Institute for Communication, it is estimated that community messages have reached 400,000 listeners.

**WASH UNICEF** was able to reach 59,825 individuals with critical hygiene and dignity kits for displaced households who experienced total loss in the aftermath of Cyclone Idai. Through a partnership with the water utility in Beira Town, UNICEF was able to re-establish the urban piped water network six days after the storm hit with 175,000 people recovering access to centralized water systems in urban areas, through CERF funding. Additionally, UNICEF was able to utilize CERF funding through NGO partners to reach 49,625 people with access to safe water and 28,229 people with access to sanitation in accommodation centers and resettlement sites. Through cholera response

activities, UNICEF also provided hygiene promotion messaging for 177,049 people alongside distribution and promotion of proper use of household water treatment chemicals for 130,608 people.

CERF funds enabled **UNICEF** to provide 9,246 families with emergency hygiene and dignity kits. UNICEF also utilized CERF funding to reach 13,892 people with access to safe water and 22,470 people with access to sanitation facilities. Through the cholera response activities UNICEF also provided hygiene and sanitation promotion messaging to reach 159,352 individuals alongside distribution and promotion of proper use of household water treatment chemicals for 27,985 households.

In the direct aftermath of Cyclone Idai and Cyclone Kenneth, air transport was critical, with the storms causing extensive flooding, and impacting logistics infrastructure such as roads and bridges. Based out of Beira airport, under the leadership of **WFP the Logistics Cluster** coordinated the use of two WFP Mi8 helicopters for the Cyclone Idai response, supporting responding organisations with the transport of cargo to hard-to-reach areas. A C-295 fixed-wing aircraft was also deployed for cargo transport from Maputo to Beira and Chimoio, performing up to two rotations per day. Overall, 281 mt/ 1,168 m3 of relief items were delivered on behalf of 16 organisations during the response to Cyclone Idai, reaching 22 destinations in the regions affected by the cyclone. Helicopter operations ceased in mid-May, while the fixed-wing aircraft supported the response until 19 April, assisting in limiting congestion at Maputo airport.

At the beginning of May, two WFP Mi8 helicopters were deployed to Pemba in support of the Kenneth response, one of which was allocated specifically for the Logistics Cluster operation. By mid-May, one helicopter was maintained in Pemba, which remained until the beginning of July. In addition, WFP Aviation deployed a Caravan fixed-wing aircraft on 20 May for two weeks to support humanitarian organisations with access to the islands of Ibo and Matemo. Overall, 333 mt/621 m3 of relief items were delivered by air on behalf of 11 organisations during the response to Cyclone Kenneth, reaching 11 destinations in the regions affected by the cyclone.

At the peak of the Cyclone Idai response, under the leadership of **WFP the ETC cluster** was providing critical communications services to humanitarians in 21 sites, including the Emergency Operations Centre (EOC) in Beira, the SOC in Beira, 17 resettlement sites in Beira town, as well as in Buzi, Grudja and Nhamatanda. More than 1,800 humanitarians from 440 organisations registered to access ETC internet connectivity throughout the Cyclone Idai response. Following a series of assessments, the ETC rehabilitated six community radio stations in Beira, Buzi, Dondo, Gorongosa and Nhamatanda, all in Sofala province, enabling around 1.9 million people to tune back in. These achievements were made possible thanks to the CERF contribution, which was complemented by other funding sources.

With CERF funds, the ETC established coordination and shared data connectivity services for one month in one common operational location [Pemba]. CERF funds were critical to support the initial response with vital communications services to life-saving ongoing operations in Mozambique following the Cyclone Kenneth impact. Throughout the ETC's response to Cyclone Kenneth, more than 346 humanitarian responders from 61 organisations registered to access ETC connectivity services across Pemba, Ibo island and Macomia. The ETC team established a Security Operations Centre (SOC) in Macomia to ensure the safety and security of humanitarian responders.

## 5. PEOPLE REACHED

Agencies calculated people reached through their CERF implemented program providing their inputs into their CERF final report. All inputs were collected and by sector the highest figure for beneficiary type was represented as the overall number of people reached for that sector. Once sectors were compiled the the highest figure by beneficiary type was selected to represent the figure reached for the overall CERF allocation, this accounting for any potential duplication in beneficiaries.

**TABLE 4.a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY<sup>1</sup>**  
**Allocation for Cyclone Idai (19-RR-MOZ-35492)**

Category	Number of people (Planned)	Number of people (Reached)
Host communities	250,000	0
Refugees	0	0
Returnees	0	0
Internally displaced persons	494,000	926,071

Other affected persons	533,252	414,403
<b>Total</b>	<b>1,277,252</b>	<b>1,340,474</b>

<sup>1</sup> Best estimates of the number of people directly supported through CERF funding by category.

**TABLE 5.a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE<sup>2</sup>**  
**Allocation for Cyclone Idai (19-RR-MOZ-35492)**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b>	279,333	332,683	308,410	356,826	<b>1,277,252</b>
<b>Reached</b>	267,464	229,780	401,727	441,503	<b>1,340,474</b>

<sup>2</sup> 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.a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)<sup>3</sup>**  
**Allocation for Cyclone Idai (19-RR-MOZ-35492)**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned (Out of the total targeted)</b>	2,901	3,195	2,975	3,269	<b>12,340</b>
<b>Reached (Out of the total reached)</b>	12,681	14,466	16,867	17,544	<b>61,558</b>

<sup>3</sup> Best estimates of the number of people with disabilities directly supported through CERF funding.

**TABLE 4.b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY<sup>1</sup>**  
**Allocation for Cyclone Kenneth (19-RR-MOZ-37184)**

Category	Number of people (Planned)	Number of people (Reached)
Host communities	100,000	264
Refugees	38,000	0
Returnees	0	0
Internally displaced persons	65,000	307,738
Other affected persons	267,856	276,536
<b>Total</b>	<b>470,856</b>	<b>584,274</b>

<sup>1</sup> Best estimates of the number of people directly supported through CERF funding by category.

**TABLE 5.b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE<sup>2</sup>**  
**Allocation for Cyclone Kenneth (19-RR-MOZ-37184)**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b>	108,099	111,509	103,389	147,859	<b>470,856</b>
<b>Reached</b>	75,823	190,961	139,510	177,980	<b>584,274</b>

<sup>2</sup> 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.b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES)<sup>3</sup>**  
**Allocation for Cyclone Kenneth (19-RR-MOZ-37184)**

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Planned</b> (Out of the total targeted)	1,180	1,271	1,010	1,100	4,561
<b>Reached</b> (Out of the total reached)	3,075	3,507	4,090	4,254	<b>14,926</b>

<sup>3</sup> Best estimates of the number of people with disabilities directly supported through CERF funding.

**TABLE 7.1.a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)<sup>4</sup>**  
**Allocation for Cyclone Idai (19-RR-MOZ-35492)**

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Education - Education	300	300	36,000	36,000	<b>72,600</b>
Emergency Shelter and NFI - Shelter and Non-Food Items	13,495	14,045	12,965	13,495	<b>54,000</b>
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	65,000	60,000	0	0	<b>125,000</b>
Food Security - Food Assistance	21,983	21,983	37,024	34,710	<b>115,700</b>
Health - Health	104,000	104,000	96,000	96,000	<b>400,000</b>
Nutrition - Nutrition	0	6,000	47,693	47,859	<b>101,552</b>
Protection - Child Protection	0	0	200	200	<b>400</b>
Protection - Protection	8,000	12,000	8,000	12,000	<b>40,000</b>
Protection - Sexual and/or Gender-Based Violence	0	42,000	0	36,000	<b>78,000</b>
Water Sanitation Hygiene - Water, Sanitation and Hygiene	66,555	72,355	72,355	78,735	<b>290,000</b>

**TABLE 7.2.a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)<sup>4</sup>**  
**Allocation for Cyclone Idai (19-RR-MOZ-35492)**

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Education - Education	550	550	25,750	25,750	<b>52,600</b>
Emergency Shelter and NFI - Shelter and Non-Food Items	15,057	15,660	14,456	15,057	<b>60,230</b>
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	173,382	131,558	0	0	<b>304,970</b>
Food Security - Food Assistance	90,579	103,330	80,736	125,315	<b>399,960</b>
Health - Health	104,000	105,719	358,176	358,176	<b>926,071</b>
Nutrition - Nutrition	[Fill in]	13,384	9,107	9819	<b>32,310</b>

Protection - Child Protection	[Fill in]	[Fill in]	24,657	27,316	51,973
Protection - Protection	7,560	1,163	9,720	9,720	28,163
Protection - Sexual and/or Gender-Based Violence	11,323	94,114	4,911	41,001	151,349
Water Sanitation Hygiene - Water, Sanitation and Hygiene	68,340	74,295	74,295	80,847	297,777

<sup>4</sup> Best estimates of the number of people directly supported through CERF funding by sector.

**TABLE 7.1.b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)<sup>4</sup>**

**Allocation for Cyclone Kenneth (19-RR-MOZ-37184)**

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Emergency Shelter and NFI - Shelter and Non-Food Items	16,250	16,900	15,600	16,250	65,000
Food Security - Food Assistance	20,497	23,283	27,263	28,457	99,500
Health - Health	64,310	64,310	59,363	103,886	291,869
Protection - Child Protection	0	0	2,100	2,100	4,200
Protection - Protection	10	100	30	60	200
Protection - Sexual and/or Gender-Based Violence	54,501	58,693	46,116	50,308	209,618
Water Sanitation Hygiene - Water, Sanitation and Hygiene	30,982	33,682	33,682	36,654	135,000

**TABLE 7.2.b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)<sup>4</sup>**

**Allocation for Cyclone Kenneth (19-RR-MOZ-37184)**

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Emergency Shelter and NFI - Shelter and Non-Food Items	16,804	17,476	16,132	16,803	67,215
Food Security - Food Assistance	51,244	58,458	68,159	70,896	248,757
Health - Health	64,310	190,961	125,830	177,980	559,081
Protection - Child Protection	40,580	40,580	3,529	3,558	88,247
Protection - Protection	49	85	90	83	307
Protection - Sexual and/or Gender-Based Violence	1,811	45,878	1,011	23,180	71,880
Water Sanitation Hygiene - Water, Sanitation and Hygiene	31,412	34,150	34,150	37,161	136,873

<sup>4</sup> 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 funding provided immediate assistance to populations in the days follow Cyclone Idai and Kenneth. With rapid approval of funding for both responses, agencies were able to quickly deploy emergency supplies to save lives, providing emergency shelter, food, health and protection assistance to alleviate the suffering for people affected by Cyclones Idai and Kenneth. Agencies were able to utilize funds to rapidly deploy supplies and staff to affected areas while additional funding came online.

Logistics played a critical role and CERF funding of logistics cluster allowed for the rapid deployment of aircraft to ensure critical supplies were airlifted (within 48 hours for Cyclone Idai and 24 hours for Cyclone Kenneth) to affected areas and allowed for the facilitation of movement of critical staff to field locations. This was especially critical in the first weeks of the crisis when wide-spread post Cyclone flooding cut off many people from accessing assistance.

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

YES ☒PARTIALLY ☐NO ☐

CERF funds enabled agencies to reach people quickly with life-saving assistance in the initial days of the crisis to the most urgent priorities, including emergency food, shelter, health, nutrition, wash, education and protection. Partners supported urgent needs through emergency medical assistance, supporting people displaced in accommodation and transit centers, due to widespread flooding, time-critical sexual and reproductive health and GBV services. Partners were able to rapidly scale up massive nutrition screening which supported 435,000 children under 5 were actively screened for acute malnutrition in affected districts. Through support to the logistics cluster and the logistics hubs in Beira and Pemba rapid critical emergency food, shelter and WASH supplies were airlifted to people cut off from main city centers.

CERF met the most urgent life-saving priorities while other funding was mobilized for the crisis and was instrumental in ensuring that lives were saved in the first few weeks of the crisis.

**c) Did CERF improve coordination amongst the humanitarian community?**

YES ☒PARTIALLY ☐NO ☐

Prior to Cyclones Idai and Kenneth humanitarian coordination existed in Mozambique and was activated at the beginning of the response. Discussions for CERF were conducted within the HCT and with cluster representation, discussions around the CERF allocation provided a platform to discuss the immediate priorities for the response. It was also instrumental in activating the logistics cluster at the initial start of the response, which became a critical support services in both responses. Following the CERF allocation for Idai, an IASC scale-up was declared.

CERF funding also supported increased coordination at the field level, including at Inter-Cluster working groups in Beira and Pemba. Agencies were also supported with surge staff with high experience in emergency response.

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

YES ☒PARTIALLY ☐NO ☐

CERF contribution was a catalytic in mobilizing additional resources. CERF funding was the first funding available to being rapid response to the emergency and other donors quickly mobilized resources to respond to the crisis. Overall agencies raised over US\$ 280 million toward of the US\$ 527 million requested.

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

## 7. LESSONS LEARNED

**TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
Mobilizing additional resources takes time.	Ensure adequate and timely visibility of CERF Rapid Response Window's funds as soon as they are allocated as that can raise the attention/interest of other donors that are intending to contribute to the same response.
The 6-month implementation period might be a challenge, as administrative processes might take several weeks/months.	Project duration should be extended to at least more than 6 months to allow a period for identification of effective partners and administrative purposes
Creating synergies with other projects at the beginning of a CERF project improves greatly the reach and impact of the funds as the recipient agency is able to cut operational costs (through common procurement and logistics processes) and use the savings for reaching more beneficiaries.	N/A
The CERF process to receive the grants offered a high degree of transparency and accountability for the recipients and other stakeholders. Allocation decisions and prioritization processes related to CERF grants were informed by inclusive and collective efforts under the leadership of RC/HCs and are documented according to clear standards.	N/A

**TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Integration of HIV into the community based response at the lifesaving staging in the emergencies. Mobilise more UN agencies to integrate HIV in their emergency response.	Mobilise more UN agencies to integrate HIV in their emergency response. Integration of community based response into the HIV plan at all stages.	HCT/Clusters/Agency
Consultations have been centralized through clusters, so if cluster lead is not experienced and has minimum knowledge and coordination skills, it could undermine the process.	More staff in each organization should understand the purpose of CERF, life-saving interventions including better training on emergency tools.	Agencies
It is important to have all implementing partners on the same page before initiating activities on the field, all partners should have a clear understanding of goals and objectives.	Clusters and Agencies you clearly articulate the objectives of the CERF allocation to all partners and agencies should be clear in agreements signed with implementing partners.	Agencies
It is critical to ensure that implementing partners have as much capacity as possible in order to respond efficiently to both sudden onset and protracted emergencies. UN should invest in the core	Investing in capacity building of partners is a critical aspect of emergency response preparedness and ensuring front-line responders are ready to respond immediately to a natural disaster. Agencies should look	Agencies



competencies of each IP by ensuring the organizations' capacity is strong before an emergency; scout out new and/or local organizations to support continuity of services when insecurity or emergencies hit- you will still have teams on the ground to respond locally.	at prioritizing resources aimed at building the technical capacity of local organizations in critical disaster prone areas.	
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## 8. PROJECT REPORTS

### 8.1. Project Report 19-RR-FAO-019 - 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-019
5. Project Title:	Emergency Assistance for Livelihoods of People Affected by Floods in the provinces of Zambezia and Tete		
6.a Original Start Date:	01/04/2019	6.b Original End Date:	30/09/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/12/2019
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\$ 6,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 14,904,826
	c. Amount received from CERF:		US\$ 1,500,000
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 143,428.92</b>
	Government Partners		US\$ 0
International NGOs		US\$ 126,459.37	
National NGOs		US\$ 16,969.55	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF RR grant, FAO and its partners distributed 21,813 agricultural kits (maize, beans, hoes and machetes) in the immediate aftermath of Cyclone Idai, 34,989 agricultural kits (vegetable seeds, hoes, machetes and water cans) for the winter season and 4,192 electronic vouchers for purchasing of agricultural inputs for the main planting season.</p> <p>The project assisted a total of 304,970 people (60,994 families) with emergency livelihoods support in the provinces of Sofala and Manica between April and December 2019. This was achieved in the context of the response to Cyclone Idai which led to the reprogramming of the original geographical areas from the provinces of Zambezia and Tete to Manica and Sofala.</p>

### 3. Changes and Amendments

The initial objective of the project was to provide urgent livelihoods assistance to 125,000 most vulnerable people (25,000 households) affected by heavy rains and floods in the provinces of Tete (district of Moatize) and Zambézia (districts of Maganja da Costa, Mopeia and Namacurra). The support included the distribution of seeds and agricultural tools to allow for planting of early maturing crops as soon as the water receded. However, due to the landfall of Cyclone Idai, the Food Security Cluster and OCHA agreed to reorient the project's priorities to cover the most affected areas of Manica and Sofala provinces.

The number of beneficiaries reached exceeded greatly the original number targeted, mostly due to savings through synergies with other FAO projects, which allowed to optimize the use of resources to reach more families affected by the cyclone. In the aftermath of Cyclone Idai, CERF funds were used in conjunction with other projects implemented in the same areas, which enabled FAO to provide immediate support to 21,813 families (109,065 people). For this phase of the response, CERF funds covered the costs of the contracts with implementing partners while the inputs were purchased with funds from other two projects funded by Austria and Belgium, under which procurement was well advanced. In addition, 34,989 households (174,945 people) received support during the winter season, of the families supported in the winter season this included 3,489 displaced families (17,445 people) displaced living in resettlement camps.). An additional 4,192 households (20,960 people) received support through the e-voucher system for purchasing agricultural inputs during the main season.

A no-cost extension (NCE) was requested and approved by CERF until 31 December 2019. The NCE responded mainly to the following issues encountered during implementation:

- FAO planned to distribute beans' seeds as part of its intervention, but due to an unprecedented demand for seeds in the national market, and the time constraints of procuring them internationally, the procurement had to be cancelled.
- FAO received a request from the Government to support a total of 11,000 families in resettlement sites who urgently needed agricultural inputs and tools having lost not only their harvest, but also their assets. Given the specificities of the planting in the resettlement sites, FAO had to also procure additional tools, e.g. watering cans and wheelbarrows, which delayed the finalization of activities.
- The watering cans were distributed as planned, but the procurement of wheelbarrows encountered grave issues, with the selected supplier not fulfilling the order as per specifications. The order was placed at the time of the NCE approval, but the supplier delayed the delivery repeatedly until the point that the inputs would arrive after the project ended and FAO would not have the means to distribute it. This led to the cancellation of the order.
- With the cancellation of the wheelbarrows, it was decided that the funds could be used to complement the ongoing activities in support of the main planting season through an e-voucher system being implemented in two other FAO projects. Therefore, with the CERF funds previously planned for the wheelbarrows, FAO was able to reach 20,960 people (4,192 families), which received an e-voucher charged with 2,600 Meticaís each for purchasing agricultural inputs and tools in pre-selected agro dealers. At the end of the project's implementation, there was an unspent balance of USD 26,469,47.

### 4. People Reached

#### 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	32,690	24,810	38,375	29,125	125,000
<b>Total</b>	<b>32,690</b>	<b>24,810</b>	<b>38,375</b>	<b>29,125</b>	<b>125,000</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
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)

<b>Cluster/Sector</b>	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	4,562	3,462	5,356	4,065	17,445
Other affected persons	75,193	57,068	88,271	66,993	287,525
<b>Total</b>	<b>79,755</b>	<b>60,530</b>	<b>93,627</b>	<b>71,058</b>	<b>304,970</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
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:	It is worth noting that, with the change in geographical coverage at the beginning of implementation, the targeting also changed to adapt to the reality post-cyclone and the level of needs. The number of beneficiaries reached widely exceeded the original number targeted, mostly due to savings through synergies with other projects that enabled efficient use of common capacities, logistics arrangements and procurement processes to decrease distribution costs.
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

The catchment area in the districts reached with CERF funds represents approximately 1,155,409 indirect beneficiaries. The indirect benefits to the people in these communities are twofold: on one hand, they had access to the products produced by beneficiaries of the CERF project in the local markets. On the other hand, the money project beneficiaries were able to receive when selling their excess production in the markets could be reinvested in their communities by, for example, buying other inputs and products in the local markets and investing in other sectors such as education and health.

### 5. CERF Result Framework

<b>Project Objective</b>	Food and nutrition security of targeted populations improved			
<b>Output 1</b>	25,000 households farming capacities restored and strengthen			
<b>Sector</b>	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>

Indicator 1.1	Number of kits of horticultural crops and beans procured	25,000	39,186	FAO procurement reports
Indicator 1.2	Number of kits of agricultural tools procured	25,000	39,186	FAO procurement reports
Indicator 1.3	Number of HH that received horticultural seeds	25,000	60,994	FAO and NGO partner reports
Indicator 1.4	Number of HH that received agricultural tools	25,000	60,994	FAO and NGO partner reports
Indicator 1.5	% of women and elderly HH benefiting directly from the project	60,000 (48%)	124,061 (41%)	FAO and NGO partner reports
Indicator 1.6	Number of HH harvesting vegetables	At least 25,000	n/a	N/A
Indicator 1.7	Number of people consuming vegetables	At least 125,000	n/a	N/A
<b>Explanation of output and indicators variance:</b>		As explained above, the geographical coverage of the original plan changed after project approval, therefore the targeting and number of people reached followed a different implementation plan. To clarify the numbers provided: the number of kits procured only considers the vegetable seeds distribution and the e-voucher "kits" because the inputs for the first distribution were paid for by other projects and CERF only covered the contracts with partners distributing them. On the other hand, the number of kits distributed considers both distributions and the voucher, therefore the number is higher than the items procured. PDM was not conducted for vegetable seeds. The PDM for e-vouchers distribution not yet finalized due to the COVID-19.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of agricultural inputs (seeds and tools)	FAO		
Activity 1.2	Define criteria for the selection of beneficiaries	FAO		
Activity 1.3	Prepare the lists of beneficiaries disaggregated by gender	Serviço Distrital de Actividades Economicas de Chigubo (SDAE)/ Service Provider (NGO) and FAO		
Activity 1.4	Distribution of agricultural inputs (seeds and tools)	Service Provider		
Activity 1.5	System for monitoring project activities on place	FAO/SDAE/Service Provider		
Activity 1.6	Rapid assessment on the project results	FAO/SDAE		

<b>Output 2</b>	Technical assistance provided to beneficiary households			
<b>Sector</b>	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of HH trained in conservation of vegetables	At least 1,500	12,245	Reports from Service Providers and SDAE
<b>Explanation of output and indicators variance:</b>		Service providers, in collaboration with the SDAE in the relevant districts, were able to offer technical assistance at the time of the distributions, which helped reach a much larger number of people than previously planned for.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Technical assistance on vegetable production	SDAE / Service Provider		
Activity 2.2	Training the beneficiaries HH in processing and conservation of vegetables	SDAE / Service Provider		

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>The selected Service Providers had been working in the project areas for many years and had already established strong relationships with the affected communities. This contributed to building trust and facilitating crisis-affected people's participation and engagement with project activities. In collaboration with the SDAEs and FAO staff, meetings were organized with community leaders as well as community members to ensure meaningful participation in various phases of implementation. The service providers identified the displaced families living in the resettlement sites as priority. FAO indicated the criteria to be used by the NGOs (SP) and the SDAEs to select most vulnerable peoples in the other communities affected by cyclone Idai. The used criteria are: families headed by disabled people, women, elderly and families with pregnant women and chronically ill.</p>	
<p><b>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?</b></p> <p>The selection of beneficiaries and the details of all aspects of the intervention were discussed during meetings between SDAE and community leaders in the targeted communities. In preparation of the vegetable seed distribution kits the SDAEs of the selected districts of the provinces of Manica and Sofala have reached the community leaders and organized one initial meeting to explain the project activities, type of inputs to be distributed and received information from the entire community. Meetings have been organized in 11 localities in Manica and 28 in Sofala. At these meetings it was encouraged the participation of women's groups, elders, and disable people.</p>	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
<p><b>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?</b></p> <p>Affected people received information regarding FAO, its partners and the nature of interventions through a variety of means. Before distributions, community members received information about the interventions through the SDAE and community leaders. During the distributions, a representative of the SDAE and the service provider were responsible for providing relevant information regarding the activities, e.g. information about FAO and its partners, targeting criteria, kit composition, presentation of the Linha Verde and how to use it, etc. Specific messages addressed the fact that support was free of charge and that any request for money or other favors in exchange for the kits (by anyone, including FAO staff) was prohibited and should be reported using the Linha Verde. FAO representatives were also present during distributions to supervise, provide additional information and/or address any issues.</p>	
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The project made use of the 'Linha Verde' (1458) set up by WFP and serving the Mozambique Cyclone Response to improve accountability to affected populations and overall communication with affected populations. The toll-free inter-agency hotline is available to affected populations and humanitarian actors to request information or report issues arising from or relating to the humanitarian response. Linha Verde also serves as a channel to report sexual exploitation and abuse, corruption and political violence related to the humanitarian response in Mozambique. Information regarding the hotline was included in sensitization messages to beneficiaries and the need to promote its use was also included in the contracts signed with Implementing Partners. FAO had a dedicated focal point following the Linha Verde to ensure cases related to FAO activities were addressed in a timely manner. The complaints received were mostly related to the beneficiaries selection, quality and quantity of inputs distributed and request of information. FAO has answered to all the requests through the Linha Verde staff and directly in the field or calling the person by phone. Clear explanations were given regarding the targeting criteria, the items distributed, and other information related to the location of agro-dealers or mobile sale location and time.</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 ☒ No ☐

Yes, the Linha Verde described above was the mechanism used by FAO to facilitate the reporting of SEA cases. During the implementation of the project, no SEA-related complaints were made related to FAO activities. Nevertheless, the Organization has a corporate mechanism to handle SEA cases that would have been immediately triggered should any cases had been reported. In addition, all contracts signed with implementing partners contain a specific clause related to SEA.

**Any other comments (optional):**

N/A

7. Cash Transfer Programming					
<b>7.a Did the project include one or more Cash Transfer Programmings (CTP)?</b>					
<b>Planned</b>			<b>Achieved</b>		
No			Yes, CTP is a component of the CERF project		
<b>7.b Please specify below the parameters of the CTP modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> 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
e-voucher	US\$ 176,064'42	Sector-specific	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	Unconditional	Restricted
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
<b>Supplementary information (optional):</b> Cash Transfer Programming was not originally planned under this CERF project. However, as FAO experienced problems with the procurement of agricultural tools that needed to be distributed to beneficiaries, the Organization chose to use the funds to complement an ongoing e-voucher programme being implemented in the same geographical areas by other projects, in support of the main agricultural season. The e-voucher programme implemented in Manica and Sofala used electronic cards containing 2,600 Meticals each, which could be used in pre-selected agro dealers for the purchase of agricultural inputs and tools. This is a well-appreciated system to increase access of smallholders to improved agricultural inputs in use by FAO since 2015, which was adjusted for emergency response purposes.					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The PDM of e-voucher distribution was not completed due to COVID-19.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>



## 8.2. Project Report 19-RR-IOM-015 - IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Mozambique
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items Protection - Protection Health - Health	4. Project Code (CERF):	19-RR-IOM-015
5. Project Title:	Shelter, Protection and Health support to displaced and the most vulnerable people affected by Cyclone Idai		
6.a Original Start Date:	20/03/2019	6.b Original End Date:	19/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 26,050,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 18,700,000
	c. Amount received from CERF:		US\$ 1,805,122
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 312,107
	Government Partners		US\$ 0
	International NGOs		US\$ 312,107
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>IOM and its partners assisted 62,202 people in Sofala and Manica provinces. Informed by needs assessments, 12,046 households (60,230 individuals) received Shelter and NFIs-kits. Households with low or limited labour capacity, such as women/child/elderly-headed households were provided with casual labour for carrying items. Info-sessions on the use of items enabled households to capitalize the most from what they received, confirmed by 77% of interviewees.</p> <p>Moreover, IOM enhanced the protection of IDPs by building the capacity of 125 (58 men, 67 women) professionals to identify and refer victims of trafficking and gender-based violence (GBV), and persons in need of protection, and to operationalize the referral mechanism. Provincial government staff was hired and placed at protection desks in 12 resettlement sites, who referred 1,454 cases (45% of total cases at protection desks) to police/social/medical services. IOM also provided IT-equipment to the Center of Integrated Support, rehabilitated the provincial transit centre, and constructed the protection desks.</p> <p>Finally, through mobile clinics, IOM referred/transported 518 emergency cases (223 men, 295 women) to/from care. IOM also assisted</p>

the return of 95 TB and HIV patients (34 men, 61 women) to treatment, identified and referred 378 persons (151 men, 227 women) with chronic diseases, and assisted 208 obstetric/maternal/pre-/post-natal women. The project was implemented from March to September 2019.

### 3. Changes and Amendments

N/A

### 4. People Reached

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

Cluster/Sector	Health - Health				
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	50	100	75	75	300
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>50</b>	<b>100</b>	<b>75</b>	<b>75</b>	<b>300</b>
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	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	18	28	22	27	95
Internally displaced persons	623	841	721	797	2,982
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>641</b>	<b>869</b>	<b>743</b>	<b>824</b>	<b>3,077</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	4	5	2	3	14

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

Cluster/Sector	Protection - Protection				
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<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	800	50	150	1,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>800</b>	<b>50</b>	<b>150</b>	<b>1,000</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
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)

<b>Cluster/Sector</b>	Protection - Protection				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	1,163	73	218	1,454
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>1,163</b>	<b>73</b>	<b>218</b>	<b>1,454</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

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

<b>Cluster/Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items				
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	13,495	14,045	12,965	13,495	54,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>13,495</b>	<b>14,045</b>	<b>12,965</b>	<b>13,495</b>	<b>54,000</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
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	Emergency Shelter and NFI - Shelter and Non-Food Items				
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	15,057	15,660	14,456	15,057	60,230
Other affected persons	0	0	0	0	0
<b>Total</b>	15,057	15,660	14,456	15,057	60,230
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	Not available	Not available	Not available	Not available	Not available

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:	<p>More people than planned were directly assisted with CERF funding as one of IOM's IPs mistakenly distributed incomplete Shelter and NFIs-kits but to a larger number of households. Some households were provided with tarp only and some with toolkits only. To rectify this, IOM coordinated with its Shelter partners to ensure that these household received the missing items and were provided with a complete kit. Therefore, IOM reached a larger than expected number of households with Emergency Shelter Kits.</p> <p>For health, the project was able to directly assist 518 persons with emergency referral or discharge services, 218 persons more than planned, as the decision to set-up mobile clinics at resettlement sites rather than establishing a single referral hub in Beira, enabling the project to effectively reach a larger number of persons. In addition to emergency referrals, these mobile clinics present in the resettlement sites were also able to assist non-emergency health cases, such as TB and HIV patients, or those with other chronic diseases, as well as pregnant (pre-/post-natal) women, thus assisting a significantly higher number of persons than planned.</p>
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

N/a

#### 5. CERF Result Framework

<b>Project Objective</b>	Provide life-saving emergency shelter and NFI items as well as health and protection services to the most vulnerable households affected by Cyclone Idai
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<b>Output 1</b>	Living conditions of vulnerable households in the cyclone-affected districts are improved through the provision of shelter components, tools and household items			
<b>Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# households reached with shelter kits (in line with INGC guidelines) delivered to	10,800	12,046	Beneficiary records

	most vulnerable households			
<b>Explanation of output and indicators variance:</b>		As described in Section 3 and 4b.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Identification of most vulnerable households to receive shelter kits per district through field visits with local authorities	Cosaca, Chemo, IOM		
Activity 1.2	Procurement of shelter kits (in line with INGC guidelines)	IOM		
Activity 1.3	Distribute relief items (including the in-kind items). Such as shelter kits to beneficiaries.	Cosaca, Chemo, IOM		
Activity 1.4	Conduct distribution monitoring and post distribution monitoring	IOM		

<b>Output 2</b>	Internally Displaced Persons have access to life-saving protection services			
<b>Sector</b>	Protection - Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of mappings and soft protection needs assessments conducted	1	1	Mapping available in <a href="#">link 1</a> , <a href="#">link 2</a> and <a href="#">link 3</a>
Indicator 2.2	Number of trainings provided on safely referring survivors to available support services	5	8	Attendance sheets
Indicator 2.3	Number of refresher trainings provided	3	3	Attendance sheets
Indicator 2.4	Number of protection actors that are assisted to provide effective, life-saving protection services	4	4	IP Agreement for rehabilitation of transit center of Direção Provincial do Género, Criança e Acção Social (DPGCAS);  Deed of donation for office supplies and materials for CAI;  Payment slips for DPGCAS protection activists;  Documentation and handover of procured items for protection desks
Indicator 2.5	Number of posters distributed	6,000	2,550	Declaration of receptance signed when the posters were delivered by the printing shop.
Indicator 2.6	Percent of persons affected filing reports who are referred to available services	90 percent	45%	Declaration of receptance signed when the posters were delivered by the printing shop.

<b>Explanation of output and indicators variance:</b>		<p>The higher number of trainings provided on safely referring survivors to available support services were made possible as IOM supported referral mechanism protection actors instead of providing direct assistance.</p> <p>The number of posters printed and information material disseminated at entry points were lower than planned as the number of targeted sites were lower, hence less posters were needed.</p> <p>For the Indicator 2.6 "Percent of persons affected filing reports who are referred to available services," 45% compared to the target of 90% was reached. The reason for this is that the reports/concerns raised at the protection desks were often not related to the need to access protection services. Hence of the total persons who reached out to the protection focal points at the protection desks, referrals were only made to protection services in 45% of the cases. For the other 55%, the issues presented were not related to the need to access protection services. Having said this, 45% represents 100% of cases referred to protection services that have accessed the protection desks and were assessed to be in need of referral.</p>
Activities	Description	Implemented by
Activity 2.1	Conduct a mapping of available services as well as a soft protection needs assessment.	IOM
Activity 2.2	Train relevant professionals in the camps on protection incidents risk mitigation, in particular GBV and TiP, and how to safely and ethically link survivors with available services.	IOM
Activity 2.3	Provide refresher trainings to protection actors under the referral mechanism	IOM
Activity 2.4	Support to protection actors to fulfill their respective protection mandate in an emergency setting.	IOM
Activity 2.5	Disseminate information materials on the availability and entry points of the referral mechanism for vulnerable populations	IOM
Activity 2.6	Operate a phone number to centralize reception of reports and to channel cases to adequate protection services	IOM

<b>Output 3</b>	Vulnerable populations of Sofala Province, including IDPs, have improved access to lifesaving emergency healthcare through assisted referrals, discharge and safe return			
<b>Sector</b>	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of persons/patients supported with emergency referral and assisted discharge services including accompanying caregivers and dependents	300	518	IOM beneficiary records
<b>Explanation of output and indicators variance:</b>		IOM achieved a higher than expected output due to cost sharing and saving coming from coordination for the identification of beneficiaries with the Ministry of Health. There was also a higher demand for this service to which IOM was able to respond thanks to the above comments]		
Activities	Description	Implemented by		
Activity 3.1	Rapidly establish, equip and staff an IOM-operated referral	IOM		

	hub in Beira supported by medical staff, nurses, support staff, and community health workers.	
Activity 3.2	Establish referral and coordinating mechanisms in partnership with mobile/fixed clinics, hospitals and major temporary settlement sites to enable prompt referral and directed transport of patients with medical needs best met by facilities.	IOM
Activity 3.3	Identify medically stable, vulnerable patients in need of assisted discharge and organize transportation from secondary and tertiary health care facilities patients' homes or preferred settlement/areas of return	IOM
Activity 3.4	Support patients' follow-up medical needs and refer for further treatment, with medical escort if necessary	IOM

## 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?**

Design and planning phase: Before launching activities, IOM consulted the affected population to ensure that proposed interventions were tailored and appropriate for location-specific context. Before shelter distributions, IOM performed household level assessment that studied the most pressing needs of the affected population. The kits distributed, distribution sites, and selection modalities were shared with community leaders and other affected populations. Protection related interventions were based on extended consultations amongst relevant stakeholders, service providers and affected populations, under a previous project. The Ministry of Health was a crucial partner when planning all health-related support, targeting the most affected areas and relieving the most crowded clinics and service providers.

Project Implementation phase: Within the present actions, IOM tailored implementation modalities to ensure access and eligibility of the most vulnerable households. The household assessment followed a strict methodology enabled this process to mainstream age and gender as part of all activities, including distributions, trainings, and referrals. For example, identifying the difficulties of moving items, IOM supported especially vulnerable households to carry the items and provided information on the best use of them. In trainings to establish the referral mechanism, IOM included sessions to ensure a victim-centred approach. When beneficiaries were minors, the guiding principle was the best interest of the child.

Project Monitoring and Evaluation: Post distribution monitoring, as well as focused session including affected populations, stakeholders and community leaders allowed IOM to respond to the rising needs and adapt its interventions as requested and possible. These were platform for beneficiaries to share their opinions on the assistance received. The Protection Desk and Linha Verde were also a communication channels to monitor IOM activities and other changing factors across sites and communities. Through the information gathered IOM adapted the activities as needed, for example the selection of distribution sites in communities of origin were distances were long.

#### **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?**

There were no established mechanisms by the INGC or local institutions for consulting or engaging the community in the design and implementation of the response. Target communities were selected in coordination with INGC, and primarily based on gaps identified by the Shelter and Protection Clusters and data from IOM's Displacement Tracking Matrix (DTM) capturing information on communities in their places of origin not yet been targeted with shelter assistance. Following the selection of communities, IOM first consulted community leaders and gained their approval for conducting household level needs assessments to determine the most vulnerable households within the communities. Household vulnerability assessments focused on two levels of criteria. Firstly, families living in visibly damaged houses were assessed and categorized in two groups according to housing damage level. Secondly, the assessment captured broader vulnerability factors, such as socio-economic vulnerabilities, including particular protection risks and vulnerabilities of

<p>women, girls, elderly, and women or child headed households. Gaining an understanding of multiple vulnerabilities was critical as blanket coverage distributions was not possible given the limited resources (number of kits) available. The selection criterium was defined in consultation with the IOM protection team.</p>	
<p><b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b></p>	
<p><b>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?</b></p> <p>Prior to the distribution of emergency Shelter Kits, community and household level assessments were conducted by IOM to be able to identify the most vulnerable households in need of shelter assistance. During these interviews, the IOM enumerators introduced themselves, the organization, its overall mission, and the objectives of this specific CERF project. Enumerators further explained the purpose of the assessment, principles of humanity and impartiality, and how the assessments were conducted to ensure that those most in need could be identified and assisted.</p> <p>For protection services, the community social workers conducted regular awareness sessions in communities where they introduced themselves, IOM and informing IDPs on the purpose of the project and the set-up protection desks. They explained the referrals and services the desks facilitated access to. They also informed about the Linha Verde hotline for feedback, complaints and/or reporting SEA or other misconduct.</p> <p>The health team, primarily through the integrated mobile clinics, focused specifically on informing beneficiaries of their right to health care in accordance with international health regulations, and about the organizations and projects role in assisting them in exercising this right, while also organizing medical lectures to raise awareness amongst IDPs on different health related topics and health risks.</p>	
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>As part of the Humanitarian Country Team (HCT), IOM participated and contributed to the inter-agency complaints and feedback mechanism (CFM), enabled by the Protection Cluster through the World Food Programme (WFP), consisting of a toll-free hotline “Linha Verde” managed from Maputo, in combination with other communication with communities (CwC) mechanisms such as complaints and feedback boxes, helpdesks and community committees. IOM supported the operationalization of the lines, which was accessible between 06:00-21:00 – seven days a week, with open lines for the recording messages throughout the night, by supported staffing needs and the training of phone operators. IOM also promoted this hotline by printing and distributing 600 posters (200 in each language) in prioritized resettlement sites. Feedback and complaints were channeled to the relevant organizations through the Protection Cluster. WFP coordinated responses together with concerned agencies. During the course of this project, no complaints/reports concerning IOM were received.</p>	
<p><b>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.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>While IOM did not establish a new mechanism for PSEA reporting/complaints, IOM is an active member of the UN Country Team network for the PSEA, managed from Maputo by WFP on behalf of the UN Resident Coordinators Office. Within the framework of this network, during the course of the project, IOM trained 246 staff members of IOM and other humanitarian organizations/actors, including daily and hourly staff and casual labours on PSEA. IOM did not identify any SEA complaints during the reporting period, evidencing the results of the prevention efforts made by IOM. Thanks to the trainings of staff as well as awareness raising of partners, IOM was able to carry out the activities with no maker circumstances arising</p>	
<p><b>Any other comments (optional):</b></p> <p>N/A</p>	

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



No			No		
<b>7.b Please specify below the parameters of the CTP modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> 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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No external evaluation was planned for the project. However, the project was monitored throughout its implementation. IOM conducted Post Distribution Monitoring after the distribution in September to monitor the use and obtain beneficiary feedback of Emergency Shelters and Non-Food Items distributed.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

### 8.3. Project Report 19-RR-IOM-020 - IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Mozambique
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items	4. Project Code (CERF):	19-RR-IOM-020
5. Project Title:	Immediate Provision of Temporary Emergency Shelter and Non-Food Items for Flood and Cyclone Kenneth Affected Populations		
6.a Original Start Date:	01/05/2019	6.b Original End Date:	31/10/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	31/01/2020
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\$ 10,200,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,449,658
	c. Amount received from CERF:		US\$ 2,303,409
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 451,861
	Government Partners		US\$ 0
	International NGOs		US\$ 451,861
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Between October 2019 and January 2020, IOM and Implementing Partners (IP) improved shelter outcomes, in line with SPHERE standards, of 13,443 Cyclone Kenneth and flood-affected families (67,215 individuals) in Cabo Delgado and Nampula. 11,162 families in Erati, Ibo, Macomia, Memba and Pemba districts were provided with NFIs-kits, including tarpaulin and corda-de-pneu (tyre rope). Informed by vulnerability and needs assessments, out of the 11,162 families, 7,653 families (38,265 individuals) received a solar crank radio and 1,120 families (5,600 individuals) received toolkits to facilitate the construction/repair of shelters, while lighting was distributed as a GBV mitigation measure. In Chirue, Erati, Ibo, Matemo, and Metuge, 1,014 vulnerable families were assisted with emergency shelter to install tarpaulin and construct wooden frames. In Ibo Macomia, Matemo and Memba, districts 1,267 families were supported in early recovery with construction material for repairing/retrofitting or constructing shelters, while construction material for 650 families (3,250 individuals) and three petrol sawmills for communities to prepare wood materials for retrofitting/construction of shelters in Macomia were procured. The project also repaired the roofs of one Health Post and four schools in Mucojo district, and two latrines in each respective facility, and provided materials to the community radio station to repair its roof damaged by the cyclone. The project was implemented from May to October 2019.</p>

### 3. Changes and Amendments

Due to security concerns, the three most affected areas in Cabo Delgado, Macomia, Quissanda, and Ibo districts, remained inaccessible by land during the first months of the response—all distributions were implemented by helicopter—which significantly slowed down the response. The security environment in Cabo Delgado remained unstable throughout the project, deteriorating from February 2019 with spikes in violence from October 2019 to date, particularly affecting the access to Macomia, Quissanga and Ibo districts. Rains during the monsoon season destroyed the bridge providing access to Macomia district, one of the key shelter recovery target areas, which in spite of several restoration attempts by the government since December 2019 remains inaccessible. This prompted IOM to request a three-month no-cost extension and reprogramming request in October 2019. The extension allowed IOM and its IPs the time to procure the large quantities of materials needed to respond to the early shelter recovery needs of 1,267 affected families in Erati, Metuge and Chiure, Matemo, and Ibo districts. As the bridge providing access to Macomia remains destroyed, IOM has found alternative methods to reach families in need, such as building a "Jangada" (barrel raft), although security risks are still significantly affecting humanitarian access. In Mucojo, where IOM has not had security clearance to access since November 2019, IOM contracted Nema Foundation, which was able to complete the rehabilitation of five public buildings, while the official hand-over to the government will take place once the security situation allows.

At the time of the reprogramming request, IOM also introduced changes to the type of items distributed to families as needs assessments showed new and emerging needs that had not been accounted for during the project development, in particular, the use of "corda de pneu" or tyre rope - a commonly used material that is more culturally appropriate than nylon rope. An NFIs gaps-analysis also identified unaddressed protection needs, after which IOM included lighting as a GBV mitigation measure. Post-distribution monitoring also highlighted needs for locally sourced materials promoting IOM to add carpentry items to complement shelter kits insufficient to respond all shelter needs, providing for a more complete and sustainable response.

Leading the coordination of the Shelter Cluster, and through coordination with local governments, IOM also learned of needs to support the early self-recovery in other areas, thus expanding the response to assist cyclone/floods-affected families in the northern districts of Nampula Province.

### 4. People Reached

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

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
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	16,250	16,900	15,600	16,250	65,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>16,250</b>	<b>16,900</b>	<b>15,600</b>	<b>16,250</b>	<b>65,000</b>
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	Emergency Shelter and NFI - Shelter and Non-Food Items				
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	16,804	17,476	16,132	16,803	67,215
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>16,804</b>	<b>17,476</b>	<b>16,132</b>	<b>16,803</b>	<b>67,215</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	Not available	Not available	Not available	Not available	Not available

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:	Of the 67,215 people directly assisted by the project, 55,810 people were assisted with emergency shelter and NFIs kits, 5,070 people were supported with Emergency Shelters and 6,335 people were directly assisted responding to critical early recovery shelter needs. All these responded to the reprogramming/NCE request of October 2019.
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#### 4.c. PERSONS INDIRECTLY TARGETED BY THE PROJECT

The local population of Mucojo Sede, Macomia District, indirectly benefitted from the rehabilitation of their education and health facilities damaged by the cyclone. Local communities and local artisans participating in the distribution and reconstruction efforts benefitted from jobs created during the project implementation. According to the latest census (2017) Macomia District has a population of 81,208 people, and is, according to the IOM DTM Cabo Delgado IDPs Situation Overview - Insecurity Affected Displaced Populations, published March 2020, host to 29,112 displaced persons.

#### 5. CERF Result Framework

<b>Project Objective</b>	Provide life-saving emergency shelter and NFI items to most vulnerable households affected by Cyclone Kenneth
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<b>Output 1</b>	Living conditions of vulnerable households in the cyclone-affected districts are improved through the provision of shelter components, tools and household items Emergency Shelter and NFI - Shelter and Non-Food items			
<b>Sector</b>	Emergency Shelter and NFI - Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# households reached with shelter, NFI and tool kits (in line with INGC guidelines) delivered to most vulnerable households	13,000	13,443	IOM Beneficiary Records
<b>Explanation of output and indicators variance:</b>		As per the reprogramming/NCE request of October 2019, the target was to reach a total of 10,676 families responding to residual humanitarian needs and critical early recovery needs. The project reached a total of 13,443 families, with greater outreach responding to humanitarian needs than early recovery needs due to access constraints and security challenges, outside of the control of IOM and the project.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Identification of most vulnerable households to receive shelter kits per district through field visits with local authorities	IOM, Ayuda en Acción, Oikos, Caritas, in coordination with local authorities and community leaders		
Activity 1.2	Identification of specific NFI needs based on gender groups	IOM, Ayuda en Acción		
Activity 1.3	Procurement of shelter kits, tool kits and NFI (in line with INGC guidelines).	IOM, Ayuda en Acción		

Activity 1.4	Distribute relief items (including the in-kind items), such as shelter kits and NFIs to beneficiaries.	IOM, Ayuda en Acción, Oikos, Caritas
Activity 1.5	Support to set-up the shelter structure in selected areas by carpenters.	IOM, Ayuda en Acción, Oikos
Activity 1.6	Conduct distribution monitoring and post distribution monitoring.	IOM, Ayuda en Acción

## 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?

**Design and planning phase:** Before launching activities, IOM consulted the affected population to tailor the activities to the specific of different locations and groups in these locations. Before shelter distributions, IOM performed household level assessment that studied the most pressing needs and vulnerabilities of the affected population. The kits distributed, distribution sites, and selection modalities were shared with community leaders and other affected populations. Community meetings took place in order to understand the shelter recovery needs and the list of shelter materials took into account the traditional house construction. The Government local authorities were also involved in the decision for household beneficiary and house type design.

**Project Implementation phase:** IOM tailored implementation modalities to ensure assistance to the most vulnerable households. The household assessment followed a strict methodology enabling this process to mainstream age and gender, and vulnerabilities as part of all activities. The local community leaders were a very important actor in the implementation of the works as they were in charge of socializing the activities, they were engaged in the verification of beneficiaries and ensured that the distribution of the goods were done in an organized manner. Also, the local enumerators that were hired to conduct the household assessments and distributions provided good insight into the communities assisted as well as feedback on the delivery of assistance.

**Project Monitoring and Evaluation:** Focus group discussions including affected populations, stakeholders and community leaders prior to and during interventions allowed IOM to respond to the rising needs and adapt its interventions as requested and possible. This allowed beneficiaries to share their opinions on the assistance received. Through the information gathered IOM adapted the activities as needed, for example to revise the content of the Non-Food Items kits to address one of the major unmet protection needs for lighting. Post-Distribution Monitoring was collected during the last weeks of project implementation to capture satisfaction and usage of assistance, and to ensure a living space in line with SPHERE standards. 96% of surveyed beneficiaries reported in PDM to have used the tarpaulins and 84% of those who received tools in their NFIs-kits said that they are using them and find them useful.

#### 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 local government did not have a developed framework or mechanism to engage the community in the response, or criteria or methodology for assessing vulnerability. Following IOM institutional tools and as Shelter Cluster lead working with the other cluster agencies, IOM led the development of methodologies and tools for beneficiary needs and vulnerability assessment, and the subsequent beneficiary selection. Through the project, IOM staff trained and sensitized local stakeholders and community leaders on the application of the tools/methodology, which takes into consideration the inclusion and representation of different gender and age groups, as well as marginalized groups.

### 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?

Household level assessments in the districts of Erati, Chiure, Metuge, Macomia and Ibo were conducted between May and November 2019 prior to the provision of shelter assistance for house reconstruction, in order for IOM to identify the most vulnerable households. During these interviews, the IOM enumerators introduced themselves, the organization, its overall mission, and the objective of this specific CERF project. Enumerators further explained the purpose of the assessment and the principles of humanity and impartiality.

and how the assessments were conducted to ensure that those most in need are assisted.

These messages were reiterated during the delivery of assistance where beneficiaries were provided with more information on the usage of delivered items, and further supported and oriented on how to correctly install tarpaulins and operate the solar crank radios, as well as were informed on available feedback and complaints mechanisms for the delivered assistance.

Of the beneficiaries interviewed (312 households) following the distribution, 100% of reported that they were timely informed about the distributions, of which 97% reported that they were informed by the community leader.

**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 ☐

As part of the Humanitarian Country Team (HCT), IOM participated and contributed to the inter-agency complaints and feedback mechanism (CFM), enabled by the Protection Cluster through the World Food Programme (WFP), consisting of a toll-free hotline "Linha Verde" managed from Maputo. At the same time, communication with communities (CwC) mechanisms such as complaints and feedback boxes, helpdesks and community committees were implemented. The hotline was first created for the Cyclone Idai response and replicated in Cabo Delgado to also cover the Cyclone Kenneth response. The mechanism provided services in seven local languages to receive and route any complaints related to the delivery of humanitarian assistance.

Throughout the project, IOM actively raised awareness and promoted the usage of the mechanism for both positive and negative feedback, including during the Community Engagement Working Group meetings, led by UNICEF and through Information, Education and Communication (IEC) materials distributed during field activities.

IOM field enumerators also collected feedback from households in affected communities. During interviews that happened prior and after distributions took place in their communities, IOM learned that some families that were not present at the machambas (plots of cultivated land) had not been reached/included in the project's household assessments. In response, IOM approached the local authorities and community leaders, confirmed the claims, and rectified this by including them in the household assessment for subsequent shelter 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 ☐ No ☒

While IOM did not establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints, IOM is an active member of the UN Country Team network for the Prevention of Sexual Exploitation and Abuse (PSEA), managed from Maputo by WFP on behalf of the UN Resident Coordinators Office. In addition, through this network, within the framework of the CERF Grant 19-RR-IOM-015, IOM trained 246 staff members of IOM and other humanitarian organizations/actors, including daily and hourly staff and casual labourers on PSEA.

IOM did not identify any SEA complaints during the reporting period, evidencing the results of the prevention efforts made by IOM. Thanks to the trainings of staff as well as awareness raising of partners, IOM was able to carry out the activities with no maker circumstances arising.

**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 <b>value of cash</b> 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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):  
[Add text here]

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No external evaluation was planned for this project. However, the project was monitored throughout its implementation. Ayuda en Acción in coordination with IOM conducted Post Distribution Monitoring (PDM) in Chiure, Erati and Metuge at the end of the project in January 2020. The PDM focused on two main elements, the utility and functionality of the distributed items, and the quality of the distribution process.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

#### 8.4. Project Report 19-RR-IOM-021 - IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Mozambique
3. Cluster/Sector:	Protection - Protection	4. Project Code (CERF):	19-RR-IOM-021
5. Project Title:	Provision of Lifesaving Protection Assistance for Persons Affected by Cyclone Kenneth in Mozambique		
6.a Original Start Date:	29/05/2019	6.b Original End Date:	28/11/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	28/02/2020
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\$ 750,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 230,000
	c. Amount received from CERF:		US\$ 150,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>In order to address heightened protection risks, including deteriorating access to basic services following Cyclone Kenneth, through this CERF grant, IOM contributed to the operationalization of a referral mechanism for the identification, referral and assistance of vulnerable individuals, including victims of trafficking (TiP), gender based violence (GBV) and violence against children (VAC). Delgado between November 2019 and February 2020, IOM conducted the mapping of relevant actors and service providers, including governmental and non-governmental organizations and provided nine trainings for 151 professionals (refresher trainings for protection actors and reference group trainings), on referral pathways, focusing on TiP, GBV, and VAC mitigation and response in emergencies. In addition, to fill identified gaps, IOM directly assisted and referred 307 individual vulnerable cases to actors on the ground providing assistance and specialized services such as health services and mental health support, legal assistance, and other assistance, such as wheelchairs, basic food and NFIs, medicine, school-material and livelihood kits, for example, bread-making kits or farming tools providing livelihood alternatives for vulnerable families. Ensuring a coordinated humanitarian response, close coordination was maintained with key protection agencies, such as UNFPA, UNICEF, the Ministry of Gender, Children and Social Action, as well as other Clusters/Sectors, especially for shelter/NFIs assistance. The project was implemented from April 2019 to January 2020.</p>



### 3. Changes and Amendments

A re-programming, as well as a no-cost extension was requested and approved by CERF on 21 November 2019 regarding the change in implementation due to the inability to engage a qualified implementing partner (IP) within the defined time-period (for details see the re-programming request). As a result, the implementation modality was shifted to direct implementation, and the end date extended from 28 November 2019 to 28 February 2020, to allow for the direct implementation of activities by IOM in the Districts of Macomia, Quissanga and Ibo.

Following the heavy rains at the end of 2019, causing the destruction of several bridges which were the main access roads to Macomia and Northern Districts, as well as Quissanga, IOM faced logistical difficulties to access the said districts. This also hampered access to Ibo district (which is an island), which was accessed by boat from Quissanga. Furthermore, insecurity also increased in the Quissanga District from the end of January 2020 onwards, causing public institution staff, humanitarian partners and part of the district population to flee to other districts. Since then, IOM has been unable to implement activities in Quissanga, and some of the staff was reverted to Ibo district, to where many fled during the armed attacks. IOM's counterpart – Social Communication Institute – tasked with the mobile radio brigades, was unable to access targeted districts by deploying social mobilizers. IOM therefore covered for this activity with its own locally-hired community activists, who carried out the community outreach activities, including awareness raising sessions, group discussions, referrals and follow-up with referred institutions. No unspent balance remained.

### 4. People Reached

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

Cluster/Sector	Protection - Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	5	50	15	30	100
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	5	50	15	30	100
Other affected persons	50	50	0	0	100
<b>Total</b>	<b>60</b>	<b>150</b>	<b>30</b>	<b>60</b>	<b>300</b>
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 - Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	44	77	69	74	264
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	5	8	21	9	43
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>49</b>	<b>85</b>	<b>90</b>	<b>83</b>	<b>307</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total

Persons with Disabilities (Out of the total number of "people reached")	9	7	5	0	21
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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:	IOM reached a higher number of host community members and IDPs than originally foreseen. This is due to the fact that IOM's approach is community based and most of the IDPs are not in separate formal camp settings but rather within host communities. IOM's programming therefore chose a community-based approach, providing information and services to IDPs and host communities alike. The project targeted the most vulnerable community members, such as women, children and persons with disabilities, whether from the host or displaced communities. The project therefore assisted a lower number of IDPs and a higher number of host community members. However, the overall number reached (307) was slightly higher than the planned number (300).
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

The project indirectly benefitted both host and displaced populations in the districts of Macomia, Quissanga and Ibo, which according to the 2017 census have a population of 91,033 (Macomia), 40,486 (Quissanga) and 11,742 (Ibo), and as per DTM Cabo Delgado IDPs Situation Overview - Insecurity Affected Displaced Populations Overview, published in March 2020 (based on data collected in February 2020, are host to a displaced population of 29,112 (Macomia), 8,841 (Ibo) and 6,683 (Quissanga).

### 5. CERF Result Framework

<b>Project Objective</b>	Internally Displaced Persons and host communities are protected from Gender-Based Violence (GBV), Violence against Children (VAC) and Trafficking in Persons (TiP)
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<b>Output 1</b>	Internally Displaced Persons and host communities have access to life-saving protection services			
<b>Sector</b>	Protection - Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of mapping protection services conducted	1	1	Project Documents
Indicator 1.2	Number of refresher trainings provided	3	9	Attendance list
Indicator 1.3	Number of protection actors that are assisted to provide effective, life-saving protection services	4	10	Deeds of Donation, Delivery notes
Indicator 1.4	Number of beneficiaries benefiting from services under the referral mechanism	200	307	IOM beneficiary records
<b>Explanation of output and indicators variance:</b>		IOM strong coordination with local partners allowed for a larger reach of activities, firstly by including more participants from various organizations in refresher trainings, as well as by implementing a larger number of trainings thanks to a lower cost of each one. In addition, protection partner needs were not as costly as expected by IOM for which resources could be allocated to various actors. This larger reach also led to a higher number of direct beneficiaries under the referral mechanism.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Relevant protection actors under the referral mechanism, which include relevant Non-Governmental Organizations (NGOs), will receive refresher trainings to be able to	IOM		

	effectively implement their respective protection mandates in the emergency setting.	
Activity 1.2	Conduct a mapping of available services.	IOM
Activity 1.3	Provide financial resources to the above-mentioned protection actors to fulfill their respective protection needs in an emergency setting.	IOM
Activity 1.4	Disseminate information materials on the availability and entry points of the referral mechanism for vulnerable populations.	IOM
Activity 1.5	Provision of services to beneficiaries	IOM
Activity 1.6	Satisfaction evaluation of the service	IOM

## 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?

Referral Mechanisms in targeted locations were already in place at the onset of the crisis as they had been adapted and rolled out from the response in Beira areas of implementation. IOM's Displacement Tracking Matrix (DTM) interventions provided basic information and knowledge about the categories of vulnerable groups, including IDP, in host communities, their needs and vulnerabilities. The sampling of DTM methodologies ensure gender and age representation, as well as the representation of marginalized groups. It was based on information provided in these interviews that IOM designed the project intervention. IOM, in coordination with National Disasters Management Institute (INGC), then selected its geographical areas of intervention, and identified the households with the highest needs within the preselected districts. IOM further consulted and secured the buy-in from community leaders and the communities were consulted and participated in the design of Mental Health and Psychosocial Support (MHPSS) group activities in order to ensure that outreach activities were culturally, gender- and age- sensitive. Additionally, before assisting or referring a person to protection actors, a needs assessment was conducted in order to identify the needs and provide assistance and referral to the relevant protection actors as appropriate.

#### 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?

There were no established mechanisms by the INGC or local institutions for consulting or engaging the community in the design and implementation of the response. As mentioned, target communities were selected in coordination with INGC, primarily based on gaps identified through DTM activities. Following the selection of communities, IOM first consulted community leaders after which IOM engaged communities to participate in the design of the MHPSS group activities. In these, IOM ensured the participation of women, men, girls and boys, as well as people with disabilities and special needs.

### 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 protection and MHPSS staff (community social workers) conducted regular awareness sessions in the targeted communities, introducing themselves, IOM and its mandate in humanitarian contexts, and informing IDPs and host communities on the purpose of the project and services which the Protection/MHPSS teams were to provide.

#### 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 ☐

As part of the Humanitarian Country Team (HCT), IOM participated and contributed to the inter-agency complaints and feedback mechanism (CFM), enabled by the Protection Cluster through the World Food Programme (WFP), consisting of a toll-free hotline "Linha Verde" managed from Maputo in combination with other communication with communities (CwC) mechanisms such as complaints and

feedback boxes, helpdesks and community committees. The Linha Verde was established under the Cyclone Idai response and later replicated in Cabo Delgado for the Cyclone Kenneth response to receive and address complaints of all partners. The line was accessible between 06:00-21:00 – seven days a week, with open lines for the recording messages throughout the night, by supported staffing needs and the training of phone operators. IOM informed and promoted the use of the hotline during field activities for both positive and negative feedback on the response delivered by all partners, and during the Community Engagement Working group meetings (led by UNICEF) and PSEA trainings, delivered by IOM, UNICEF and UNFPA, IOM promoted the hotline and provided IEC materials during field visits.

No specific complaints were received under project activities; however, the referral mechanism was equipped to respond to complaints if operators in Linha Verde identified the need.

**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 ☒

While IOM did not establish a new mechanism for PSEA reporting/complaints, IOM is an active member of the UN Country Team network for the PSEA, managed from Maputo by WFP on behalf of the UN Resident Coordinators Office. Reporting of SEA was facilitated through the hotline Linha Verde.

IOM equipped the referral mechanism to assist any victims of SEA. The referral mechanism responded efficiently by providing the services as needed when victims were identified.

**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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

**Supplementary information (optional):**

N/A

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

This project has not been evaluated nor is there an evaluation planned. due to the short-term implementation period and emergency nature of the context.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

## 8.5. Project Report 19-RR-AID-001 - UNAIDS

1. Project Information			
1. Agency:	UNAIDS	2. Country:	Mozambique
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-AID-001
5. Project Title:	Support adherence and retention on antiretroviral treatment among people living with HIV in areas affected by Tropical Cyclone Idai		
6.a Original Start Date:	09/04/2019	6.b Original End Date:	08/10/2019
6.c No-cost Extension:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	If yes, specify revised end date:	15/12/2019
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\$ 149,650
	b. Total funding received for agency's sector response to current emergency:		US\$ 149,650
	c. Amount received from CERF:		US\$ 149,650
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 125,536.60
	Government Partners		US\$ 16,031
	International NGOs		US\$ 62,140
National NGOs		US\$ 47,365	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through CERF grant, UNAIDS and its' partners provided 273 community advocates with essential package of services and 19 peer support groups established, contracted 5 community coordinators, 5 supervisors and 90 activists the associations. Trained 90 community activists on adherence and retention on ART in an emergency and early recovery situation. Specific training sessions were delivered on electronic data collection tools and KoBo Collect, and each couple of activists were equipped with an Android-based smartphone to perform field-based data collection and GPS tracing of PLHIV in treatment and defaulters for them to be localized with ease at subsequent visits. GPS-based mapping of areas of higher defaulters' percentages was also elaborated for better understanding of the epidemiological, behavioural and social context of the target districts. The project supported a total of 21,564 people living with HIV who were lost to follow up and allowed for the use of the HIV guidelines between the periods of 9 April 2019 to 15 December, 2019. The non-cost extension could explain the reason for relatively surpassing the targeted numbers. There was ample time to reach out to more beneficiaries. UNAIDS conducted a thorough project evaluation that involved compilation of photo success stories (see annex 1). Additionally, the Provincial AIDS council was revitalised their coordination role in community-based implementation in the emergency response. Sofala province in the districts of Dondo, Beira and Nhamatanda.</p>

### 3. Changes and Amendments

- The identification of the implementing partners and the establishment of partnership took longer than expected, mostly due to the capacity assessment, registration of partners in the system, that requires accurate data (including bank details); the changes in the bank details after registration and the partners self-assessment, especially for the Governmental implementing partner further delayed the initiation of the activities;
- Disruption of essential services: Community Activists were also affected by Cyclone Kenneth which delayed the identification and reinstallation of their capacity to return to work; these services included but not only the shelter; school; food, electricity etc.
- Request for corrective measure was submitted by CUAMM to UNAIDS consequently CERF, namely for the redefinition of activities to reach more people in shorter period specifically. The reprogramming of activities was fundamental given the experience in other regular HIV projects that, finding people Lost-To-Follow-Up (LTFU) and community visits in general represents a challenge for the community advocates. The main reasons were: Inaccuracy of the address and name provided by the patient hence increasing gaps of patient current location ;
- Wrong or missing telephone number in the patients' medical record;
- Long distances to be covered either by walking or with delays due to poor reliability of public transportation;

These challenges were significantly compounded by the fact that affected persons were not only displaced from their homes by the cyclone, but also additionally resettled from the original displacement sites. This further led to a no-cost extension to support.

### 4. People Reached

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

Cluster/Sector	Health - Health				
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	7,400	12,200	0	0	19,600
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>7,400</b>	<b>12,200</b>	<b>0</b>	<b>0</b>	<b>19,600</b>
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	Health - Health				
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	7,596	13,968	0	0	21,564

Other affected persons	0	0	0	0	0
<b>Total</b>	7,596	13,968	0	0	<b>21,564</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
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 total number of clients reached was 21,564 compared to 19,600 people that UNAIDS had proposed to reach. This is mainly attributed to effective and efficient supervision of the activists by the Implementing partners, training of various provincial staff to enhance their capacity to contribute to the community-based implementation approach for people living with HIV during emergency response. The activists increased their community coverage beyond the plan. The data collected did not reflect the ages of the people living with HIV. However, the gender disaggregation was done.
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

People living with disabilities and pregnant and lactating women.

#### 5. CERF Result Framework

<b>Project Objective</b>	Support adherence and retention on antiretroviral treatment among people living with HIV in Beira City, Sofala province after Tropical Cyclone Idai.
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<b>Output 1</b>	Defaulting patients on antiretroviral treatment re-initiated on ART and linked to life-saving emergency relief services through a network of community activists.			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number community advocates with the essential package of services	148	320	Reports from Partners and no-cost extension
Indicator 1.2	Establish Peer Support Groups to support Community	16	19	Reports from Partners and no-cost extension
Indicator 1.3	Number of PLHIV re-initiated on treatment, 3 months (full target population)	19,600	21,564	Reports from Partners and no-cost extension
Indicator 1.4	Number of community advocates equipped with phones	N/A	44	Reports from Partners and no-cost extension
Indicator 1.5	Number of community advocates equipped with bicycles	N/A	88	Reports from Partners and no-cost extension
<b>Explanation of output and indicators variance:</b>		This is mainly attributed to effective and efficient supervision of the activists by the Implementing partners, training of various provincial staff to enhance their capacity to contribute to the community-based implementation approach for people living with HIV during emergency response. During the reprogramming, CUAMM requested to support the activists by buying mobile phones and bicycles to ease tracing of the PLHIV that were LTFU.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Contract Community Adherence and Retention Activists and	Doctors with africa (CUAMM) is an NGO working for the		



	train them using National AIDS Council and MOH HIV treatment guidelines and awareness raising tools	promotion and protection of health in Africa. The organization actively works with long-term healthcare projects, within a framework of social inclusion.,Provincial AIDS Council
Activity 1.2	Establish Peer Support Groups to support Community Advocates to identify and link defaulting patients on antiretroviral treatment.	Kuphedzana, Conselho Cristão de Moçambique (CCM) and CUAMM
Activity 1.3	Community Activists identify and link people living with HIV already on treatment and those waiting to start treatment.	Kuphedzana, Conselho Cristão de Moçambique (CCM) and CUAMM
Activity 1.4	Purchase and distribution of Mobile phones to activists to ease client identification and monitoring.	CUAMM
Activity 1.5	Purchase and distribution of Bicycles to the activists to ease home visits.	CUAMM
Activity 1.6	Train 19 technical Provincial AIDS Council (CPCS) in matters of Co-ordination and Community activities of M & A, adhesion and retention of people in ART, in emergency situations.	CPCS

## 6. Accountability to Affected People

### Guidance:

Provide a brief description of how the project ensured accountability toward the affected people (AAP). Include only relevant information for this CERF funded project, avoiding copy/paste from generic policies or guidance notes. The information provided will be used to assess projects against the Inter-Agency Standing Committee (IASC) commitments on AAP.

### 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 activists who previously followed up on people living with HIV, lost their properties and were in dire need to survive and resume their work. The associations to which these activists belonged to actively participated in the design, implementation and monitoring of the projects. PLHIV including those that are disabled were involved in the identification of those that were LTFU and active participation in community sensitization.

#### **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?**

Community engagement was done mainly through associations comprised of different educative and informative activities for women, girls and all marginalised groups. Monthly field supervisions were conducted, participated in community engagement mechanism meetings to ensure integration of HIV; supported PLHIV support groups engaged in the emergency to develop emergency contingency plans and experienced sharing of results achieved on how to address HIV in emergency through the production of factsheet/disseminating material.

### 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?**

IASC guidelines on HIV in humanitarian settings were shared with the implementing partners. Throughout the design and inception period with the implementing partners, each activity commenced with a briefing session by the staff and local authorities regarding the organization mandate and the activity itself was translated into several languages. All PLHIV attending these sessions had an opportunity to conduct a Q and A session to provide clarity where necessary.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe

Yes ☐

No ☒

**some of the key measures you have taken to address the complaints.**

UNAIDS worked with Linha Verde, an Inter-agency complaints and feedback mechanism established for the response and managed by WFP. UNAIDS advised the PLHIV and activists and provided instructions on how to use a hotline toll-free created by WFP and supported by other UN Agencies to ensure complaints and feedback mechanisms to all the recipients of humanitarian aid. The complaints were therefore addressed through the cluster chairs, issues on Health and directly referred to UNAIDS for follow up and response.

**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 ☒

UNAIDS addressed the SEA using existing reporting structures and mechanism. UNAIDS has internal mechanism for addressing and responding to allegations of SEA. Additionally, UNAIDS worked with other agencies such as UNFPA and UNICEF to establish a PSEA network in Mozambique, where UNAIDS is a participating member. Once a case is identified, they would be referred to the UNAIDS. The referral was guided by an agreed Standard Operating Procedures (SOPs) for Recording and Processing Complaints. Cases are followed up regularly to make sure actions are taken. UNAIDS also works very closely with the GBV sub-cluster to facilitate referral and service provision for survivors of SEA.

**Any other comments (optional):**

UNAIDS ensured that GBV and HIV related complaints were fully integrated into the SEA mechanism and referral to services.

**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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):

N/A

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

No evaluation planned due to lack of sufficient time to conduct an evaluation. However, UNAIDS developed a reporting template for its' implementing partners and conducted a final support supervision to facilitate final reporting was done with detailed information on the results of the project. Additionally, a photo project was conducted to support development of success stories from this project.

 EVALUATION CARRIED OUT ☐

 EVALUATION PENDING ☐

 NO EVALUATION PLANNED ☒

## 8.6. Project Report 19-RR-FPA-022 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Mozambique
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-FPA-022
5. Project Title:	Provide lifesaving clinical sexual and reproductive health services to Cyclone Idai and flood affected people in Mozambique		
6.a Original Start Date:	01/04/2019	6.b Original End Date:	30/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	[Fill in DD.MM.YY]
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\$ 10,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,563,487
	c. Amount received from CERF:		US\$ 349,350
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>With CERF funds, UNFPA and its partners were able to provide the following support: 80 boxes of clean delivery kits containing 200 units (total of 1,600 clean delivery kits) and 143 reproductive health kits were delivered to the Cyclone Idai affected health facilities enabling these services to provide integrated SRH services including emergency obstetric care, antenatal care, and family planning services; a total of 30 temporary SRH tents/clinics were established in the accommodation centers and the resettlement areas to continue to provide essential sexual and reproductive health services toward the affected populations; 90 health providers were trained on the Minimum Initial Service Package (MISP) and strengthen their service quality towards beneficiaries; 1 SURGE humanitarian expert deployed, monitored the program implementation with a technical guidance; 100% of identified GBV survivors able to receive the PEP kits within 72 hrs; monitoring visits to transit, accommodation and resettlement sites and health facilities were conducted during the reporting period in close coordination with the Provincial and District directorate. Key actions points were communicated to Provincial Department of Health. The project assisted a total of 224,935 people, including women and girls in reproductive health age, and other indirect beneficiaries as boys and men in accommodation, transit centers and resettlement areas in Dondo, Nhamatanda, Buzi, Beira city in Sofala, Sussendena, Mossurize and Chimio in Manica province affected by Cyclone Idai, project duration started from April to September 2019.</p>

<b>3. Changes and Amendments</b>
N/A

#### 4. People Reached

<b>4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)</b>					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees					
Returnees	0	0	0	0	0
Internally displaced persons	78,000	84,000	66,000	72,000	300,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>78,000</b>	<b>84,000</b>	<b>66,000</b>	<b>72,000</b>	<b>300,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	780	840	660	720	3,000

<b>4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)</b>					
Cluster/Sector	Health - Health				
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	42,737	105,719	11,246	65,231	224,933
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>42,737</b>	<b>105,719</b>	<b>11,246</b>	<b>65,231</b>	<b>224,933</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	861	2,604	1,011	1,535	6,011

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:	During the first 3 months post Idai over 10 health facilities were not accessible due to damaged roads flooding, for this reason we were not able to reach people from those communities where access was extremely limited.
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

Supporting health facilities to immediately establish the services will have an impact in the overall population in the affected areas, not only the population directly targeted by the project.

#### 5. CERF Result Framework

<b>Project Objective</b>	Prevent excess maternal and neonatal mortality and morbidity, reduce HIV transmission and prevent and manage the consequences of sexual violence.
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<b>Output 1</b>	Ensure data on Sexual and Reproductive Health (SRH) needs available			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	SRH data available	100%	100%	Activity report
<b>Explanation of output and indicators variance:</b>		Not applicable		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Data collect through field assessment	UNFPA		
Activity 1.2	Set up an information management system	UNFPA		

<b>Output 2</b>	Maternal and neonatal mortality and morbidity prevented			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of BEmONC established and fully operational	20	20	Activity report
<b>Explanation of output and indicators variance:</b>		Not applicable		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Surge Humanitarian Response expert	UNFPA		
Activity 2.2	Provision of clean delivery kits to promote clean home deliveries; facilitate clean and safe deliveries at the health facility maternal	UNFPA- Provincial Health Directorate (DPS)		
Activity 2.3	Procurement of Reproductive Health kits and restored sexual and reproductive health services	UNFPA-DPS		
Activity 2.4	Identify Trained health providers in the affected areas that can implement Minimum Initial Service Package (MISP);	UNFPA-DPS		
Activity 2.5	Strengthen the capacity of Ministry of Health by providing temporary tents while services are being restored and establishment of a referral system to manage obstetric emergencies	UNFPA		

<b>Output 3</b>	Women and girl survivors of Gender Based Violence receive proper care			
<b>Sector</b>	Health - Health			

Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	% of eligible survivors of GBV who receive PEP within 72 hours	100%	100%	Information management monthly report, SRH weekly sitrep, MCH registers
<b>Explanation of output and indicators variance:</b>		Not applicable		
Activities	Description	Implemented by		
Activity 3.1	Provide case management and psychosocial services to GBV survivors	DPS		

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>Women and girls in the transit, accommodation and resettlement sites were engaged whenever possible given the context of the emergency setting in the design, implementation and monitoring of the project. National authorities were also actively involved in the design, implementation and the monitoring of the project and community-based organization and the community leaders were involved in the activity implementation and monitoring. The activity modified based on the feedback from the beneficiaries.</p>	
<p><b>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?</b></p> <p>UNFPA has been working together with various implementing partners such as national authorities, community-based organizations, NGO's, as well as the local community from the beginning of the emergency. Also, UNFPA conducted the rapid assessment together with the national authorities and the community-based organization in early stage of emergency to clarify the needs from the affected community and conduct the regular monitoring to evaluate the progress and capture the needs from the beneficiaries.</p>	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
<p><b>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?</b></p> <p>Every planned activity implemented together with local authorities and the community-based organization, each activity started with the briefing session by the staff and the local authorities and information regarding organization, mandate, and activity itself were translated with several local languages. After the session, we had a Q&amp;A session with the beneficiaries for sharing further information.</p>	
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Outside the Protection desks (one-stop centers for GBV survivors and other persons at risk), and Women Friendly Spaces, a complaint box was established to allow for all accommodation camp users to provide feedback. However, few messages were received through this mechanism. To improve the strategy, UNFPA supported since day one the establishment of Linha Verde, a hotline toll-free created by WFP and supported by other UN Agencies to ensure complaints and feedback mechanisms to all the recipients of humanitarian aid. To address the complaints, a referral pathway for each transit centre, accommodation centre or resettlement site was established, ensuring referral to relevant services, immediate action and follow up of the cases. Also, for each site, frontline workers (including humanitarians, social and health workers and police), activists, volunteers and beneficiaries received information and training on services and protection mechanisms available to ensure dissemination.</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 ☒ No ☐

As a way of ensuring its compliance on the ground, UNFPA rolled-out the PSEA network and engaged focal-points from all agencies and organizations supporting the response. As part of the PSEA network, community messages and the Linha verde hotline were established. As part of our leadership, the code of conduct was adapted to the context and translated to Portuguese and other local languages. A series of trainings were conducted by UNFPA, UNICEF and IOM on PSEA to the humanitarian community to ensure everyone adhere by the PSEA code of conduct. No SEA related complaints were reported against UNFPA, but in case of occurrence, UNFPA had in place clear guidelines on how to ensure reporting and handling of any SEA-related complaints, namely, with specific PSEA Focal Points on the ground, at CO and HQ level, dedicated hotline and reporting mechanisms to protect the rights of any individuals, while ensuring confidentiality and accountability.

In addition, all UNFPA staff members and the implementing partners conducted the online and offline training of PSEA and agreement signed with IP on PSEA regulation and policy guideline. UNFPA Mozambique country office has a PSEA task force operating with three focal persons at the office and sharing PSEA guidelines regularly.

**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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

**Supplementary information (optional):**

N/A

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

UNFPA project evaluation is still pending. UNFPA humanitarian support evaluation is included in the UNFPA country programme evaluation that is planned for the end of 2020 and first quarter of 2021.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>





## 8.7. Project Report 19-RR-FPA-023 - 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-023
5. Project Title:	Ensuring lifesaving GBV assistance to women and young people affected by the flood and Cyclone IDAI		
6.a Original Start Date:	01/04/2019	6.b Original End Date:	30/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 3,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,317,839.40
	c. Amount received from CERF:		US\$ 399,977
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 100,000
	Government Partners		US\$ 80,000
	International NGOs		US\$ 0
		National NGOs	US\$ 20,000
		Red Cross/Crescent	US\$ 0

2. Project Results Summary/Overall Performance
<p>CERF funds enabled UNFPA to immediately launched the Gender-Based-Violence (GBV) response that reached 151,349 people, out of which 135,115 were women and girls directly impacted by the devastating effects of Cyclone Idai. The project conducted 319 awareness sessions on GBV, SRHR and PSEA; established 15 Women Friendly Spaces (WFS) in resettlement sites, 9 tents provided and protection desk established; 5,000 dignity kits distributed across Sofala and Manica and messages on PSEA, GBV, SRH and Menstrual Health included in every distribution; 500,000 people reached through radio messages on GBV prevention and response, PSEA and family planning.</p>

3. Changes and Amendments
<p>Implementing Partners had limited humanitarian technical expertise and capacity to implement activities, and consequently there was a need to facilitate induction training on humanitarian response. Destruction of existing governmental structures led to delays in multi-sectoral government-led services to support the project. Six WFS tents were allocated to support UNFPA's response to Cyclone Kenneth, and additional procurement took longer than expected. WFS Tents allocated to Kenneth were received mid-August and installed according to revised distribution plan.</p>

#### 4. People Reached

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		
Returnees	0	0	0	0	0
Internally displaced persons	0	42,000	0	36,000	78,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>42,000</b>	<b>0</b>	<b>36,000</b>	<b>78,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	840	0	720	1,560

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	11,323	94,114	4,911	41,001	151,349
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>11,323</b>	<b>94,114</b>	<b>4,911</b>	<b>41,001</b>	<b>151,349</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	83	761	77	447	1,368

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:	In the beginning of the project, data on disability was not being recorded by the Provincial Directorate of Gender and social action, then the data collection tools were revised to ensure data on disability is being captured.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
The project had an impact in the overall population in the affected areas, not only the population directly targeted by the project. Including women, girls, men and boys in these communities, community leaders, religious leaders, social activists, frontline workers such as humanitarian workers, social and health workers and police among others.

5. CERF Result Framework	
<b>Project Objective</b>	The objective is to assist vulnerable girls and women, survivors of Gender Based Violence (GBV), and restore their dignity, roll out mental health and psychosocial support (MHPSS) to women and girls affected by floods and GBV survivors.

<b>Output 1</b>	Women and girls are protected and have access to resources to address specific needs Protection - Sexual and/or Gender-Based Violence			
<b>Sector</b>	Protection - Sexual and/or Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# women who receive dignity kit	5,000	5,000	Distribution List
<b>Explanation of output and indicators variance:</b>		Not applicable		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of Dignity Kits	UNFPA		
Activity 1.2	Distribution of Dignity Kits	UNFPA and Provincial Directorate for Gender and Social Action (DPGCAS)		
Activity 1.3	Implementation of Women and Girls Friendly Spaces in accommodation centers.	UNFPA and DPGCAS		

<b>Output 2</b>	Women and girls are informed on GBV			
<b>Sector</b>	Protection - Sexual and/or Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of sessions conducted in 15 resettlements centres	180	319	Activity Report
<b>Explanation of output and indicators variance:</b>		GBV awareness sessions are the main sources for informing women and girls on GBV issues or related topics, and GBV awareness sessions are conducted at resettlement centers where most vulnerable women and girls are due to displacement.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Community awareness raising on GBV through activists, using community discussion, community radios where existing on issues related to GBV, sexual reproductive health and rights including family planning, HIV and other topics	UNFPA and DPGCAS		

6. Accountability to Affected People	
<b>6.a</b>	<b>IASC AAP Commitment 2 – Participation and Partnership</b>
<b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b>	
<p>Women and girls in the transit and resettlement sites were engaged whenever possible given the context of the emergency setting in the design, implementation and monitoring of the project. Since the onset of the emergency, UNFPA, as leader of the GBV SC, worked with local women-led organisations to assess needs for intervention and identify volunteers to support interventions on the ground. These volunteers received training on GBV Protection and SRH and acted as focal points on the ground to assess needs of the communities.</p>	

<p>with a focus on the most vulnerable. Women community leaders and volunteers were also identified to set up and facilitate the WFS, identifying the activities to be conducted and acting as a link with the Protection desk and DPGCAS when additional Psychosocial support or referral for GBV services was needed.</p>
<p><b>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?</b></p> <p>Mozambique has a well established community structure, from Provincial to district to community level. At district and local level, it was possible to work with identified community-based organizations, working in the area of women economic empowerment, gender and legal framework, as well as youth-based and faith-based organisations. At community level, the Project had access through DPGCAS and other partners to GBV focal points, Health community workers (volunteers) and Youth activists who received additional training to support development of awareness raising sessions, act as referral focal points for GBV survivors and identify protection risks.</p>
<p><b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b></p>
<p><b>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?</b></p> <p>All staff, implementing partners and volunteers were well identified and information about the organisation, mandate and objectives were always reinstated when preparing the activities and at the beginning of each activity in the local languages. Additional information was provided through leaflets and radio messages, also translated to local languages.</p>
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Outside the Protection desks (one-stop centers for GBV survivors and other persons at risk), and Women Friendly Spaces, a complaint box was established to allow for all accommodation camp users to provide feedback. However, few messages were received through this mechanism. To improve the strategy, UNFPA supported since day one the establishment of Linha Verde, a hotline toll-free created by WFP and supported by other UN Agencies to ensure complaints and feedback mechanisms to all the recipients of humanitarian aid. To address the complaints, a referral pathway for each transit centre, accommodation centre or resettlement site was established, ensuring referral to relevant services, immediate action and follow up of the cases. Also, for each site, frontline workers (including humanitarians, social and health workers and police), activists, volunteers and beneficiaries received information and training on services and protection mechanisms available to ensure dissemination.</p>
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>As a way of ensuring its compliance on the ground, UNFPA rolled-out the PSEA network and engaged focal-points from all agencies and organizations supporting the response. As part of the PSEA network, community messages and the Linha verde hotline were established. As part of our leadership, the code of conduct was adapted to the context and translated to Portuguese and other local languages. A series of trainings were conducted by UNFPA, UNICEF and IOM on PSEA to the humanitarian community to ensure everyone adhere by the PSEA code of conduct. No SEA related complaints were reported against UNFPA, but in case of occurrence, UNFPA had in place clear guidelines on how to ensure reporting and handling of any SEA-related complaints, namely, with specific PSEA Focal Points on the ground, at CO and HQ level, dedicated hotline and reporting mechanisms to protect the rights of any individuals, while ensuring confidentiality and accountability.</p>
<p><b>Any other comments (optional):</b></p> <p>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 <b>value of cash</b> 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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNFPA project evaluation is still pending. UNFPA humanitarian support evaluation is included in the UNFPA country programme evaluation that is planned for the end of 2020 and first quarter of 2021.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## 8.8. Project Report 19-RR-FPA-032 - UNFPA

<b>1. Project Information</b>			
<b>1. Agency:</b>	UNFPA	<b>2. Country:</b>	Mozambique
<b>3. Cluster/Sector:</b>	Protection - Sexual and/or Gender-Based Violence	<b>4. Project Code (CERF):</b>	19-RR-FPA-032
<b>5. Project Title:</b>	Ensuring Lifesaving GBV Assistance to Women and Young People Affected by the Flood and Cyclone Kenneth		
<b>6.a Original Start Date:</b>	20/05/2019	<b>6.b Original End Date:</b>	19/11/2019
<b>6.c No-cost Extension:</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
<b>6.d Were all activities concluded by the end date?</b> (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 3,000,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 1,541,073
	<b>c. Amount received from CERF:</b>		US\$ 605,042
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:		<b>US\$ 35,840</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 35,840	
Red Cross/Crescent		US\$ 0	

<b>2. Project Results Summary/Overall Performance</b>	
<p>With CERF funds, UNFPA was able to reach 71,880 women and girls, out of which 3,201 were people with disability, though the provision of 4,665 dignity kits to women and girls of reproductive age in Macomia, Quissanga, Ibo, Metuge and Pemba with the support of DPGCAS, Wiwanana and Amodefa; establishment of 4 WGFS in Pemba, Metuge and Taratara, to support the population displaced or resettled by the Cyclone; GBV Sub Cluster meetings were initiated and supported, led to the development of the GBV Capacity Development Plan for Cabo Delgado October – December 2019; GBV Referral workshop was held for 25 GBV Reference group members from five cyclone affected districts of Ibo, Metuge, Macomia, Pemba and Quissanga; Five(5) GBV referral pathways were developed to support response to GBV survivors who may seek assistance and or referred for support; 100 Community awareness raising on GBV through activists, using community discussion, community radios where existing on issues related to GBV, PSEA, sexual reproductive health and rights including family planning, HIV and other topics; IEC messages developed, translated into local languages and disseminated across the 4 provinces affected by the cyclone through radio spots and leaflets. Based on statistics provided by the National Institute for Communication, it is estimated that community messages have reached 400,000 listeners. The implementation period was May to November 2019</p>	

### 3. Changes and Amendments

One issue faced by UNFPA in Cabo Delgado province following Cyclone Kenneth was the lack of implementing partners working in the area with the capacity to implement emergency programmes. This led to a significant delay in starting implementation and could be addressed in the future by identifying assessing local capacities before an emergency. Security challenges in the district of Macomia and its administrative posts have led to increased lack of access to communities, which was already heightened due to severe access constraints by road after the impact of the cyclone, which led to constraints in the implementation of activities such as awareness raising on GBV and SRH and distribution of dignity kits; During the period preceding the Mozambique Presidential Elections there was a significant reduction of engagement with communities who were actively engaged in Politics, and a directive by some district administrators for humanitarian partners to reduce engagement in the field; Procurement delays have led to increased need for time as dignity kits and Reproductive Health kits need to reach the last mile, which ended up arrive in-country at the completion of the CERF project. As explained below, UNFPA planned to tents and hire technical capacity, but due to security and lack of available qualified human resources the CO tried to cover those needs with existing resources. Though the need was present there was no chance of procuring and installing the tents as planned and hiring the expected human resources even with additional time for implementing the project.

The implementation rate of this fund was 64%, and a total amount of \$216,498.00 was not spent under this project. From this amount, \$29,297.00 was not used in the procurement of dignity kits DKs, as local procurement was used to accelerate the availability, resulting in savings due to more competitive local prices and no freight costs. Although, all DKs planned were procured and distributed. Additionally, under the procurement of tent, \$104,000 were not utilized in the procurement of tents, as access to initially planned locations due to UNDSS reported insecurity situation and restrictions of traveling in some Cyclone affected districts. Additionally \$52,738 for hiring of staff under technical assistance/capacity were also unutilized, due the lack of available and qualified manpower in Cabo Delgado and at the national level, though the country office managed to provide technical assistance with already hired staff with additional funding sources, and to deploy international Surge capacity with support from Canadem and Norcap. Fund are still with UNFPA and need to be returned.

### 4. People Reached

#### 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	9,880	10,640	8,360	9,120	38,000
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	43,746	47,111	37,016	40,381	168,254
<b>Total</b>	<b>53,626</b>	<b>57,751</b>	<b>45,376</b>	<b>49,501</b>	<b>206,254</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	875	942	740	807	3,364

#### 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	1,811	45,878	1,011	23,180	71,880
Other affected persons	0	0	0	0	0
<b>Total</b>	1,811	45,878	1,011	23,180	71,880
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	392	1,584	311	914	3,201

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 discrepancy between figures of number of beneficiaries under planned and reached is due to the late start of project implementation due to challenge of identifying implementing partners, difficult access to the populations, either due to insecurity or road destruction. Accessible to most areas outside Pemba were only accessible by air which also impacted on the number of people reached. Though targeted population remained the same and was reached with the implementation of activities under this project
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

The project will indirectly target 15,000 women and men in accommodation centres through 100 sessions on GBV Girls and women in accommodation centres, schools and in safe spaces.

#### 5. CERF Result Framework

<b>Project Objective</b>	The objective is to assist vulnerable girls and women, survivors of Gender Based Violence (GBV), and restore their dignity, roll out mental health and psychosocial support (MHPSS) to affected women and girls affected by floods and GBV survivors.
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<b>Output 1</b>	Vulnerable women and girls protected against GBV			
<b>Sector</b>	Protection - Sexual and/or Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of women who receive dignity kit	6,000	6,000	Distribution list
<b>Explanation of output and indicators variance:</b>		Not applicable		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of Dignity Kits	UNFPA		
Activity 1.2	Distribution of Dignity Kits	UNFPA; Provincial Directorate for Children Gender and Social Action (DPGCAS); Associação Moçambicana para o Desenvolvimento da Família (AMODEFA)		
Activity 1.3	Implementation of Women and Girls Friendly Spaces in accommodation centers.	UNFPA, Wwanana		
Activity 1.4	Reinforce GBV referral mechanisms in affected areas	UNFPA and DPGCAS		
Activity 1.5	Coordinate with sectors to ensure integrated assistance to GBV survivals	UNFPA, DPGCAS and Civil Society Organizations		



<b>Output 2</b>	Women and girls are informed on existing referral mechanism for GBV			
<b>Sector</b>	Protection - Sexual and/or Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of sessions conducted in accommodation or resettlements centres	100	108	Activity Report
<b>Explanation of output and indicators variance:</b>		Not applicable		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Multiplication of IEC materials including in local languages	UNFPA		
Activity 2.2	Mobilization and refreshment training of activists on GBV and referral mechanisms, with IOM and UNICEF	UNFPA		
Activity 2.3	Community awareness raising on GBV through activists, using community discussion, community radios where existing on issues related to GBV, sexual reproductive health and rights including family planning, HIV and other topics	UNFPA; DPGCAS, Wwanana; Instituto de Ciências Sociais (ICS)		

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>Women and girls in the transit and resettlement sites were engaged whenever possible given the context of the emergency setting in the design, implementation and monitoring of the project. Since the onset of the emergency, UNFPA, as leader of the GBV SC, worked with local women-led organisations to assess needs for intervention and identify volunteers to support interventions on the ground. These volunteers received training on GBV, Protection and SRH and acted as focal points on the ground to assess needs of the communities, with a focus on the most vulnerable. Women community leaders and volunteers were also identified to set up and facilitate the WFS, identifying the activities to be conducted and acting as a link with the Protection desk and DPGCAS when additional Psychosocial support or referral for GBV services was needed.</p>	
<p><b>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?</b></p> <p>Mozambique has a well-established community structure, from Provincial to district to community level. At district and local level, it was possible to work with identified community-based organizations, working in the area of women economic empowerment, gender and legal framework, as well as youth-based and faith-based organisations. At community level, the project had access through DPGCAS and other partners to GBV focal points, Health community workers (volunteers) and Youth activists who received additional training to support development of awareness raising sessions, act as referral focal points for GBV survivors and identify protection risks.</p>	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
<p><b>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?</b></p> <p>All staff, implementing partners and volunteers were well identified and information about the organisation, mandate and objectives were always reinstated when preparing the activities and at the beginning of each activity in the local languages. Additional information was provided through leaflets and radio messages, also translated to local languages.</p>	
<p><b>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.</b></p>	
<p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	

Outside the Protection desks (one-stop centers for GBV survivors and other persons at risk), and Women Friendly Spaces, a complaint box was established to allow for all accommodation camp users to provide feedback. However, few messages were received through this mechanism. To improve the strategy, UNFPA supported since day one the establishment of Linha Verde, a hotline toll-free created by WFP and supported by other UN Agencies to ensure complaints and feedback mechanisms to all the recipients of humanitarian aid. To address the complaints, a referral pathway for each transit centre, accommodation centre or resettlement site was established, ensuring referral to relevant services, immediate action and follow up of the cases. Also, for each site, frontline workers (including humanitarians, social and health workers and police), activists, volunteers and beneficiaries received information and training on services and protection mechanisms available to ensure dissemination.

**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 a way of ensuring its compliance on the ground, UNFPA rolled-out the PSEA network and engaged focal-points from all agencies and organizations supporting the response. As part of the PSEA network, community messages and the Linha verde hotline were established. As part of our leadership, the code of conduct was adapted to the context and translated to Portuguese and other local languages. A series of trainings were conducted by UNFPA, UNICEF and IOM on PSEA to the humanitarian community to ensure everyone adhere by the PSEA code of conduct. No SEA related complaints were reported against UNFPA, but in case of occurrence, UNFPA had in place clear guidelines on how to ensure reporting and handling of any SEA-related complaints, namely, with specific PSEA Focal Points on the ground, at CO and HQ level, dedicated hotline and reporting mechanisms to protect the rights of any individuals, while ensuring confidentiality and accountability.

**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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):

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

The evaluation of the project is still pending. As the Humanitarian response has moved to early recovery and additional funds were mobilized to ensure continuity of the interventions, the final evaluation of the activities has not been implemented yet and was planned to begin after completing one year of interventions (May 2020 -Kenneth). Currently as the COVID-19 pandemic is affecting the country, all development and humanitarian activities are under adjustment, and the evaluation has been postponed.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

## 8.9. Project Report 19-RR-FPA-033 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Mozambique
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-FPA-033
5. Project Title:	Provide Life-saving Sexual and Reproductive Health Services to Cyclone Kenneth and Flood-affected People in Cabo Delgado and Nampula, Mozambique		
6.a Original Start Date:	23/05/2019	6.b Original End Date:	22/11/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 2,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$391,164
	c. Amount received from CERF:		US\$ 302,082
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 5,600
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 5,600	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>With CERF funds, UNFPA and its partners was able to provide following support SRH services restored in 13 of 17 health facilities in the cyclone-affected area and able to provide the emergency obstetric care and family planning services.</p> <p>Total of 19 temporary SRH tents/clinics established in the target districts and essential sexual and reproductive health kits distributed with a SRH kit training conducted by the UNFPA SRH health specialists towards the health service providers at the temporary SRH clinics; 11 health service providers trained on Minimum Initial Service Package (MISP); Monitoring visits to transit and resettlement sites, and health facilities were conducted during the reporting period. Key actions points were communicated to Provincial Department of Health. The discrepancy between figures of number of beneficiaries under planned and reached is due to the late start of project implementation due to challenge of identifying implementing partners, difficult access to the populations, either due to insecurity or road destruction. Accessible to most areas outside Pemba were only accessible by air which also impacted on the number of people reached. Though targeted population remained the same and was reached with the implementation of activities under this project.</p> <p>The project assisted a total of 231,876 people mostly women and girls in reproductive health age including boys and men in accommodation, transit centers and resettlement areas in Cabo Delgado provinces affected by Cyclone Kenneth, project duration started from May to November 2019.</p>

### 3. Changes and Amendments

One issue faced by UNFPA in Cabo Delgado province following Cyclone Kenneth was the lack of implementing partners working in the area with the capacity to implement emergency programmes. This led to a significant delay in starting implementation and could be addressed in the future by identifying assessing local capacities before an emergency. Security challenges in the district of Macomia and its administrative posts have led to increased lack of access to communities, which was already heightened due to severe access constraints by road after the impact of the Cyclone, which led to constraints in the implementation of activities such as mobile brigades for SRH integrated services provision, awareness on GBV and SRH; During the period preceding the Mozambique Presidential Elections there was a significant reduction of engagement with communities who were actively engaged in Politics, and a directive by some district administrators for humanitarian partners to reduce engagement in the field; Procurement delays have led to increased need for time as dignity kits and Reproductive Health kits need to reach the last mile, which ended up arrive in-country at the completion of the CERF project. As explained below, UNFPA planned to procure medicines and started the procurement process on time to implement this amount, and for this reason the NCE was not requested. Unfortunately, the provider informed over the time that the medicines were not available for the expected time, and it was already too for UNFPA to request the NCE. See details below on unspent funds.

The implementation rate was 76% and the unspent balance for this CERF fund is US\$71,772.67. From this amount, \$16,326.31 allocated for the hiring of staff under technical assistance/capacity were also unutilized, due the lack of available and qualified manpower in Cabo Delgado and at the national level, though the Country Office managed to provide technical assistance with already hired staff with additional funding sources, and to deploy International Surge capacity with support from Canadem and Norcap. Additionally, \$54,732.95 unspent funds are related to the procurement of pharma items which were not available under PSB or lead-time for delivery was longer than implementation period of the current program. These funds are still with UNFPA and will be returned

### 4. People Reached

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

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	5,291	5,698	4,477	4,884	20,350
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	53,728	57,861	45,462	49,595	206,646
<b>Total</b>	<b>59,019</b>	<b>63,559</b>	<b>49,939</b>	<b>54,479</b>	<b>226,996</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	1,180	1,271	999	1,090	4,540

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

Cluster/Sector	Health - Health				
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	2,312	131,942	9,981	87,641	231,876
Other affected persons	0	0	0	0	0
<b>Total</b>	2,312	131,942	9,981	87,641	231,876
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people reached")	113	2261	225	1112	3,711

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:	Data on disability was being captured by Provincial Directorate of Health, only after a request was made to Provincial Directorate of Health on marking patients with disability so we could identify beneficiaries with specific needs on the health records.
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

Supported health facilities to establish the services will have an impact in all population in all affected areas, not only in the population identified as directly affected.

### 5. CERF Result Framework

<b>Project Objective</b>	Prevent excess maternal and neonatal mortality and morbidity, reduce HIV transmission and prevent and manage the consequences of sexual violence.
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<b>Output 1</b>	Sexual and Reproductive Health (SRH) needs identified in affected areas			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	SRH needs identified in all affected districts	100%	100%	Field reports
<b>Explanation of output and indicators variance:</b>		Not applicable		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Field assessments and remote contacts with health officials	UNFPA		

<b>Output 2</b>	Maternal and neonatal mortality and morbidity prevented			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of BEmONC established and fully operational	10	10	Activity report
Indicator 2.2	Number of persons targeted by SRH services	226,997	231,876	Activity report
Indicator 2.3	Number of persons living with disabilities targeted by SRH services	4,540	3,711	Activity report
<b>Explanation of output and indicators variance:</b>		When the project initiated we had no data on disability as this type of data was not being recorded, patients with disability were being considered regular		

		patients, only after UNFPA made a request to Provincial Directorate of Health to mark patient with disability so they could be identified in the health records, we started collecting data on disability.
Activities	Description	Implemented by
Activity 2.1	Hiring of one Reproductive Health Specialist	UNFPA
Activity 2.2	Ensure availability of and access to emergency obstetric at the health facility maternal	UNFPA- DPS
Activity 2.3	Provision of temporary tents while services are being restored and establishment of a referral system to manage obstetric emergencies	UNFPA-DPS
Activity 2.4	Identify and integrate trained health providers in the affected areas that can implement Minimum Initial Service Package (MISP);	UNFPA-DPS

<b>Output 3</b>	Women and girl survivors of Gender Based Violence receive proper care			
<b>Sector</b>	Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	% of eligible survivors of GBV who receive PEP within 72 hours	100%	100%	Ministry of Health's reports
<b>Explanation of output and indicators variance:</b>		Not applicable		
Activities	Description	Implemented by		
Activity 3.1	Provide case management and psychosocial services to GBV survivors	Ministry of Health		
Activity 3.2	Monitoring of the activities	Ministry of Health		

<b>6. Accountability to Affected People</b>
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>Women and girls in the transit, accommodation and resettlement sites were engaged whenever possible given the context of the emergency setting in the design, implementation and monitoring of the project. National authorities were also actively involved in the design, implementation and the monitoring of the project and community-based organization and the community leaders were involved in the activity implementation and monitoring.</p>
<p><b>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?</b></p> <p>UNFPA has been working together with various implementing partners such as national authorities, community-based organization as well as local community from the beginning of the emergency. Also, UNFPA conducted the rapid assessment together with the national authorities and the community-based organization in early stage of emergency to clarify the needs from the affected communities and conduct the regular monitoring to evaluate the progress and capture the needs from the beneficiaries.</p>
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>

**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?**

Every planned activity implemented together with local authorities and the community-based organization, each activity started with the briefing session by the staff and the local authorities and information regarding organization, mandate, and activity itself were translated with several local languages. After the session, we had a Q&A session with the beneficiaries for sharing further information.

**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 ☐

Outside the Protection desks (one-stop centers for GBV survivors and other persons at risk), and Women Friendly Spaces, a complaint box was established to allow for all accommodation camp users to provide feedback. However, few messages were received through this mechanism. To improve the strategy, UNFPA supported since day one the establishment of Linha Verde, a hotline toll-free created by WFP and supported by other UN Agencies to ensure complaints and feedback mechanisms to all the recipients of humanitarian aid. To address the complaints, a referral pathway for each transit centre, accommodation centre or resettlement site was established, ensuring referral to relevant services, immediate action and follow up of the cases. Also, for each site, frontline workers (including humanitarians, social and health workers and police), activists, volunteers and beneficiaries received information and training on services and protection mechanisms available to ensure dissemination.

**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 a way of ensuring its compliance on the ground, UNFPA rolled-out the PSEA network and engaged focal-points from all agencies and organizations supporting the response. As part of the PSEA network, community messages and the Linha verde hotline were established. As part of our leadership, the code of conduct was adapted to the context and translated to Portuguese and other local languages. A series of trainings were conducted by UNFPA, UNICEF and IOM on PSEA to the humanitarian community to ensure everyone adhere by the PSEA code of conduct. No SEA related complaints were reported against UNFPA, but in case of occurrence, UNFPA had in place clear guidelines on how to ensure reporting and handling of any SEA-related complaints, namely, with specific PSEA Focal Points on the ground, at CO and HQ level, dedicated hotline and reporting mechanisms to protect the rights of any individuals, while ensuring confidentiality and accountability.

**Any other comments (optional):**

N/A

7. Cash Transfer Programming					
<b>7.a Did the project include one or more Cash Transfer Programmings (CTP) ?</b>					
<b>Planned</b>			<b>Achieved</b>		
No			No		
<b>7.b Please specify below the parameters of the CTP modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> 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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):

N/A

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

The evaluation of the project is still pending. As the Humanitarian response has moved to early recovery and additional funds were mobilized to ensure continuity of the interventions, the final evaluation of the activities has not been implemented yet and was planned to begin after completing one year of interventions, (May 2020 -Kenneth). Currently as the COVID-19 pandemic is affecting the country, all development and humanitarian activities are under adjustment, and the evaluation has been postponed.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐



## 8.10. Project Report 19-RR-HCR-016 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Mozambique
3. Cluster/Sector:	Protection - Protection	4. Project Code (CERF):	19-RR-HCR-016
5. Project Title:	Life-saving protection assistance to persons affected by Cyclone IDAI		
6.a Original Start Date:	02/04/2019	6.b Original End Date:	01/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 99,876
	b. Total funding received for agency's sector response to current emergency:		US\$ 99,876
	c. Amount received from CERF:		US\$ 99,876
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through CERF grant UNHCR was able to provide trainings and equip 108 protection focal points in 10 resettlements neighbourhoods. The project included equipment such as cell phones, the construction of 4 (four) Protection desks with the disposition of tables and chairs, stationery and bags. Also, UNHCR donated visibility material to 81 persons trained to be part of the community police with torches, vests and caps. About 36,000 IDPs benefited from these projects. Project activities were implemented between February 2019 and October 2019.</p>

3. Changes and Amendments
<p>No changes or amendments. Only the protection desks had some delays due to difficulties to implementation. The width of the timber which was bought by UNHCR was too thin compared to the weight of the plastic roofing sheets. The engineer required stronger timber. This led to a delay as UNHCR had to look for quotations from other suppliers.</p>

#### 4. People Reached

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Protection - Protection				
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	8,000	12,000	8,000	12,000	40,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>8,000</b>	<b>12,000</b>	<b>8,000</b>	<b>12,000</b>	<b>40,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	120	180	120	180	600

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Protection - Protection				
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	7,560	9,000	9,720	9,720	36,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>7,560</b>	<b>9,000</b>	<b>9,720</b>	<b>9,720</b>	<b>36,000</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	253	302	325	326	1,206

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.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
While the project targeted IDPs, the activities also indirectly benefited the surrounding host communities close to the resettlement areas by way of strengthening existing referral pathways, local service provision and strengthening the protection in communities. In addition, local and district authorities indirectly benefited from the activities by way of strengthening their capacity to respond to protection cases, increase their knowledge on protection and inclusion of persons with specific needs.

5. CERF Result Framework	
<b>Project Objective</b>	The protection environment of the persons affected by Cyclone IDAI is strengthened

<b>Output 1</b>	Affected persons have access to protection services and messaging - Protection			
<b>Sector</b>	Protection - Protection			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# of persons receiving protection messaging	40,000	34,000	Protection focal points worked in 10 Resettlement site reaching out about 32.000
Indicator 1.2	# of community leaders that received basic protection training	200	108	Community Protection focal points
Indicator 1.3	# of protection action plans developed	1	1	UNHCR and Protection Cluster
<b>Explanation of output and indicators variance:</b>		No major discrepancies.		
Activities	Description	Implemented by		
Activity 1.1	Develop protection key messaging	UNHCR		
Activity 1.2	Identify and strengthen community-based structures and where not present establish to disseminate protection messaging, as well as provide feedback and referral mechanisms.	UNHCR		
Activity 1.3	Through assessments, identify protection gaps and address gaps through coordination mechanisms.	UNHCR		

6. Accountability to Affected People
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>The project was founded on the idea of including crisis-affected communities in the design, implementation and monitoring of the project. To achieve this, community-based protection activities were carried out in IDP resettlement sites where IDPs themselves were empowered to support the most vulnerable of the communities in protection issues. 1) Communities with greater awareness of their rights and obligations are actively involved in the formulation of protection interventions and responses and in the prevention of protection risks; 2) Communication with communities is improved and communities have greater visibility of available services and referral mechanisms, feedback and complaint mechanisms; 3) Awareness raising on SGBV/PSEA, Child Protection, other related protection matters, existing services and referral mechanisms is established; 4) Protection cases are identified and referred to services providers.</p> <p>Community protection focal points were selected from communities, they were trained on protection, they took part in the planning and implementation of the building of protection desks and community members were consulted in the distribution of core relief items in order to ensure that communities received the items they most needed.</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 marginalized groups, what alternative mechanisms have you used to reach these?**

UNHCR project with the Protection focal points had a continued support of the Provincial Directorate for Gender, Children and Social Action (DPGCAS), the government counterpart of the Protection Cluster. The government had also a presence in the resettlement sites and worked very close to the Protection Focal points (PFP). The PFP were trained in relevant Protection aspects, including basics of case management, child protection, SGBV and PSEA and used to report protection related cases to the government, e.g. GBV and child protection issues. Through UNHCR project the government counterpart had also the opportunity to improve their services in protection issues and capture in a more efficient and consistent way the needs of the communities.

#### **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?**

UNHCR has its own Protection Desk in 4 resettlement sites where the protection focal points work from. They were trained in various principles, not only UNHCR principles but also protection in general. They were consistently reminded of their role in supporting the communities with information on their basic rights and to report when these rights were being violated or not achieved. In the resettlement sites where UNHCR did not have protection desks, the Protection focal points worked actively in the Community protection tents jointly with other organizations. Monitoring of their activities was conducted by telephone or through field missions by UNHCR staff.

**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 ☐

UNHCR worked closely with its protection focal points, strengthened existing referral pathways and held regular feedback sessions with focal points to ensure two-way communication with communities and to ensure feedback from communities are heard and taken into account in designing our interventions. Moreover, UNHCR as the Protection Cluster lead agency has closely worked with inter-agency complaint mechanisms such as the toll-free inter-agency hotline, Linha Verde, which is a mechanism for community members to report on protection incidents, provide feedback and receive information on the response.

**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 ☐

UNHCR has a PSEA focal point who is trained on PSEA, SEA reporting mechanisms and serves as the focal point for any internal cases of SEA. Furthermore, UNHCR works closely with the PSEA coordinator in Mozambique, incorporates PSEA within the Protection Strategy and has included PSEA in its trainings with community focal points. Any SEA complaints are immediately reported to the SEA coordinator for follow up and action and UNHCR has ensured follow up on cases and has implemented any necessary changes on community level activities to ensure do no harm principle is upheld and future instances of SE are avoided.

**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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A.					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNHCR is carrying out an internal evaluation of its response to Cyclone Idai which is due to be finalized in the coming months although the evaluation is partially delayed due to on-going emergency response to COVID-19.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## 8.11. Project Report 19-RR-CEF-053 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Mozambique
3. Cluster/Sector:	Education - Education	4. Project Code (CERF):	19-RR-CEF-053
5. Project Title:	Access to emergency education for children affected by IDAI		
6.a Original Start Date:	15/03/2019	6.b Original End Date:	14/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 4,800,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 4,360,945
	c. Amount received from CERF:		US\$ 699,058
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 173,869</b>
	Government Partners		US\$ 45,216
	International NGOs		US\$ 128,653
National NGOs		US\$ 0,0	
Red Cross/Crescent		US\$ 0,0	

2. Project Results Summary/Overall Performance
<p>The CERF funding enabled access to education for 51,500 children and 1,100 teachers in the areas affected by the Cyclones Idai (Sofala, Manica).</p> <ul style="list-style-type: none"> <li>- A total of 120 early school development kits reaching around 12,000 children were distributed.</li> <li>- 381 School in a box kits for classrooms were distributed to reach 38,125 children.</li> <li>- Around 20 tarpaulin materials were built sheltering 5,000 children to continue their education.</li> </ul> <p>1110 teachers.</p> <p>The grant allowed UNICEF as well to support activities from the Provincial Directorate of Education (DPEDHs) on monitoring and engagement from the education decentralised level from April to September 2019.</p>

3. Changes and Amendments
<p>The planned support was foreseen for reaching 76,000 children. While implementing the programme, it was possible to reach 51,500 children and 1,100 teachers due to difficulties in accessing the cyclone affected areas. This combined with the time that it took to receive and distribute supplies was the reason that caused delays and limitations on the outreach numbers.</p> <p>Access to some of the most affected districts was very difficult during the first few weeks and there are still some hard to reach areas</p>

which remain under-served. The logistics of education supplies was bumped down as a priority during the onset of the emergency which resulted in delays of education supplies and materials arriving later to the affected areas. The use of Tarpaulin Tents which is much more cost effective, had a slow roll-out in the early days, due to lack of poles in the affected areas and limited capacity of partners to set up the tarpaulin tents, hindering the possibility of quickly setting them up. As a result, the procurement of normal tents (more expensive) was prioritized over the tarpaulin sheets in order to provide a faster response.

It was expected that funds would have been transferred to government counterparts as well. This has taken place but not to the extent expected. Capacity of decentralized bodies has proved to have a limited absorption capacity. Part of the funding that was expected to be disbursed to government counterparts was shifted to cover some of the additional expenses linked to supplies.

#### 4. People Reached

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

Cluster/Sector	Education - Education				
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	300	300	36,000	36,000	72,600
<b>Total</b>	<b>300</b>	<b>300</b>	<b>36,000</b>	<b>36,000</b>	<b>72,600</b>
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	Education - Education				
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	550	550	25,750	25,750	52,600
<b>Total</b>	<b>550</b>	<b>550</b>	<b>25,750</b>	<b>25,750</b>	<b>52,600</b>
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

Due to limited access in certain areas of the cyclone affected areas, the response was not able to reach as more beneficiaries as planned. This was combined with the time it took to receive and distribute supplies which arrived late and had limitations on the outreach

numbers or the age, sex or category distribution, please describe reasons:	numbers.
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

N/A

#### 5. CERF Result Framework

<b>Project Objective</b>	Children in affected areas continue to have access to education
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<b>Output 1</b>	Children have access to emergency education			
<b>Sector</b>	Education - Education			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of temporary learning spaces set up (275 tarpaulin shelter and 25 school tents of 72 smt)	300	300	Supply order, interim report
Indicator 1.2	# of learner kits distributed	60,000	51,500	Supply order, IP report
Indicator 1.3	# of Schools in a box distributed	300	350	Supply order
Indicator 1.4	# ECD kits distributed	120	85	Supply order
<b>Explanation of output and indicators variance:</b>		Only 51,500 children were reached due to limited access to other areas affected by the emergency.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of materials for construction of tarpa shelters, Schools in a box, and learner kits	UNICEF		
Activity 1.2	Provide technical advice and build capacity for setting up of tarpa shelters	COSACA		
Activity 1.3	Setting up the School Tents (72 sqm)	COSACA		
Activity 1.4	Provide Learner kits, ECD kits, portable chalk boards and school in a box kits	Direcção Provincial de Educacao e Desenvolvimento Humano (DPEDH); UNICEF		
Activity 1.5	Provide guidance and technical support on how to use the School in a box, the ECD kits and psychosocial support	UNICEF; DPEDH		
Activity 1.6	Monitoring and reporting	DPEDH; 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?**

Affected people were involved in response by participating in a needs assessment for education materials and numbers. During the monitoring missions held by UNICEF and the education authorities, people in a vulnerable situation provided feedback on the support



received by UNICEF enabled by the CERF financial contribution.
<p><b>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?</b></p> <p>All UNICEF and CSO initiatives were agreed with the DPEDH (Direcção Provincial de Educação e Desenvolvimento Humano). The NGO Save the Children (a consortium that includes CARE and Oxfam called COSACA) was engaged due to its local outreach and presence within the communities in affected areas.</p>
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>
<p><b>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?</b></p> <p>The affected people were provided with information about the organisation and programme through the implementing partner Save the Children located in the region as well as through contacts with the decentralised education services and UNICEF staff in the field. The direct connection between need and action/provision of materials was direct and evident since the temporary learning spaces and services were established after student were without classes and materials for months.</p>
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>UNICEF worked with Linha Verde, an Inter-agency complaints and feedback mechanisms established for the response and managed by WFP. Additionally, feedback and reporting boxes were made available at camps and settlement areas where there was active response. An SOP was developed that outlined the referral pathway for both mechanisms. The complaints were therefore addressed through the cluster chairs, issues on Education, Health, WASH, Child Protection and PSEA were directly referred to UNICEF for follow up and response.</p>
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>UNICEF has internal mechanism for addressing and responding to allegations of SEA. Additionally UNICEF led the establishment of a PSEA network in Mozambique, where UNICEF is the Cochair and coordinator, reports on SEA through Linha verde and other channels are addressed to the Co-chairs ( UNICEF and CARE), who then, review the cases and make the relevant referral to the respective agency. The referral is guided by an agreed Standard Operating Procedures (SOPs) for Recording and Processing Complaints. Cases are followed up regularly by the co-chairs to make sure actions are taken. UNICEF also works very closely with the GBV sub-cluster to facilitate referral and service provision for survivors of SEA.</p>
<p><b>Any other comments (optional):</b></p> <p>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

	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNICEF did not conduct evaluation of specific projects, however, UNICEF conducted a Real Time Evaluation (RTE) of its response to cyclone IDAI and KENNETH. RTE report is available	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.12. Project Report 19-RR-CEF-054 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Mozambique
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-CEF-054
5. Project Title:	Support to restoration of lifesaving primary healthcare services, including malaria and other potential disease outbreaks focusing on children and women after Cyclone Idai and related floods		
6.a Original Start Date:	15/03/2019	6.b Original End Date:	14/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 5,300,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 11,431,080
	c. Amount received from CERF:		US\$ 523,976
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 31,878
	Government Partners		US\$ 31,878
	International NGOs		US\$ 0
		National NGOs	US\$ 0
		Red Cross/Crescent	US\$ 0

2. Project Results Summary/Overall Performance
<p>UNICEF used the CERF funds to supply health facilities with 8 tents for temporary outpatient and preventive clinics in Sofala, 130 interagency health emergency kits with medicines which aimed at treating most common illnesses, supported reestablishment of mobile clinics and community health workers which resulted in 390,141 consultations of sick children benefiting from health care. UNICEF spearheaded the Health Week in response to the emergency. Services during the Week reached 21 districts most affected by the cyclone and floods and reached 673,614 children under-five with measles-rubella vaccine (105.3 per cent coverage), 716,352 with vitamin A supplementation and deworming.</p> <p>To prevent malaria cases, 52,000 mosquito nets (LLINs) were procured and distributed in households affected by the cyclone which benefited at least 130,000 people of which 22,100 were children under-five and 52,000 were women and men above 18 years. Twenty-one (21) malaria kits which include rapid diagnostic malaria tests and artemisinin-based therapies sufficient for 16,000 suspected cases of malaria and 8,000 treatments were also distributed. During the emergency response at least 48,724 malaria cases were reported, and this fund contributed to its mitigation to the historic epidemiologic levels in Sofala between March-September 2019.</p>

### 3. Changes and Amendments

Due to the Health Week, UNICEF and partners reached much more beneficiaries than initially planned. In addition, the grant supported the procurement of mosquito nets to prevent the increase of malaria three weeks after the cyclone and floods. The mosquito nets reached 130,000 people of which 52,000 were people more than 18 years and 22,100 children under-five. The change was made due to the financial gaps to procure 250,000 mosquito nets distributed to affected population in Sofala. This grant contributed to the overall effort to prevent malaria while supporting the testing and treatment of malaria cases.

#### 1. People Reached

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

Cluster/Sector	Health - Health				
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	159,270	173,930	0	0	333,200
Other affected persons	0	0	31,930	34,870	66,800
<b>Total</b>	<b>159,270</b>	<b>173,930</b>	<b>31,930</b>	<b>34,870</b>	<b>400,000</b>
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	Health - Health				
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	26,000	26,000	358,176	358,176	768,352
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>26,000</b>	<b>26,000</b>	<b>358,176</b>	<b>358,176</b>	<b>768,352</b>
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 target was overachieved due to the change of the implementation modality. From planned routine immunization using fixed posts and outreach, it was agreed to change to campaign mode. During the implementation, it was not possible to distinguish between internal displaced people and host community due to subsequent floods that followed the cyclone most of the host communities were also considered affected by the emergency.

#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

N/A

#### 5. CERF Result Framework

<b>Project Objective</b>	Support to life-saving services for the provision of primary health care services, including malaria and other potential disease outbreaks focusing on children and women after Tropical Cyclone IDAI and related floods: provision of essential PHC supplies, re-establishment of PHC services and access to essential PHC information
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<b>Output 1</b>	Children and women access life-saving interventions through population- and community-based activities.			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of outpatient consultations, 3 months (full target population)	400,000	390,141	Health Management Information System
Indicator 1.2	Proportion of children aged 12-23 months vaccinated against measles	>95%	105.3%	Health Week in response to emergency report
Indicator 1.3	Number Outreach / Camp Services delivery points with the essential package of services	90	24	Direccao Provincial de Saude Sofala Health outreach report
<b>Explanation of output and indicators variance:</b>		To maximise use of human resources for health and available logistics, the outreach services were conducted in the resettlement centres located more than 8 km from health facilities and only 24 qualified for these criteria. The number and coverage of children reached by measles rubella was overachieved due to the implementation of an immunization campaign instead of routine outreach services. This was changed to ensure that most children were protected against measles in a shorter period and avoid outbreak which could result in excess mortality.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Organise outreach and fixed-point health services to communities displaced (microplanning and coordination with partners)	Ministry of Health (Provincial directorate of health of Manica)		
Activity 1.2	Organize outpatient sessions for sick children and well children providing basic curative and preventatives services aligned to national protocols (IMNCI)	Ministry of Health (Provincial directorate of health of Manica)		
Activity 1.3	Procurement and allocation of 130 IEHK2017, 130 Malaria kits, 10 tents of 42m2	UNICEF, Ministry of Health (Provincial directorate of health of Manica and Sofala)		
Activity 1.4	Procurement and distribution 52,000 ITNs,	UNICEF, Ministry of Health (Provincial directorate of health of Sofala)		
Activity 1.5	Organise mobile multimedia units and support community health workers to deliver key preventive messages	Ministry of Health		

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>The needs for integrated mobile brigades and other lifesaving interventions were based on reports from multisectoral assessments where community leaders and beneficiaries were consulted about their immediate needs. The implementation of distribution campaigns, national health weeks in response to emergencies were conducted with participation of the beneficiaries.</p>	
<p><b>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?</b></p> <p>Community leaders and health committees were involved in implementation in measles and mosquito net campaigns as well as in outreach services.</p>	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
<p><b>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?</b></p> <p>All activities included communication campaigns in which the beneficiaries were informed during plan meeting with the communities followed by sessions on community radio, and social mobilization by community health workers about the intended purpose of the interventions.</p>	
<p><b>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.</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>UNICEF worked with Linha Verde, an Inter-agency complaints and feedback mechanisms established for the response and managed by WFP. Additionally, feedback and reporting boxes were made available at camps and settlement areas where there was active response. An SOP was developed that outlined the referral pathway for both mechanisms. The complaints were therefore addressed through the cluster chairs, issues on Health, WASH, Education, Child Protection and PSEA were directly referred to UNICEF for follow up and response.</p>	
<p><b>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.</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>UNICEF has internal mechanism for addressing and responding to allegations of SEA. Additionally UNICEF led the establishment of a PSEA network in Mozambique, where UNICEF is the Cochair and coordinator, reports on SEA through Linha verde and other channels are addressed to the Co-chairs ( UNICEF and CARE), who then, review the cases and make the relevant referral to the respective agency. The referral is guided by an agreed Standard Operating Procedures (SOPs) for Recording and Processing Complaints. Cases are followed up regularly by the cochairs to make sure actions are taken. UNICEF also works very closely with the GBV sub-cluster to facilitate referral and service provision for survivors of SEA.</p>	
<p><b>Any other comments (optional):</b></p> <p>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 <b>value of cash</b> 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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNICEF did not conduct evaluation of specific projects; however, UNICEF conducted a Real Time Evaluation (RTE) of its response to cyclone IDAI and KENNETH. RTE report is available	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

### 8.13. Project Report 19-RR-CEF-055 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Mozambique
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-RR-CEF-055
5. Project Title:	Support to life saving services for the management of severe acute malnutrition in children 6 – 59 months		
6.a Original Start Date:	15/03/2019	6.b Original End Date:	14/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 1,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 4,367,543
	c. Amount received from CERF:		US\$ 210,940
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 83,302
	Government Partners		US\$ 83,302
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF grant, UNICEF has continued to work with Mozambican regional directorates of the Ministry of Health (MoH) in Manica and Sofala provinces (DPS) to conduct nutritional status screenings, especially at 22 resettlement sites and 8 most affected districts. Since the occurrence of Cyclone Idai, and using the support from CERF funds, among other funding resources made available at a later date, a total of 515,447 children under 5 years of age were screened for malnutrition through outreach primary health and nutrition care campaigns, and integrated mobile brigades (IMBs) in the most-affected districts of Sofala and Manica.</p> <p>As a result of these, 1,474 cases of Severe Acute Malnutrition were identified and admitted for treatment following the national protocol for management of acute malnutrition of the national program (PRN). UNICEF support has included active case finding (screenings), training on Nutrition Recovery Program (PRN) protocol for 124 MoH staff and Community Health Workers (CHW), and support to the stock management, delivery of essential nutrition supplies and monitoring (March-September 2019).</p>

3. Changes and Amendments
<p>CERF funds were the first to be available at the beginning of the cyclone Idai emergency, when response plans were underfunded and not even entirely defined. Humanitarian support flow was improved after and that has led to wider response plans for the nutrition sector</p>



with concurrent funding support. That allowed UNICEF to support the Mozambican Ministry of Health to make an extraordinary massive screening exercise in the last week of April, known as national health week, in the affected districts. During this activity, a total of 435,000 children under 5 were actively screened for acute malnutrition by MoH staff and Community Health Workers in the affected districts in both provinces. That is why, the number of actual children screened during the period is considerably higher than the anticipated in the original proposal.

#### 4. People Reached

##### 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	672	728	1,400
<b>Total</b>	<b>0</b>	<b>0</b>	<b>672</b>	<b>728</b>	<b>1,400</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	43,873	47,527	91,400

##### 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	737	737	1,474
<b>Total</b>	<b>0</b>	<b>0</b>	<b>737</b>	<b>737</b>	<b>1,474</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
<b>Total</b>	<b>0</b>	<b>0</b>	<b>257,223</b>	<b>257,224</b>	<b>515,447</b>

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:

An extraordinary massive screening exercise in the last week of April, known as national health week, in the affected districts led to a total of 435,000 children under 5 actively screened for acute malnutrition by MoH staff and Community Health Workers in the affected districts in both provinces.

#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

N/A

#### 5. CERF Result Framework

<b>Project Objective</b>	Support to life saving services for the management of severe acute malnutrition in children 6 – 59 months after Tropical Cyclone IDAI and related floods
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<b>Output 1</b>	90,000 children are screened through MUAC in affected populations of the provinces of Manica and Sofala, and at least 1,400 children with severe acute malnutrition identified with this activity get access to quality treatment services			
<b>Sector</b>	Nutrition - Nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of children of both sexes under five screened using MUAC measurements in the identified food and nutrition insecure districts.	90,000	515,447	Mozambican MoH's National health week report, IMB reports
Indicator 1.2	Number with Severe Acute Malnutrition referred and treated	1,400	1,474	Mozambican MoH PRN program reports
<b>Explanation of output and indicators variance:</b>		Larger nutritional screenings that increased the numbers for indicator 1.1		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Training and logistic support for active case findings through MUAC screenings	UNICEF		
Activity 1.2	Acute case finding through MUAC screenings and referral	Mozambican MoH, WFP, UNICEF, Save the Children,		
Activity 1.3	Treatment of Severely Malnourished children	UNICEF, MoH, AMOPE (Mozambican Paediatric Association)		
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?**

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. Affected people were engaged through social mobilization Social mobilization activities throughout implementation for uptake of services.

**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.

<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>
<p><b>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?</b></p> <p>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.</p>
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>UNICEF worked with Linha Verde, an Inter-agency complaints and feedback mechanisms established for the response and managed by WFP. Additionally, feedback and reporting boxes were made available at camps and settlement areas where there was active response. An SOP was developed that outlined the referral pathway for both mechanisms. The complaints were therefore addressed through the cluster chairs, issues on Health, WASH, Education, Child Protection and PSEA were directly referred to UNICEF for follow up and response.</p>
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>UNICEF has internal mechanism for addressing and responding to allegations of SEA. Additionally UNICEF led the establishment of a PSEA network in Mozambique, where UNICEF is the Cochair and coordinator, reports on SEA through Linha verde and other channels are addressed to the Co-chairs ( UNICEF and CARE), who then, review the cases and make the relevant referral to the respective agency. The referral is guided by an agreed Standard Operating Procedures (SOPs) for Recording and Processing Complaints. Cases are followed up regularly by the co-chairs to make sure actions are taken. UNICEF also works very closely with the GBV sub-cluster to facilitate referral and service provision for survivors of SEA.</p>
<p><b>Any other comments (optional):</b></p> <p>N/A</p>

<b>7. Cash Transfer Programming</b>					
<b>7.a Did the project include one or more Cash Transfer Programmings (CTP)?</b>					
<b>Planned</b>			<b>Achieved</b>		
No			No		
<b>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).</b>					
<b>CTP Modality</b>	<b>Value of cash (US\$)</b>	<b>a. Objective</b>	<b>b. Cluster/Sector</b>	<b>c. Conditionality</b>	<b>d. Restriction</b>
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional):					
N/A					

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

UNICEF did not conduct evaluation of specific projects, however, UNICEF conducted a Real Time Evaluation (RTE) of its response to cyclone IDAI and KENNETH. RTE report is available

EVALUATION CARRIED OUT ☐EVALUATION PENDING ☐NO EVALUATION PLANNED ☒

## Project Report 19-RR-CEF-056 - 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-056
5. Project Title:	Delivering life-saving water, sanitation and hygiene services to people affected by Cyclone Idai		
6.a Original Start Date:	15/03/2019	6.b Original End Date:	14/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 13,120,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 11,800,000
	c. Amount received from CERF:		US\$ 2,150,379
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 1,027,287
	Government Partners		US\$ 288,306
	International NGOs		US\$ 738,980
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>The CERF grant provided critical resources for UNICEF to respond to the impact of the Cyclone Idai. With CERF funds, UNICEF was able to reach 59,825 individuals with critical hygiene and dignity kits for displaced households who experienced total loss in the aftermath of Cyclone Idai. Through a partnership with the water utility in Beira Town, UNICEF was able to re-establish the urban piped water network six days after the storm hit with 175,000 people recovering access to centralized water systems in urban areas, through CERF funding. Additionally, UNICEF was able to utilize CERF funding through NGO partners to reach 49,625 people with access to safe water and 28,229 people with access to sanitation in accommodation centers and resettlement sites. Through cholera response activities, UNICEF also provided hygiene promotion messaging for 177,049 people alongside distribution and promotion of proper use of household water treatment chemicals for 130,608 people. Activities were completed in Sofala, Manica, and Zambezia Provinces from March to September 2019.</p>

3. Changes and Amendments
N/A

#### 4. People Reached

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	57,375	62,375	62,375	67,875	250,000
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	9,180	9,980	9,980	10,860	40,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>66,555</b>	<b>72,355</b>	<b>72,355</b>	<b>78,735</b>	<b>290,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	2,001	2,175	2,175	2,349	8,700

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	28,280	30,744	30,744	33,455	123,223
Other affected persons	40,060	43,551	43,551	47,392	174,554
<b>Total</b>	<b>68,340</b>	<b>74,295</b>	<b>74,295</b>	<b>80,847</b>	<b>297,777</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	4,100	4,458	4,458	4,851	17,867

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:	Due to the cholera response needs CERF financing for host communities in urban areas was directed to cholera messaging and NFI distributions, primarily focusing on the distribution and promotion of safe use of household water treatment chemicals. Urban activities continued with financing from other sources. Beneficiaries reported for host communities include the total number attributable to CERF financing, though the total targeted population was reached. The number of individuals reached for persons with disabilities is calculated based on the Mozambique average percentage of individuals with disabilities.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
N/A

5. CERF Result Framework	
<b>Project Objective</b>	Ensuring access to life-saving water supply, sanitation and hygiene to people affected by Cyclone Idai in the Sofala, Manica and Zambezia

<b>Output 1</b>	WASH sector coordination, through WASH cluster, is established, leading the development and implementation of sector response strategy and information sharing among sector partners. Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Coordination mechanism is in place	1	1	HRP, WASH Cluster website
Indicator 1.2	WASH sector strategy for emergency response established	1	1	WASH Cluster Response Strategy
Indicator 1.3	Information on emergency response is updated and disseminated amongst sector partners	Timely coordination meetings held	Biweekly meetings held through period of CERF implementation at sub-national levels	WASH Cluster meeting summaries
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	WASH Cluster meetings	UNICEF, Direcção Provincial Das Obras Publicas e Recursos Hídricos (DPOPHRH) Manica, DPOPHRH Sofala, DPOPHRH Zambézia, Direcção Nacional de Abastecimento de Água e Saneamento (DNAAS)		
Activity 1.2	Development of WASH emergency response strategy	UNICEF, government, and cluster partners		
Activity 1.3	Information management	UNICEF		

<b>Output 2</b>	People affected by Cyclone Idai have access to safe water of appropriate quantity and quality according to their needs			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of people provided with safe water in urban areas and small towns through of centralized systems	250,000	174,555	4Ws
Indicator 2.2	# of people provided with safe water in accommodation centres, institutions and relocation areas	40,000	49,625	Implementing partners' reports, 4Ws
<b>Explanation of output and indicators variance:</b>		340,000 people were provided with safe water in urban areas through UNICEF's partnership with the urban water utility operator, Fundo de Investimentos e Património do Abastecimento de Água (FIPAG). The achievement above is the number of beneficiaries proportionally attributed to the CERF component of the response. More people were assisted in accommodation centres and later in resettlement sites due to the rapid transfer to permanent locations. The populations targeted as host communities were affected populations. This is corrected in the table above		

		for the reached populations.
Activities	Description	Implemented by
Activity 2.1	Purchase and distribution of water treatment chemicals for centralized water supply systems	UNICEF, Fundo de Investimentos e Patrimônio do Abastecimento de Água
Activity 2.2	Establishment of water distribution points in accommodation centres and institutions	COSACA (Oxfam), World Vision
Activity 2.3	Rehabilitation of water sources at community level	COSACA (Oxfam), World Vision, DPOPHRH Manica, DPOPHRH Sofala, DPOPHRH Zambezia
Activity 2.4	Distribution of household water treatment products	COSACA (Oxfam), World Vision

<b>Output 3</b>	People affected by cyclone Idai sheltered in accommodation centres have access to appropriate sanitation facilities			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of people provided with sanitation and bathing facilities	40,000	28,588	Implementing partners' reports, 4Ws
<b>Explanation of output and indicators variance:</b>		The WASH Cluster rapidly transitioned to household level sanitation as households quickly transitioned to permanent locations. The WASH Cluster strategy focused on self-construction of latrines which requires a longer implementation period and is more costly.		
Activities	Description	Implemented by		
Activity 3.1	Construction of temporary sanitation and bathing facilities in relocation and transit centers. (materials for activity provided by UNICEF funding)	COSACA (Oxfam), World Vision		

<b>Output 4</b>	People affected by cyclone Idai have access to WASH related non-food items, including point-of-use water treatment products / materials			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 4.1	# of families receiving NFI kits (family kit, dignity kit, buckets)	4,000	11,965	Implementing partner reports, 4Ws
Indicator 4.2	# of families receiving point-of-use water treatment materials / products	8,000	25,366	Implementing partner reports, 4Ws
<b>Explanation of output and indicators variance:</b>		After the declaration of cholera in Sofala Province, UNICEF increased the distribution of household water treatment chemicals, communication activities on the safe use of household water treatment chemicals, and the promotion of hygiene messaging as part of the epidemic response.		
Activities	Description	Implemented by		
Activity 4.1	Procurement and transportation of NFIs to affected areas	UNICEF		
Activity 4.2	Distribution of NFIs and/or water treatment products to families sheltered in accommodation centres and other affected areas.	COSACA (Oxfam), World Vision		



<b>Output 5</b>	People affected by Cyclone Idai have access to appropriate sanitation and hygiene messages			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 5.1	# of people receiving sanitation and hygiene messages	40,000	177,049	Implementing partners' reports, 4Ws
<b>Explanation of output and indicators variance:</b>		After the declaration of cholera in Sofala Province UNICEF increased the distribution of household water treatment chemicals, the communication of the safe use of household water treatment chemicals, and promotion of hygiene messaging.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 5.1	Hygiene promotion activities in accommodation centres and other institutions	COSACA (Oxfam), World Vision		

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>Hygiene kit contents were defined and standardized through a consultative process with communities prior to the response to include preferences of beneficiaries in the selection and subsequent procurement of these NFIs. Post distribution monitoring was conducted with users for the use of household water treatment chemicals and is planned for the hygiene kits. Latrines in resettlement areas were constructed by beneficiaries through community engagement discussions and triggering exercises with households.</p>	
<p><b>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?</b></p> <p>In line with WASH implementation modalities for the WASH sector in Mozambique, water committees were established in all communities receiving water supply interventions. These committees serve as community coordination platforms / mechanisms where specific needs are identified.</p>	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
<p><b>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?</b></p> <p>Communication activities, linked to dissemination of life-saving interventions, were conducted, in which broader information on the activities under the project and implementation modalities were also shared with beneficiary communities. UNICEF WASH programs link sanitation and water components through water committee establishment and trainings. Community mobilization activities for engaging and sensitizing populations on the importance of hygiene measures and safe sanitation facilities is linked with the water committees which are comprised of community members. Community meetings define the establishment of the committees and their expectations and confirm preferences on water tariff setting and discussions on expectations of the project and the community members.</p>	
<p><b>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.</b></p> <p>UNICEF worked with Linha Verde, an Inter-agency complaints and feedback mechanisms established for the response and managed by WFP. Additionally, feedback and reporting boxes were made available at camps and settlement areas where there was active response. An SOP was developed that outlined the referral pathway for both mechanisms. The complaints were therefore addressed through the cluster chairs. Issues on WASH, Health, Education, Child Protection and PSEA were directly referred to UNICEF for follow up and</p>	

response. For reports of system breakdowns, UNICEF directed partners to repair applicable systems. In cases of payment complaints NGOs were typically guided to communicate tariff structures with users.

**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 ☐

UNICEF has internal mechanism for addressing and responding to allegations of SEA. Additionally UNICEF led the establishment of a PSEA network in Mozambique, where UNICEF is the Cochair and coordinator, reports on SEA through Linha verde and other channels are addressed to the Co-chairs ( UNICEF and CARE), who then, review the cases and make the relevant referral to the respective agency. The referral is guided by an agreed Standard Operating Procedures (SOPs) for Recording and Processing Complaints. Cases are followed up regularly by the cochair to make sure actions are taken. UNICEF also works very closely with the GBV sub-cluster to facilitate referral and service provision for survivors of SEA.

**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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):

N/A

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

UNICEF did not conduct evaluation of specific projects, however, UNICEF conducted a Real Time Evaluation (RTE) of its response to cyclone IDAI and KENNETH. RTE report is available.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

## 5.1. Project Report 19-RR-CEF-057 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Mozambique
3. Cluster/Sector:	Protection - Child Protection	4. Project Code (CERF):	19-RR-CEF-057
5. Project Title:	Support to interim care, protection and family tracing and reunification (FTR) of separated and unaccompanied children (UASC), orphaned and other vulnerable children		
6.a Original Start Date:	25/03/2019	6.b Original End Date:	24/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 300,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 6,029,452
	c. Amount received from CERF:		US\$ 212,117
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 178,519</b>
	Government Partners		US\$ 67,111
	International NGOs		US\$ 111,408
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through CERF fund, UNICEF supported the Provincial Directorate of Justice in Zambezia to provide birth registration to 41,364 people (19,736 male and 21,620 female) of which 7,994 were children under one year. Mental health and psychosocial screening were provided in Manica through the Provincial Department of Health to children within the Child Friendly Spaces. Within the 23 Child Friendly Spaces established in Manica Province a total number of 6,940 children received basic Psychosocial Support. The implementation timeline was between March to September 2019.</p>

3. Changes and Amendments
<p>People were reached through birth registration activities taking into account the need identified in the IDP population. This created a discrepancy between the people planned and the people reached.</p>

#### 4. People Reached

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Protection - Child Protection				
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	200	200	400
<b>Total</b>	<b>0</b>	<b>0</b>	<b>200</b>	<b>200</b>	<b>400</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	200	200	400

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Protection - Child Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	387	474	861
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	24,270	26,842	51,112
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>24,270</b>	<b>26,842</b>	<b>51,973</b>
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 initially planned figure included a number of persons with disabilities to be reached and these persons were reached however not recorded as being reached. The number of persons with disabilities reached is at this moment unknown.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
N/A

5. CERF Result Framework	
<b>Project Objective</b>	Support to separated, unaccompanied and orphaned and vulnerable children to provide immediate care, protection and reunify with families

<b>Output 1</b>	Unaccompanied children, children separated from their parents and families and children who have lost parents are identified, registered, provided with alternative care and protection and reunified with their families.			
<b>Sector</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of actors trained to identify and register unaccompanied and separated children (UASC)	50	50	Implementing partner reports
Indicator 1.2	Number of UASC identified	400	75	Implementing partner report
Indicator 1.3	Number of alternative care institutions provided with essential support to host UASC	3	2	Field reports
Indicator 1.4	Proportion of UASC reunified with families	80%	18.75%	Implementing partner report
<b>Explanation of output and indicators variance:</b>		The identification of unaccompanied and separated children (UASC) was constrained and it was not possible at certain times to adequately capture the correct number of children reached. The interpretation of UASC was difficult for the volunteers carrying out the identification.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Establish a Taskforce on UASC within Protection Cluster with full engagement of relevant government actors to establish standard procedures, monitoring and implementation protocols and endorse roles and responsibilities of all involved actors	International Child Development Programme, Provincial Directorate for Gender, Children and Social Welfare		
Activity 1.2	Train multisectoral actors including National Red Cross Volunteers, district and provincial social action services, Family and Children Police Units and Community Child Protection Committees to conduct FTR and facilitate identification and referral of GBV and other issues to health and GBV actors	Save the Children in close collaboration with Provincial Directorate for Gender, Children and Social Action		
Activity 1.3	Provide operational support to National Red Cross volunteers and other engaged actors to conduct identification, registration and FTR.	Save the Children		
Activity 1.4	Support identified alternative care institutions to provide interim care and protection to UASC	Provincial Directorate for Gender, Children and Social Welfare.		
Activity 1.5	Integrate prevention and response messages through mobile multimedia units, radio and other humanitarian response actors, and community-based child protection committees	Institute of Social Communication		

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>During the implementation of this project the crisis-affected people were not actively involved in the design of the project, due to the context of the humanitarian crisis. The participation was more prevalent during the implementation of the project and monitoring as the crisis-affected people were involved in the implementation, especially unaccompanied and or separated children.</p>	
<p><b>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?</b></p> <p>Local leadership ensured all vulnerable groups were reached without discrimination. Women were especially taken into account so as to ensure their voice in the provision of assistance to children.</p>	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
<p><b>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?</b></p> <p>The staff members of the organization provided key information regarding the objectives of the project and the organization code of conduct. Information was provided during the explanation of the project to community leaders as well as key community members.</p>	
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>UNICEF worked with Linha Verde, an Inter-agency complaints and feedback mechanisms established for the response and managed by WFP. Additionally, feedback and reporting boxes were made available at camps and settlement areas where there was active response. An SOP was developed that outlined the referral pathway for both mechanisms. The complaints were therefore addressed through the cluster chairs, issues on Child Protection, WASH, Health, Education and PSEA were directly referred to UNICEF for follow up and response.</p>	
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>UNICEF has internal mechanism for addressing and responding to allegations of SEA. Additionally UNICEF led the establishment of a PSEA network in Mozambique, where UNICEF is the Cochair and coordinator, reports on SEA through Linha verde and other channels are addressed to the Co-chairs ( UNICEF and CARE), who then, review the cases and make the relevant referral to the respective agency. The referral is guided by an agreed Standard Operating Procedures (SOPs) for Recording and Processing Complaints. Cases are followed up regularly by the co-chairs to make sure actions are taken. UNICEF also works very closely with the GBV sub-cluster to facilitate referral and service provision for survivors of SEA.</p>	
<p><b>Any other comments (optional):</b></p> <p>N/A</p>	

<b>7.a Did the project include one or more Cash Transfer Programmings (CTP)?</b>	
<b>Planned</b>	<b>Achieved</b>
No	No
<p><b>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</b></p>	

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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNICEF did not conduct evaluation of specific projects, however, UNICEF conducted a Real Time Evaluation (RTE) of its response to cyclone IDAI and KENNETH. RTE report is available.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.16. Project Report 19-RR-CEF-074 - 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-074
5. Project Title:	Delivering Life-saving Water, Sanitation and Hygiene (WASH) Services to People Affected by Cyclone Kenneth		
6.a Original Start Date:	28/04/2019	6.b Original End Date:	27/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 7,420,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,200,000
	c. Amount received from CERF:		US\$ 1,739,927
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 502,278
	Government Partners		US\$ 0
	International NGOs		US\$ 502,278
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>CERF funds enabled UNICEF to provide 9,246 families with emergency hygiene and dignity kits. UNICEF also utilized CERF funding to reach 13,892 people with access to safe water and 22,470 people with access to sanitation facilities. Through the cholera response activities UNICEF also provided hygiene and sanitation promotion messaging to reach 159,352 individuals alongside distribution and promotion of proper use of household water treatment chemicals for 27,985 households in Cabo Delgado and Nampula Provinces from April to October 2019.</p>

3. Changes and Amendments
<p>The number of individuals hosted in accommodation centers and relocation areas reduced significantly from original planning. Due to the cholera outbreak, CERF funding was prioritized for cholera prevention actions in affected populations. The target beneficiaries for activities below were shifted to cholera affected populations. UNICEF returned an unspent balance of \$159,932.44 to CERF at the end of the grant.</p>



#### 4. People Reached

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	22,950	24,950	24,950	27,150	100,000
Refugees					
Returnees	0	0	0	0	0
Internally displaced persons	8,032	8,732	8,732	9,504	35,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>30,982</b>	<b>33,682</b>	<b>33,682</b>	<b>36,654</b>	<b>135,000</b>
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	930	1,010	1,010	1,100	4,050

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	31,412	34,150	34,150	37,161	136,873
<b>Total</b>	<b>31,412</b>	<b>34,150</b>	<b>34,150</b>	<b>37,161</b>	<b>136,873</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	1,885	2,049	2,049	2,230	8,213

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 number of individuals living in relocation sites reduced significantly from the originally planned targets. The cholera outbreak shifted priorities toward safe water provision and hygiene and sanitation promotion in affected populations for the cholera response. UNICEF was able to mobilize additional funding for the support to urban water supply systems which were originally planned under CERF. The populations targeted as host communities were affected populations. This is corrected in the table above for the reached populations.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
N/A

5. CERF Result Framework	
<b>Project Objective</b>	Ensuring access to life-saving water supply, sanitation and hygiene to people affected by cyclone Kenneth in the Cabo Delgado and Nampula provinces

<b>Output 1</b>	WASH sector coordination, through WASH cluster, is established, leading the development and implementation of sector response strategy and information sharing among sector partners.			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Coordination mechanism is in place	1	1	HRP, WASH Cluster website
Indicator 1.2	WASH sector strategy for emergency and cholera response established	1	1	WASH Cluster Response Strategy
Indicator 1.3	Information on emergency response is updated and disseminated amongst sector partners	Timely coordination meetings held	Biweekly meetings held through period of CERF implementation at sub-national levels	WASH Cluster meeting summaries
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	WASH Cluster meetings	UNICEF, DPOPHRH Direcção Provincial Das Obras Publicas e Recursos Hídricos Nampula and Cabo Delgado Direcção Nacional de Abastecimento de Água e Saneamento (DNAAS)		
Activity 1.2	Development of WASH emergency response strategy, including cholera.	UNICEF, Government, and cluster partners		
Activity 1.3	Information management	UNICEF		

<b>Output 2</b>	People affected by cyclone Kenneth have access to safe water of appropriate quantity and quality according to their needs			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# of people provided with safe water in urban areas and small towns through of centralized systems	100,000	0	N/A
Indicator 2.2	# of people provided with safe water in accommodation centres, institutions and relocation areas	35,000	13,892	Implementing partners' reports, 4Ws
<b>Explanation of output and indicators variance:</b>		The cholera outbreak shifted priorities to safe water, sanitation and hygiene promotion activities (detailed below). CERF financing allowed UNICEF to use other funding to finance urban area consumables procurement. Due to the immediate need to distribute household water treatment chemicals and hygiene items and disseminate hygiene and cholera prevention messages CERF was not informed in advance of these changes.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Provision of consumables for centralized water supply	Not completed through CERF		

	systems, and water quality monitoring	
Activity 2.2	Establishment of water distribution points in accommodation centres and institutions	Not completed through CERF
Activity 2.3	Emergency rehabilitation of water sources at community level	Oxfam, Helvetas
Activity 2.4	Distribution of household water treatment products	Oxfam, Helvetas, Caritas

<b>Output 3</b>	People affected by cyclone Kenneth sheltered in accommodation centres / internally displaced have access to appropriate sanitation facilities			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	# of people provided with sanitation and bathing facilities	35,000	22,470	Implementing partners' reports, 4Ws
<b>Explanation of output and indicators variance:</b>		The number of individuals hosted in accommodation centers and relocation areas reduced significantly from original planning with the focus shifting to sanitation promotion activities in affected communities for cholera prevention		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Construction of temporary sanitation and bathing facilities in relocation and transit centers	Helvetas, Oxfam		

<b>Output 4</b>	People affected by cyclone Kenneth have access to WASH related non-food items, including point-of-use water treatment products / materials			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 4.1	# of families receiving NFI kits (family kit, dignity kit, buckets)	7,000	9,246	Implementing partners' reports, 4Ws
Indicator 4.2	# of families receiving point-of-use water treatment materials / products	20,000	27,985	Implementing partners' reports, 4Ws
<b>Explanation of output and indicators variance:</b>		Due to the cholera response, priority shifted to distribution of hygiene items and household water treatment chemicals which increased the achievements for this output.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Procurement and transportation of NFIs to affected areas	UNICEF		
Activity 4.2	Distribution of NFIs and/or water treatment products to families sheltered in accommodation centres and other high-risk areas.	Helvetas, Caritas, Oxfam		

<b>Output 5</b>	People affected by cyclone Kenneth have access to appropriate sanitation and hygiene messages			
<b>Sector</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 5.1	# of people receiving sanitation and hygiene messages	35,000	159,342	Implementing partners' reports, 4Ws
<b>Explanation of output and indicators variance:</b>		This output is significantly higher than planned in response to the cholera		

		outbreak.
Activities	Description	Implemented by
Activity 5.1	Hygiene promotion activities in accommodation centres and other institutions	Oxfam, Helvetas, Caritas
Activity 5.2	Intensive hygiene promotion for cholera high risk areas	Oxfam, Helvetas, Caritas

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>Hygiene kit contents were defined and standardized through a consultative process with communities prior to the response to include preferences of beneficiaries in the selection and subsequent procurement of these NFIs. Latrines in resettlement areas were constructed by beneficiaries through community engagement discussions and triggering exercises with households.</p>	
<p><b>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?</b></p> <p>In line with WASH implementation modalities for the WASH sector in Mozambique, water committees were established in all communities receiving water supply interventions. These committees serve as community coordination platforms / mechanisms where specific needs are identified.</p>	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
<p><b>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?</b></p> <p>Communication activities, linked to dissemination of life-saving interventions, were conducted, in which broader information on the activities under the project and implementation modalities were also shared with beneficiary communities. UNICEF WASH programs link sanitation and water components through water committee establishment and trainings. Community mobilization activities for engaging and sensitizing populations on the importance of hygiene measures and safe sanitation facilities is linked with the water committees which are comprised of community members. Community meetings define the establishment of the committees and their expectations and confirm preferences on water tariff setting and discussions on expectations of the project and the community members.</p>	
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>UNICEF worked with Linha Verde, an Inter-agency complaints and feedback mechanisms established for the response and managed by WFP. Additionally, feedback and reporting boxes were made available at camps and settlement areas where there was active response. An SOP was developed that outlined the referral pathway for both mechanisms. The complaints were therefore addressed through the cluster chairs, issues on WASH, Health, Education, Child Protection and PSEA were directly referred to UNICEF for follow up and response.</p>	
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>UNICEF has internal mechanism for addressing and responding to allegations of SEA. Additionally UNICEF led the establishment of a PSEA network in Mozambique, where UNICEF is the Cochair and coordinator, reports on SEA through Linha verde and other channels are addressed to the Co-chairs ( UNICEF and CARE), who then, review the cases and make the relevant referral to the respective agency. The referral is guided by an agreed Standard Operating Procedures (SOPs) for Recording and Processing Complaints. Cases are followed up regularly by the co-chairs to make sure actions are taken. UNICEF also works very closely with the GRV sub-cluster to</p>	

facilitate referral and service provision for survivors of SEA.
Any other comments (optional):
NA

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 <b>value of cash</b> 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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional):					

UNICEF did not conduct evaluation of specific projects, however, UNICEF conducted a Real Time Evaluation (RTE) of its response to cyclone IDAI and KENNETH. RTE report is available.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.17. Project Report 19-RR-CEF-075 – UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Mozambique
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-CEF-075
5. Project Title:	Support to the Restoration of Lifesaving Primary Healthcare Services, Including Malaria and Other Potential Disease Outbreaks Focusing on Children and Women after Cyclone Kenneth and Related Floods		
6.a Original Start Date:	01/05/2019	6.b Original End Date:	31/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 4,710,864
	b. Total funding received for agency's sector response to current emergency:		US\$ 11,431,080
	c. Amount received from CERF:		US\$ 300,397
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 23,630
	Government Partners		US\$ 23,630
	International NGOs		US\$ 0
		National NGOs	US\$ 0
		Red Cross/Crescent	US\$ 0

2. Project Results Summary/Overall Performance
<p>UNICEF supported provincial health directorate of Cabo Delgado to assess and re-establish the function of health facilities affected or destroyed by the cyclone Kenneth. Through this grant, UNICEF procured and installed 3 refrigerators for immunization cold chain, supported installation of illumination systems powered by solar panels in health facilities which ensured safe deliveries during the night and supplied medicines for treatment of common diseases such as malaria, diarrhoea and pneumonia, and traumatic wound which increased due to the cyclone. In total 100 interagency kits were procured of which 50 for malaria and the remain for other diseases which benefited 142,703 people in Macomia, Ibo, Quissanga, Mecufi and Metuge districts between May and August 2019. In addition, 9,750 therapeutic spread bags were procured and used for treatment of cases of severe acute malnutrition.</p>

3. Changes and Amendments
<p>Mosquito nets were procured using other grants. Instead this grant supported procurement of malaria rapid diagnostic tests and antimalarials.</p>

#### 4. People Reached

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health – Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees					
Returnees	0	0	0	0	0
Internally displaced persons	691	749	749	811	3,000
Other affected persons	28,339	30,701	30,701	33,259	123,000
<b>Total</b>	<b>29,030</b>	<b>31,450</b>	<b>31,450</b>	<b>34,070</b>	<b>126,000</b>
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	Health – Health				
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	71,351	71,352	142,703
Other affected persons	0	0			0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>71,351</b>	<b>71,352</b>	<b>142,703</b>
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 procurement of malaria tests and treatment and integration of outreach health services resulted in increase of consultation offered to sick children compared to the original plan which was focusing only in transit centres. This fund helped providing services to affected population who returned to their communities or moved to resettlement sites.
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
N/A

5. CERF Result Framework	
<b>Project Objective</b>	To support to life-saving services for the provision of primary health care services, including malaria and other potential disease outbreaks focusing on children and women after Tropical Cyclone Kenneth and related floods: provision of essential PHC supplies, re-establishment of PHC services and access to essential PHC information

<b>Output 1</b>	Children and women access life-saving interventions through population- and community-based activities.			
<b>Sector</b>	Health – Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of outpatient consultations, children under-five	4,250	102,703	HMIS (Health Management information System)
Indicator 1.2	Number Outreach / Camp Services delivery points	5	5	Outreach report Direcao Provincial Saude Cabo Delgado
Indicator 1.3	Number of LLINs distributed	30,000	0	Mosquito net Distribution report Direcao Provincial Cabo Delgado
Indicator 1.4	Number of people who will receive a service from the project (outreach and fixed points)	126,000	142,703	Health Management Information System and Direcao Provincial Saude report of malaria treatments distributed
<b>Explanation of output and indicators variance:</b>		Instead of mosquito nets this grant support procurement of malaria rapid diagnostic tests and antimalarials. Mosquito nets were covered by other UNICEF grants and Global Fund funding for mass distribution campaign planned before the cyclone. The number of consultations were higher than planned due to the change of commodities from mosquito nets to antimalaria medicines and increased demand which followed the impact of the cyclone.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Organise outreach and fixed-point health services to communities displaced (microplanning and coordination with partners)	Ministry of health (provincial directorate of Cabo Delgado)		
Activity 1.2	Organize outpatient sessions for sick children and well children providing basic curative and preventative services aligned to national protocols (IMNCI and IYCF)	Ministry of health (provincial directorate of Cabo Delgado)		
Activity 1.3	Procurement and distribution of 100 IEHK2017/Malaria kits, 30,000 ITNs, 10 tents of 42m2/72m2, 65 cartons of RUTF	UNICEF, Ministry of health (provincial directorate of Cabo Delgado)		
Activity 1.4	Organise mobile multimedia units and support community health workers to deliver key preventive messages	Ministry of health (provincial directorate of Cabo Delgado)		
Activity 1.5	Rehabilitation of cold chain	Ministry of health (provincial directorate of Cabo Delgado)		

6. Accountability to Affected People	
<b>6.a</b>	<b>IASC AAP Commitment 2 – Participation and Partnership</b>



<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>The needs for integrated outreach services were based on reports from multisectoral assessment where community leaders and beneficiaries were consulted about their immediate needs. The provincial directorate of health was also consulted and identified needs for cold chain and illumination of health facilities.</p>
<p><b>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?</b></p> <p>Community leaders and health committees were involved in implementation in outreach services.</p>
<p><b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b></p>
<p><b>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?</b></p> <p>All outreach services included engagement of affected communities where the purpose and frequency of the intervention were communicated.</p>
<p><b>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.</b> <span style="float: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></span></p> <p>UNICEF worked with Linha Verde, an Inter-agency complaints and feedback mechanisms established for the response and managed by WFP. Additionally, feedback and reporting boxes were made available at camps and settlement areas where there was active response. An SOP was developed that outlined the referral pathway for both mechanisms. The complaints were therefore addressed through the cluster chairs, issues on Health, WASH, Education, Child Protection and PSEA were directly referred to UNICEF for follow up and response.</p>
<p><b>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.</b> <span style="float: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></span></p> <p>UNICEF has internal mechanism for addressing and responding to allegations of SEA. Additionally UNICEF led the establishment of a PSEA network in Mozambique, where UNICEF is the Cochair and coordinator, reports on SEA through Linha verde and other channels are addressed to the Co-chairs ( UNICEF and CARE), who then, review the cases and make the relevant referral to the respective agency. The referral is guided by an agreed Standard Operating Procedures (SOPs) for Recording and Processing Complaints. Cases are followed up regularly by the co-chairs to make sure actions are taken. UNICEF also works very closely with the GBV sub-cluster to facilitate referral and service provision for survivors of SEA.</p>
<p><b>Any other comments (optional):</b></p> <p>N/A</p>

<b>7. Cash Transfer Programming</b>					
<b>7.a Did the project include one or more Cash Transfer Programming (CTP) ?</b>					
<b>Planned</b>		<b>Achieved</b>			
No		No			
<p><b>7.b Please specify below the parameters of the CTP modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).</p>					
<b>CTP Modality</b>	<b>Value of cash (US\$)</b>	<b>a. Objective</b>	<b>b. Cluster/Sector</b>	<b>c. Conditionality</b>	<b>d. Restriction</b>

	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNICEF did not conduct evaluation of specific projects, however, UNICEF conducted a Real Time Evaluation (RTE) of its response to cyclone IDAI and KENNETH. RTE report is available	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.18. Project Report 19-RR-CEF-076 – UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Mozambique
3. Cluster/Sector:	Protection - Child Protection	4. Project Code (CERF):	19-RR-CEF-076
5. Project Title:	Provision of Psychosocial Support, Life-saving Information and Services to Respond to Violence, Including GBV and VAC in the Areas Affected by the Cyclone Kenneth in Mozambique		
6.a Original Start Date:	06/05/2019	6.b Original End Date:	05/11/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 6,029,452
	c. Amount received from CERF:		US\$ 202,646
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 141,040</b>
	Government Partners		US\$ 141,040
	International NGOs		US\$ 0
		National NGOs	US\$ 0
		Red Cross/Crescent	US\$ 0

2. Project Results Summary/Overall Performance
<p>Through the CERF funding UNICEF worked with the Ministry of Interior to provide a targeted capacity building on response to domestic violence, including all forms of violence against children in most affected districts of Cabo Delgado and Nampula provinces as a result of the cyclone Kenneth. These include five districts in Cabo Delgado (Quissanga, Ibo, Metuge and Pemba City) and four in Nampula (Monapo, Memba, Erati and Nampula City). Forty-one police and social workers were trained at district and administrative post level to provide integrated response to affected and at-risk children, women and other vulnerable groups. Funds were also used to strengthen the institutional capacity of the police units in affected districts with communication support, fuel for travel and monitoring to respond to cases, urgent repairs of three victim support units and purchase of essential furniture and equipment. Through funding provided Specialized police units in Cabo Delgado were scaled up from 21 in 2018 to 30 as of the end of 2019. In total 4,138 cases were registered by the Department from Cabo Delgado and Nampula provinces (1,066 and 3,074 respectively, no district level administrative data is available now) as of December 2019.</p> <p>For increasing community awareness on child protection issues and to ensure people are informed to access available services, immediately following cyclone Kenneth, UNICEF partnered with the religious leaders network in Pemba City, Cabo Delgado through PIRCOM to train them on protection needs of children following the cyclone, including for those that were displaced and in settlement areas and those communities affected. Training was expanded to other districts and together these networks reached out to and mobilized affected communities also across Quissanga, Ibo, Macomia. A total of 176 trained religious leaders on average engaged with</p>

88,000 community members with messages and actions to take to protect and meet needs of vulnerable children.

### 3. Changes and Amendments

N/A

### 4. People Reached

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

Cluster/Sector	Protection - Child Protection				
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	23,000	23,000	2,000	2,000	50,000
<b>Total</b>	<b>23,000</b>	<b>23,000</b>	<b>2,000</b>	<b>2,000</b>	<b>50,000</b>
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 - Child Protection				
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	40,580	40,580	3,529	3,558	88,247
<b>Total</b>	<b>40,580</b>	<b>40,580</b>	<b>3,529</b>	<b>3,558</b>	<b>88,247</b>
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

Less leaders were trained than planned due to the challenges in engaging all leaders through the identified networks that UNICEF partner PIRCOM reached out to for training and subsequent outreach. However, the number of trained leaders were able to reach well above the anticipated people affected. Unfortunately, UNICEF does not have

describe reasons:	disaggregated number of the beneficiaries. The 88,247 people are beneficiaries of community awareness activities.
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#### 4.c. PERSONS INDIRECTLY TARGETED BY THE PROJECT

Operational support and capacity building provided to the Police Department of Family and Children benefitted overall population of Nampula and Cabo Delgado provinces, in most affected districts and in provincial capitals. In total 4,138 cases were registered by the Department from Cabo Delgado and Nampula provinces (1,066 and 3,072 respectively, no district level administrative data is available now) as of December 2019. Of these in Cabo Delgado there were 275 cases of children (174 female and 101 male) and 791 adults (671 female, 100 male) and in Nampula 1,345 children (718 female and 627 male) and 1727 adults (1,437 female and 290 male).

#### 5. CERF Result Framework

<b>Project Objective</b>	Provision of psychosocial support, life-saving information and services to respond to violence, including gender-based violence, to children affected by the cyclone Kenneth
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<b>Output 1</b>	Provision of community-based psycho-social support, including through Child Friendly Spaces and existing community structures			
<b>Sector</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of girls and boys participating in structured and sustained psychosocial support and child protection programmes	4,000 (2,000 boys, 2000 girls)	Not implemented with CERF funds as UNICEF got other resources	Not implemented with CERF funds as UNICEF got other resources
Indicator 1.2	# of actors trained to provide PSS	50	Not implemented with CERF funds as UNICEF got other resources	Not implemented with CERF funds as UNICEF got other resources
<b>Explanation of output and indicators variance:</b>		Resources were used by implementing partners in the field, in ensuring training of volunteers as well monitoring of activities on the ground. CERF funds were used in collaboration with other funds so as to ensure harmonization.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Establish community based CFSS to provide PSS and engage children in recreation and emotional and social wellbeing activities.	Not implemented with CERF funds as UNICEF got other resources		
Activity 1.2	Train community actors with a mandate to provide child protection support in provision of community-based PSS.	Not implemented with CERF funds as UNICEF got other resources		

<b>Output 2</b>	Increased community awareness of child protection risks and provision of critical information to enable access to services;			
<b>Sector</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of religious and traditional leaders and other community members directly trained by the project to provide sensitization and awareness	300	176	Partners' report

Indicator 2.2	Number of persons directly reached by the project through awareness campaigns and information dissemination	50,000	88,247	Partner' reports of weekly activities
<b>Explanation of output and indicators variance:</b>		Less leaders were trained than planned due to the challenges in engaging all leaders through the identified networks that UNICEF partner PIRCOM reached out to for training and subsequent outreach. However, the number of trained leaders were able to reach well above the anticipate people affected.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Train religious and community leaders in child rights, PSEA and child protection to mobilize and engage communities.	Activity was done through UNICEF's partnership and implementation agreement with PIRCOM – network of inter-faith leaders and health promotion (DPS) staff in Cabo Delgado		
Activity 2.2	Organize legal awareness and mobile legal aid provision in affected districts.	Activity was reintegrated with support to the police due to urgent needs to restore police services in affected areas		

<b>Output 3</b>	Enable local capacity to respond to violence, abuse, neglect and exploitation of children through specialized police units at district and community level.			
<b>Sector</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 3.1	Number of police and other multi-sectoral actors trained to respond to VAC, GBV and SEA in affected districts	60	41 police and social workers in affected districts in Cabo Delgado (17 male, 24 female)	Annual Report Ministry of Interior, Quarterly Report from Police Department of Response to Victims of Domestic Violence, Family and Children
<b>Explanation of output and indicators variance:</b>		Target was preliminary, all relevant police at Administrative Post level in affected districts were trained jointly with social workers		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Provide operational support to Police Department of Response to Victims of Domestic Violence, Family and Children to restore/establish decentralized service provision in affected areas	Provincial Directorate of Women, Child and Social Welfare		
Activity 3.2	Train police and multi-sectoral actors to respond to VAC, GBV and child protection cases	Provincial Directorate of Women, Child and Social Welfare		

## 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?

All outreach services included engagement of affected communities where the purpose and frequency of the intervention were communicated. The participation was more evident during the implementation of activities instead of during the planning phase. During the monitoring phase of the project the affected communities were consulted with regards to their opinion on the adequacy and properness of the manner in which the project was implemented.

**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?**

UNICEF worked with religious leaders who engaged with 88,000 community members with messages and actions to take to protect and meet needs of vulnerable children.

#### **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 programme staff involved in the implementation of the project provided adequate information to the affected community regarding the organization and the principles to which it adheres through monitoring missions. The programme staff also provided information regarding the reporting mechanisms available to the community to report any cases of staff of the organization which are not abiding by the established principles. The deliverables of the programme and its structure were also informed to the community.

**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 ☐

UNICEF worked with Linha Verde, an Inter-agency complaints and feedback mechanisms established for the response and managed by WFP. Additionally, feedback and reporting boxes were made available at camps and settlement areas where there was active response. An SOP was developed that outlined the referral pathway for both mechanisms. The complaints were therefore addressed through the cluster chairs, issues on Child Protection, Health, Education, WASH and PSEA were directly referred to UNICEF for follow up and response.

**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 ☐

UNICEF has internal mechanism for addressing and responding to allegations of SEA. Additionally UNICEF led the establishment of a PSEA network in Mozambique, where UNICEF is the Cochair and coordinator, reports on SEA through Linha verde and other channels are addressed to the Co-chairs (UNICEF and CARE), who then, review the cases and make the relevant referral to the respective agency. The referral is guided by an agreed Standard Operating Procedures (SOPs) for Recording and Processing Complaints. Cases are followed up regularly by the co-chairs to make sure actions are taken. UNICEF also works very closely with the GBV sub-cluster to facilitate referral and service provision for survivors of SEA.

**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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNICEF did not conduct evaluation of specific projects, however, UNICEF conducted a Real Time Evaluation (RTE) of its response to cyclone IDAI and KENNETH. RTE report is available	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>



## 8.19. Project Report 19-RR-WFP-033 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Mozambique
3. Cluster/Sector:	Emergency Telecommunications - Common Telecommunications	4. Project Code (CERF):	19-RR-WFP-033
5. Project Title:	Provision of ETC Services to support response community		
6.a Original Start Date:	18/03/2019	6.b Original End Date:	17/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 1,900,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 577,984
	c. Amount received from CERF:		US\$ 99,363
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>At the peak of the Cyclone Idai response, the ETC was providing critical communications services to humanitarian in 21 sites, including the Emergency Operations Centre (EOC) in Beira, the SOC in Beira, 17x sites in Beira town, as well as in Buzi, Grudja and Nhamatanda. More than 1,800 humanitarians from 440 organisations registered to access ETC internet connectivity throughout the Cyclone Idai response. Following a series of assessments, the ETC rehabilitated six community radio stations in Beira, Buzi, Dondo, Gorongosa and Nhamatanda, all in Sofala province, enabling around 1.9 million people to tune back in. These achievements were made possible thanks to the CERF contribution, which was complemented by other funding sources. ETC's activities covered the province of Sofala, which was severely affected by Cyclone Idai. ETC's activities covered the province of Sofala, which was severely affected by Cyclone Idai. The immediate response phase lasted for 4 weeks, from 19 March onward (date which an ETC coordinator was deployed). After the 4 initial weeks, the next phase (maintenance and expansion of ETC activities) continued for the next 7 months.</p>

<b>3. Changes and Amendments</b>
N/A

#### 4. People Reached

<b>4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)</b>					
Cluster/Sector	Emergency Telecommunications - Common Telecommunications				
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	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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

<b>4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)</b>					
Cluster/Sector	Emergency Telecommunications - Common Telecommunications				
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	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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:	N/A
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

Not Applicable, ETC services are provided to humanitarian organizations. Therefore, ETC does not report against indirectly targeted individuals.

#### 5. CERF Result Framework

<b>Project Objective</b>	Provision of shared ICT services to the humanitarian community
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<b>Output 1</b>	Shared ICT services in common operational areas for the humanitarian organizations is established			
<b>Sector</b>	Emergency Telecommunications - Common Telecommunications			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of common operational areas covered by common security telecommunications network	1	1	Etcluster.org
Indicator 1.2	# of common operational areas covered by Internet connectivity services	1	1	Etcluster.org
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	ETC will deploy secure telecommunications services	ETC		
Activity 1.2	ETC will deploy Internet connectivity and Wi-Fi access services	ETC		

<b>Output 2</b>	Coordination and information management services is provided			
<b>Sector</b>	Emergency Telecommunications - Common Telecommunications			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Information Management and collaboration platform established and maintained up to date	1	1	ETC
Indicator 2.2	Percentage of users reporting delivery of the service as "satisfactory" and within "satisfactory" timeframe	80%	92%	ETC User Satisfaction Survey
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	ETC will set up a coordination mechanism locally, collect, share and disseminate information to partners and users.	ETC		
Activity 2.2	ETC will monitor user satisfaction for the services established to ensure it can adapt, adjust as required.	ETC		

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
N/A	
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?	
N/A	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
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?	
N/A	
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 type="checkbox"/> No <input type="checkbox"/>
N/A	
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 type="checkbox"/> No <input type="checkbox"/>
N/A	
Any other comments (optional):	
N/A	

<b>7. Cash Transfer Programming</b>					
<b>7.a Did the project include one or more Cash Transfer Programmings (CTP) ?</b>					
<b>Planned</b>			<b>Achieved</b>		
No			No		
<b>7.b Please specify below the parameters of the CTP modality/ies used .</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
<b>CTP Modality</b>	<b>Value of cash (US\$)</b>	<b>a. Objective</b>	<b>b. Cluster/Sector</b>	<b>c. Conditionality</b>	<b>d. Restriction</b>
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): NA					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Evaluation was carried out	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## 8.20. Project Report 19-RR-WFP-034 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Mozambique
3. Cluster/Sector:	Logistics - Common Logistics	4. Project Code (CERF):	19-RR-WFP-034
5. Project Title:	Provision of common logistical services and logistics augmentation in Mozambique		
6.a Original Start Date:	04/04/2019	6.b Original End Date:	03/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 4,982,436
	b. Total funding received for agency's sector response to current emergency:		US\$ 4,982,436
	c. Amount received from CERF:		US\$ 2,660,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>In the direct aftermath of Cyclone Idai and Cyclone Kenneth, air transport was critical, with the storms causing extensive flooding, and impacting logistics infrastructure such as roads and bridges. Based out of Beira airport, the Logistics Cluster coordinated the use of two WFP Mi8 helicopters for the Cyclone Idai response, supporting responding organisations with the transport of cargo to hard-to-reach areas. A C-295 fixed-wing aircraft was also deployed for cargo transport from Maputo to Beira and Chimio, performing up to two rotations per day. Overall, 281 mt/ 1,168 m3 of relief items were delivered on behalf of 16 organisations during the response to Cyclone Idai, reaching 22 destinations in the regions affected by the cyclone. Helicopter operations ceased in mid-May, while the fixed-wing aircraft supported the response until 19 April, assisting in limiting congestion at Maputo airport.</p> <p>Since its activation, the Logistics Cluster operation has been shaped based on the needs identified by the humanitarian community and requests for support. Activities were implemented in the areas of:</p> <ul style="list-style-type: none"> <li>• Coordination and Information Management, to mitigate the duplication of efforts of all actors involved and maximise the use of available resources.</li> <li>• Logistics service provision, to fill the gaps in the limited logistics capacity available for the humanitarian organisations in the immediate aftermath of the cyclones.</li> </ul> <p>In June 2019, partners in Beira and Pemba reported that the logistical gaps created by the passage of cyclone were bridged, and that logistics services, conditions and constraints had reverted to the situation prior to the cyclones' passage. This was mirrored by a general decline in demands for logistics services, due to the local market being operational again and to the reopening of the main roads to access affected population and was operational from the date of its activation on 20 March 2020 until its deactivation in August</p>

2019.

Therefore, the Logistics Cluster reviewed the logistics situation through a Gaps and Needs Analysis with humanitarian organisations in both Beira and Pemba, the results of which showed an overall improvement in the logistics situation: where challenges had been faced in supply and logistics operations in Mozambique, it was due to the passage of the two cyclones. Under normal conditions, the national local market has the capacity to meet humanitarian community's operational logistics requirements, and pertinent Government entities are capable of leading the logistics coordination and information management efforts at national, provincial and district level. Therefore, the Logistics Cluster in Mozambique was deactivated in August 2019.

### 3. Changes and Amendments

N/A

#### 1.a People Reached

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

Cluster/Sector	Logistics - Common Logistics				
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	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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	Logistics - Common Logistics				
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	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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:	N/A
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

N/A

#### 5. CERF Result Framework

<b>Project Objective</b>	Ensure the quick movement of life-saving humanitarian cargo to impacted communities and project implementation sites for the humanitarian community responding to the Cyclone Idai crisis in Mozambique. Facilitate aerial and/or rapid needs assessments for humanitarian actors and programmatic clusters to support informed effective decision-making for operational planning and project design. Support the overall humanitarian logistics response by augmenting logistics capacity through enhanced coordination and information sharing mechanisms.
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<b>Output 1</b>	Life-saving humanitarian cargo is transported to affected areas and project implementation sites quickly and efficiently through the provision of coordinated air transport services and access to critical logistics information. Logistics - Common Logistics			
<b>Sector</b>	Logistics - Common Logistics			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of responding agencies and organisations utilising air transport services.	30	16	Relief Items Tracking Application (RITA)
Indicator 1.2	Percentage of service requests to transport cargo fulfilled (85%)	85%	100%	Relief Items Tracking Application (RITA)
Indicator 1.3	Service users satisfaction rate on Cyclone Idai Logistics Cluster facilitation of air common logistics services	80%	98%	Logistics Cluster Survey – SurveyMonkey
<b>Explanation of output and indicators variance:</b>		In terms of organisations served, 16 out of 30 were reached because the lead organisation of the Shelter and NFI Clusters acted as sender and receiver for all cargo movement requests, acting on behalf of partners to improve coordination. In addition, all transport movement requests were fulfilled, the transport modality of which was chosen based on the operational context, including access constraints. This was also accomplished thanks to the support of the private sector that supported and improved the cargo fluxes in and out of airport, thus allowing for the use of air assets at maximum and optimised capacity. Thanks to the quick and efficient operational set up, services provided met the partners' requirements and expectations, despite the onset nature of the crisis, thus reaching a very high level of satisfaction in the user survey.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Contracting and implementation of aircraft and surface transport	WFP (as Logistics Cluster lead)		



Activity 1.2	Deployment of staff	WFP (as Logistics Cluster lead)
Activity 1.3	Provision of scheduled air and surface transport services	WFP (as Logistics Cluster lead)

<b>Output 2</b>	Strengthened logistics response, through increased coordination, maximising interoperability of actors, and minimising duplication of effort.			
<b>Sector</b>	Logistics - Common Logistics			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of coordination meetings held.	20	33	Meeting Minutes on Logistics Cluster website
Indicator 2.2	Number of organisations attending.	30	59	Meeting Minutes on Logistics Cluster website
<b>Explanation of output and indicators variance:</b>		Coordination meetings were held in Maputo, Beira and Chimoio to meet coordination needs at all levels of the response. Due to the scale of the crisis and of the response, more organisations than anticipated attended the coordination meetings.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Regular Logistics Cluster coordination meetings are held across coordination cells	Logistics Cluster		

<b>6. Accountability to Affected People</b>
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>Although the Logistics Cluster does not reach directly affected populations and individuals, it provides enabling support to humanitarian organisations to implement their programmes through the delivery of life-saving cargo, ensuring it reaches the population in need. In addition, the Logistics Cluster provided coordination and Information Management to support operational decision-making and improve the predictability, timeliness and efficiency of the humanitarian emergency response assisting affected populations in Mozambique.</p>
<p><b>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?</b></p> <p>The response was led by the Instituto Nacional De Gestão de Calamidades (INGC), Mozambique's National Disaster Management Agency. Following Cyclone Idai, the Logistics Cluster set up coordination cells in Maputo, Beira, and Chimoio. From the outset of the operation, the Logistics Cluster held regular meetings across the established coordination cells, providing an information and coordination platform to emergency responders (including INGC, line ministries INGOs and UN agencies) in order to enhance collaboration and partnership, avoid duplication of effort and define a common strategy to implement the Emergency Response Plan. As lead agency of the Logistics Cluster, WFP also advocated for logistics funding, attended OCHA inter-sectoral meetings, and ensured key logistics issues were taken up in at decision making fora.</p>
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>
<p><b>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?</b></p> <p>Through a dedicated webpage, the Logistics Cluster enhanced partners' operational decision-making through the publication of critical information including: Concept of Operations, access constraints maps, coordination meeting minutes, Standard Operating Procedures</p>

and forms to access the common logistics services, situation updates as well as key documents provided by the government and relevant UN agencies such as procedures for customs clearance. Information was also disseminated regularly through a dedicated mailing list for the Idai response.

**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 ☒

Coordination meetings and surveys were conducted not only to provide information on the latest operational and situational updates, as well as the Logistics Cluster services; those for a were also used to monitor the needs of humanitarian organisations and establish logistics gap and response measures. As the Logistics Cluster does not target nor assist affected people directly, mechanisms such as complaint boxes and hotlines were not established.

**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 ☒

Coordination meetings and surveys were conducted not only to provide information on the latest operational and situational updates, as well as the Logistics Cluster services; those for a were also used to monitor the needs of humanitarian organisations and establish logistics gap and response measures. As the Logistics Cluster does not target nor assist affected people directly, mechanisms such as complaint boxes and hotlines were not established.

**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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):  
N/A

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

Evaluation carried out.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## 8.21. Project Report 19-RR-WFP-035 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Mozambique
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-035
5. Project Title:	Provide immediate life-saving Food Assistance to 115,700 people affected by IDAI cyclone and floods		
6.a Original Start Date:	18/03/2019	6.b Original End Date:	17/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 121,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 83,902,132
	c. Amount received from CERF:		US\$ 2,549,841
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 137,482.5
	Government Partners		US\$ 0
	International NGOs		US\$ 137,482.5
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>This CERF contribution enabled WFP to provide life-saving food assistance to 399,960 beneficiaries in areas severely impacted by Cyclone Idai and floods. Thanks to the CERF contribution, a total of 399,960 beneficiaries received immediate lifesaving assistance during the first two months of the intervention in 2019. CERF funding was utilized to purchase a total of 2,119.6 MT of cereals and pulses (1,767.6 MT of pulses and 352 MT of rice) that were distributed to beneficiaries as part of a complete food basket. The food basket consisted of 400 grams of cereals, 67 grams of pulses and 25 grams of fortified vegetable oil, per person, per day, which fulfilled 100% of daily kilocalorie needs. Life-saving food assistance was distributed to people displaced in accommodation centres created by the Government, as well as isolated populations in the affected communities whose habitat was affected by the storm and floods. This was the case in provinces of Sofala (Beira, Nhamatanda, Cheringoma, Chibibava, Dondo, Machanga, Maringue, Marromeu, Muanza, Gorongosa), Manica (Chimoio, Barue, Dombe, Gondola, Guro, Machaze, Macossa, Manica, Macate, Mossurize, Sussundenga, Vanduzi), and Zambézia (Nicoadala, Namacura, Molumbo, Murrumbala, Magaja da Costa, Lugela).</p> <p>Overall, in the provinces of Manica, Sofala and Zambezia, the Food Consumption Score (FCS) improved significantly from May 2019 (baseline) to November 2019 (endline). In Sofala and Manica, the FCS results were better for beneficiary households compared to non-beneficiary households for both FCS and the consumption-based coping strategies index (rCSI). Results from the endline outcome survey highlighted high economic vulnerability to food insecurity across Mozambique's provinces (in November 2019, on average, 54% of WFP-targeted or assisted households spent more than 65% of their total expenditures on food), but the provinces of Sofala and Manica performed better than other provinces, especially households that were beneficiaries. Food assistance appears to have clearly contributed to reducing economic vulnerability to food insecurity. In all provinces, the extent to which both beneficiary and non-</p>

beneficiary households adopted livelihood-based coping strategies improved, which is mostly attributed to the fact that significantly less people are still displaced in the aftermath of Cyclone Idai. 'Borrowing money' and 'borrowing food' emerge as the two main livelihood coping strategies currently used amongst WFP targeted- or assisted households.

With the financial assistance received from CERF, WFP, on behalf of the Humanitarian Cluster Team (HCT), WFP led the establishment of an inter-agency complaints and feedback mechanism (CFM), Linha Verde da Resposta a Emergencia as part of the Cyclone Idai humanitarian response's accountability to affected populations (AAP), later extended to also serve the affected population in Cabo Delgado. Live since 16 May 2019, the inter-agency tollfree hotline is one aspect of a broader multi-platform complaints and feedback mechanism composed of a dedicated email address, a network of complaints boxes and helpdesks established at food distribution sites in addition to linkages with other community-based complaints mechanisms through the protection cluster. The CFM builds on WFP Mozambique's pre-existing mechanism established for FFA and CBT programmes being implemented in Tete and Gaza provinces; leveraged pre-existing relationships with the National Telecommunications Institution and local telecommunications providers (Vodacom, MCEL and Movitel); and has incorporated lessons learned and best practice from WFPs inter-agency hotlines in Iraq and Afghanistan. The tollfree inter-agency hotline is currently accessible between 6am to 9pm, 7 days a week. Around 50% of the operators are women and on any given shift, the operators are able to handle calls in the main 15 languages spoken across the geographical areas affected by the cyclones, insurgency and drought. Linha Verde can be used by the affected population and humanitarian actors to request information or report issues arising from or relating to the humanitarian response. A dynamic tool for accountability to affected populations, 'Linha Verde' serves as an anonymous and confidential channel to report sexual exploitation and abuse, corruption and political violence relating to the humanitarian response in Mozambique. Thanks to CERF funds, the intervention was implemented from March to September 2019.

### 3. Changes and Amendments

WFP and partners particularly faced challenges in terms of conducting targeting exercises and comprehensive verification of beneficiary lists, considering the need to provide life-saving food assistance to a significant number of people in a timely manner. Through the CFM, inclusion errors and abuse of power by some community leaders were detected and addressed. Furthermore, the lack of experience and capacity of some NGO partners to operate at a large-scale in emergencies was observed. Therefore, WFP field staff strongly supported the implementation of activities and operations, to ensure the timely distribution of food.

CERF funds were utilised together with other donor funds, to provide a full food basket to the affected populations. The purchase of 1,562 metric tons (MT) of rice, 208 MT of pulses and 87 MT of fortified vegetable oil was initially foreseen at the proposal submission stage. However, upon the confirmation of funds and based on the food pipeline (availability and future arrivals), adjustments were made in the food commodities and quantities that allowed the maximization of the assistance in the planned locations. Thanks to this CERF contribution, WFP purchased 1,767 MT of pulses and 352 MT of rice.

#### 1.a People Reached

#### 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	21,983	21,983	37,024	34,710	115,700
<b>Total</b>	<b>21,983</b>	<b>21,983</b>	<b>37,024</b>	<b>34,710</b>	<b>115,700</b>
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
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#### 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	30,349	34,622	40,368	41,988	147,327
Other affected persons	60,230	68,708	40,368	83,327	252,633
<b>Total</b>	<b>90,579</b>	<b>103,330</b>	<b>80,736</b>	<b>125,315</b>	<b>399,960</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	12,681	14,466	16,867	17,544	61,558

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:	WFP adjusted the type and quantity of commodities purchased with the CERF contribution, considering the already available food stocks and future arrivals (pipeline). As cereals and fortified vegetable oil were already secured through other funds, WFP prioritized the purchase of pulses (and a less significant quantity of cereals/rice) with the CERF contribution. This allowed WFP to maximize impact and ensure that beneficiaries receive a complete food basket. As the quantity of pulses distributed to households is less than cereals (67 grams of pulses per person per day, against 400 grams of cereals), a significantly higher number of beneficiaries were reached for a longer duration. This mainly explains the overachievement in terms of the number of beneficiaries assisted. IDPs reported are those individuals who were displaced to accommodation centers in the aftermath of Cyclone Idai
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

N/A

#### 5. CERF Result Framework

<b>Project Objective</b>	Provide one month of food assistance to 115,700 people affected by floods in Central Mozambique
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<b>Output 1</b>	Provide immediate life-saving assistance to populations in areas isolated by flooding that cannot be accessed, as well as in accommodation centres			
<b>Sector</b>	Food Security - Food Assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of women who receive immediate lifesaving food assistance	56,693	228,645	Partners distribution reports, WFP field

				monitors' reports and monthly distribution monitoring reports
Indicator 1.2	Number of men who receive immediate lifesaving food assistance	59,007	211,057	Partners distribution reports, WFP field monitors' reports and monthly distribution monitoring reports
Indicator 1.3	Quantity of food distributed by type as % of planned	100% (1,858 MT)	2,119.6	Partners distribution reports, field monitors reports and monthly distribution monitoring reports
<b>Explanation of output and indicators variance:</b>		See above		
Activities	Description	Implemented by		
Activity 1.1	Beneficiaries registration and data management	Accommodation centers: INGC, district authorities in coordination with other humanitarian partners such IOM, WFP and Food Security Cluster partners operating in the affected districts Isolated communities: Local authorities under supervision of INGC. Lists verified and confirmed by WFP staff (field monitors and programme assistants) and NGO implementing partners - Food For The Hungry Association (FFH), World Vision International (WVI), OIKOS Cooperação e Desenvolvimento, Federação Save The Children USA, Joint Aid Management (JAM), Gorongosa Restoration Project, Conselho Cristão De Mozambique CCM, Comité Ecuménico para o Desenvolvimento Económico e Social (CEDES), Agência Adventista De Desenvolvimento e Recursos Assistenciais (ADRA) and Samaritan's Purse International (SPIR).		
Activity 1.2	Procurement and transport of 1,858 metric tons of food commodities and dispatch to distribution sites	WFP Supply Chain Unit		
Activity 1.3	Distribution of food rations to 115,700 people	WFP field monitors and Cooperating Partners- Food For The Hungry Association (FFH), World Vision International (WVI), OIKOS Cooperação e Desenvolvimento, Federação Save The Children USA, Joint Aid Management (JAM), Gorongosa Restoration Project, Conselho Cristão De Mozambique CCM, Comité Ecuménico para o Desenvolvimento Económico e Social (CEDES), Agência Adventista De Desenvolvimento e Recursos Assistenciais (ADRA) and Samaritan's Purse International (SPIR).		

<b>Output 2</b>	A centralized Complaints and Feedback Mechanism (CFM) consisting of complaints boxes and a hotline will be established and operational in affected communities during food and NFI distributions.			
<b>Sector</b>	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Cases of complaints and feedback are registered and addressed on a regular	80% of cases received are addressed and closed	87%	Linha Verde Dashboard

	basis.			
<b>Explanation of output and indicators variance:</b>		The feedback rate has steadily increased. Linha Verde 1,458 works with cluster focal points to develop standard messaging on frequently raised issues as well as providing regular training to operators.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	A tollfree hotline is operational and complaints boxes are accessible in affected communities.	WFP led the establishment of the hotline, and food security partners made suggestion boxes available at distributions although issues raised did not have to exclusively relate to food assistance. Through the Linha Verde, any issues relating to other activities can easily be forwarded to other partners.		
Activity 2.2	Field monitors raise awareness of the mechanism and phone operators and field monitors speaking local languages manage cases received for the duration of the operation ensuring that all cases receive a response and/or are forwarded to the relevant actors.	All humanitarian clusters identified a focal point to work with Linha Verde for information provision and case handling as relevant to their cluster.		

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>Before the start of the intervention, the affected people received information regarding the objective of the assistance, who should receive assistance and how the process of food distributions was planned. They were also encouraged to give ideas and participate in decision-making on distribution arrangements. The beneficiary lists verification was agreed with INGC, involving partners and WFP field staff through tent by tent confirmations (households were accommodated in tents). The verification process was held after agreeing and coordinating with the affected people on how the process should be conducted to identify those who claimed assistance without being from the affected villages as well as duplication of registrations (more than one member of the household registered).</p>	
<p><b>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?</b></p> <p>Beneficiary lists provided by community leaders in accommodation centres and villages were verified in meetings with the communities to ensure that the most affected households and the most vulnerable groups were included with particular attention to women, girls, children, elderly, people with disabilities and chronically ill.</p>	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
<p><b>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?</b></p> <p>As part of standard practice, implementing partners are required to introduce themselves, their organisation and the agencies engaged in the specific assistance. They must also clarify the objectives of the assistance, targeting criteria, duration, entitlements and rights which includes having access to information, being treated with respect and providing feedback on the intervention in question. Visibility materials clarifying food rations, information on complaints and feedback mechanisms were displayed at distribution sites.</p>	
<p><b>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.</b></p> <p style="text-align: right;">Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Thanks to funding received from CERF, DFID and the European Union (ECHO), WFP led the establishment of Linha Verde da Resposta a Emergencia (1458) a tollfree inter-agency hotline aimed at facilitating centralised accountability to affected populations and also serving as a central reporting mechanism for sexual exploitation and abuse (SEA). Established to serve the Cyclone Idai response</p>	

the hotline was rapidly adjusted to also encompass the context in Cabo Delgado, with scope to also handle the drought response in the north and south. Suggestion boxes were made at all distribution sites and implementing partners were obliged to identify AAP focal points and have helpdesks at distributions to help ensure that issues be handled as rapidly as possible. In order to effectively handle issues raised, each WFP Sub-Office had a CFM staff to analyse issues raised, refer cases to partners and conduct field level verifications as required.

**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 ☐

See above – Linha Verde da Resposta a Emergencia 1458 was endorsed by the PSEA taskforce as the main, centralised reporting mechanism for SEA cases.

**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**

Yes, CTP is a component of the CERF project

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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):

At the time of the proposal development, the feasibility of the CTP modality was not yet clear. While, the possibility of using CTP was mentioned in the proposal, it was not budgeted due to the uncertainties. Given the need to rapidly respond to the crisis, WFP proceeded with the purchase of food, in alignment with the budget.

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

Evaluation carried out (Inter-Agency Humanitarian Evaluation).

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐



## 8.22. Project Report 19-RR-WFP-036 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Mozambique
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-RR-WFP-036
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:	02/04/2019	6.b Original End Date:	01/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 4,517,500
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,999,146
	c. Amount received from CERF:		US\$ 290,396
	d. Total CERF funds forwarded to implementing partners of which		US\$ 55,398
	Government Partners		US\$ 55,398
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF contribution, WFP in collaboration with the Provincial Health Directorate (DPS) supported the treatment of moderate acute malnutrition in 17,452 children 6 – 59 months (8,370 boys, 9,082 girls) and 13,384 Pregnant and Lactating Women across Manica, Sofala, Tete and Zambezia provinces of Mozambique from April to September 2019. The programme performance was 84 % cured, exceeding the SPHERE standards of 75%. Furthermore, the capacities of 502 health facility, the District Services for Health, Women, and Social Action (SDSMAS), and DPS staff was strengthened through trainings on Ministry of Health's Nutrition Rehabilitation Programme (PRN) protocol, stock management and monitoring and evaluation. Throughout the intervention period, WFP delivered 225.78 MT of Ready-to-Use Supplementary Foods (RUSF) and 319.80 MT of Super Cereal to 212 health facilities across the four supported provinces.</p>

3. Changes and Amendments
N/A

### 1.a People Reached

#### 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	6,000	1,993	2,159	10,152
<b>Total</b>	<b>0</b>	<b>6,000</b>	<b>1,993</b>	<b>2,159</b>	<b>10,152</b>
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	13,384	8,370	9,082	30,836
<b>Total</b>	<b>0</b>	<b>13,384</b>	<b>8,370</b>	<b>9,082</b>	<b>30,836</b>
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:

Recent data on prevalence of acute malnutrition in the areas affected is not available as of April 2020, therefore, the projection of beneficiaries was made based on previous nutrition assessments and incidence factor for cyclone. The number of people affected by the cyclone was higher than expected, causing an increase of the acute malnutrition caseload.

#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

The treatment of Moderate Acute Malnutrition targets children under 5 years of age and Pregnant and Lactating Women. Therefore, this intervention does not have any indirectly targeted beneficiaries.

5. CERF Result Framework	
<b>Project Objective</b>	To prevent an increase in moderate acute malnutrition, and associated mortality, for the most vulnerable, specifically children under five years and pregnant and lactating women, including those with HIV

<b>Output 1</b>	4,152 children 6 – 59 months and 6,000 pregnant and lactating women, including those with HIV, receive life-saving treatment for moderate acute malnutrition in Manica, Sofala, Tete, and Zambezia provinces			
<b>Sector</b>	Nutrition - Nutrition			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of children admitted to PRN for moderate acute malnutrition	4,152	17,452	Nutrition Rehabilitation Programme (PRN) registers
Indicator 1.2	Number of children/PLW discharged cured from PRN for moderate acute malnutrition	>75% (Sphere standards)	84%	PRN registers
Indicator 1.3	Number of PLW admitted to PRN for acute malnutrition	6,000	13,384	PRN registers
<b>Explanation of output and indicators variance:</b>		The number of people affected by the cyclone was higher than expected, causing an increase of the acute malnutrition caseload. Therefore, a higher (number of children and PLW received nutritional support for the treatment of Moderate Acute Malnutrition (indicators 1.1 and 1.3))		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of ready-to-use supplementary food (RUSF)/fortified-blended-food (CSB) and dispatch to health facilities	WFP		
Activity 1.2	Training on PRN protocol and stock management	WFP/ Provincial Health Directorate (DPS)		
Activity 1.3	Active case finding of children 6-59 months and PLW 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 and CSB	WFP/DPS/SDSMAS		

6. Accountability to Affected People
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>The Nutrition Rehabilitation Programme (PRN) is a Governmental programme and standardized throughout the country. Therefore, there is not much room for the involvement of the affected populations in the programme design. With regard to the implementation, the provincial and district health authorities and health facility staff, who have been affected by Cyclone Idai themselves, were played a crucial and central role in the implementation of the PRN.</p>
<p><b>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?</b></p> <p>Community health activist who are members of the affected communities are engaged on sensitization and screening for acute malnutrition at the community level.</p>

<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>
<p><b>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?</b></p> <p>WFP provides support directly to Provincial and District Health authorities and health facilities. WFP embeds one Field Monitoring Assistant in each district who manages the relationship with the district health authorities and health facility staff. If outreach is conducted at the community level, then the Field Monitoring Assistant conducts this jointly with health facility or district health authority staff. Prior to programme implementation, staff from all levels (provincial, district and health facility) participate in a training with WFP staff on PRN protocols, stock management and M&amp;E. This training also clarifies the roles and responsibilities of each entity in the delivery of PRN.</p>
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>On behalf of the humanitarian community, WFP has established CFM and hotline (<i>Linha Verde</i>) which can be used by beneficiaries to voice their concerns, complaints and provide feedback. The CFM serve all WFP programmes. Particularly for nutrition, no complaints were reported during the intervention period.</p>
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>The M&amp;E reporting toolkit included a Post Distribution Monitoring (PDM) to understand from the beneficiaries if they were satisfied with the programme and to inquire if they were exposed to Sexual Exploitation and Abuse (SEA) situations.</p>
<p><b>Any other comments (optional):</b> N/A</p>

<b>7. Cash Transfer Programming</b>					
<b>7.a Did the project include one or more Cash Transfer Programmings (CTP)?</b>					
<b>Planned</b>		<b>Achieved</b>			
No		No			
<b>7.b Please specify below the parameters of the CTP modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
<b>CTP Modality</b>	<b>Value of cash (US\$)</b>	<b>a. Objective</b>	<b>b. Cluster/Sector</b>	<b>c. Conditionality</b>	<b>d. Restriction</b>
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
Evaluation carried out	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## 8.23. Project Report 19-RR-WFP-045 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Mozambique
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-045
5. Project Title:	Provide Immediate Life-saving Food Assistance to Populations Affected by Tropical Cyclone Kenneth		
6.a Original Start Date:	07/05/2019	6.b Original End Date:	06/11/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 121,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 83,902,132
	c. Amount received from CERF:		US\$ 2,217,883
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Thanks to the CERF contribution, WFP provided critical life-saving food assistance to 248,757 cyclone-affected people for a duration of 2 months in Cabo Delgado and Nampula provinces which were both affected by Cyclone Kenneth. The assisted geographical areas included Montepuez, Ancuabe, Chiure, Meluco, Mueda, Muidumbe, Nangade, Ibo, Macomia, Mecufi, Metuge, Mocimboa da Praia, Pemba city and Quissanga districts in Cabo Delgado province and Memba and Erati districts in Nampula province. Food assistance played a critical role in avoiding the further deterioration of the food security and nutritional situation of cyclone-affected communities. The CERF supported intervention started in May and ended in November 2019.</p> <p>In terms of the food security outcomes of the humanitarian food assistance, in Cabo Delgado, Food Consumption Scores (FCS) were found significantly better for beneficiaries than non-beneficiaries in May 2019 (baseline), but this was likely explained by the fact that food assistance was already on-going at the time of data collection. In November 2019 (endline), the outcome survey showed that the FCS for both beneficiaries and non-beneficiaries significantly improved and that there was no longer a significant difference between beneficiaries and non-beneficiaries. In one aspect, this showed that WFP was successful in targeting the right people to receive assistance instead of those who seem to have been able to recover on their own terms. However, in another respect, this trend puts into question if food assistance was really effective as there was no significant difference in the FCS levels for beneficiaries compared to non-beneficiaries. The same dynamics were found for the consumption-based coping strategies index (rCSI). Upon further investigation, vulnerability to food insecurity (approximated as per the results of the livelihood-based coping strategies index, ICSI) was</p>

found to be worse for beneficiaries compared to non-beneficiaries, which likely indicates that the FCS- and rCSI levels for beneficiaries would in fact have been worse than those of non-beneficiaries had assistance not been provided. In addition, as seen for the central provinces of Manica and Sofala, food assistance in Cabo Delgado has been found to be highly effective in reducing economic vulnerability to food insecurity by reducing the food expenditure share to less extreme levels, enabling households to have more money left for expenditures on areas such as education or health. Similar to Manica and Sofala, the ICSI improved, on average, a lot for both beneficiaries and non-beneficiaries, which is mostly attributed to the fact that significantly less people are still displaced in the aftermath of Cyclone Kenneth. However, a significantly higher number of beneficiaries still remain replaced in Cabo Delgado as compared to Sofala and Manica, and this is likely the result of ongoing conflict in the province of Cabo Delgado.

### 3. Changes and Amendments

## 2. People Reached

#### 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	20,497	23,283	27,263	28,457	99,500
<b>Total</b>	<b>20,497</b>	<b>23,283</b>	<b>27,263</b>	<b>28,457</b>	<b>99,500</b>
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	51,244	58,458	68,159	70,896	248,757
<b>Total</b>	<b>51,244</b>	<b>58,458</b>	<b>68,159</b>	<b>70,896</b>	<b>248,757</b>
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	3,075	3,507	4,090	4,254	14,926

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 the quantity of pulses distributed to households is less than cereals (67 grams of pulses per person per day, against 400 grams of cereals), a significantly higher number of beneficiaries were reached for a longer duration. This mainly explains the overachievement in terms of the number of beneficiaries assisted. Furthermore, the duration of assistance also covered two months, as compared to 1 month planned initially. The choice of commodity (pulses in this case) is made taking into account available stocks and arrivals. This ensures that optimal use of available resources is made.
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

N/A

#### 5. CERF Result Framework

<b>Project Objective</b>	Provide one month of food assistance to 99,500 people affected by floods in Northern Mozambique
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<b>Output 1</b>	Provide immediate life-saving food assistance to populations affected by cyclone Kenneth in isolated areas, as well as to displaced populations in accommodation centres			
<b>Sector</b>	Food Security - Food Assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of women who receive immediate lifesaving food assistance	51,740	129,354	Cooperating partners reports (SEPPA, Caritas, OIKOS) and WFP field monitors' distribution monitoring reports
Indicator 1.2	Number of men who receive immediate lifesaving food assistance	47,760	119,403	Cooperating partners reports (SEPPA, Caritas, OIKOS) and WFP field monitors' distribution monitoring reports
Indicator 1.3	Quantity of food distributed by type as % of planned	100% (1,594 mt)	1,376	Cooperating partners reports (SEPPA, Caritas, OIKOS) and WFP field monitors distribution monitoring reports
<b>Explanation of output and indicators variance:</b>		WFP was able to reach 248,757 beneficiaries, adjustments were made in the tonnages planned to be purchased considering the already available food stocks. This ensured the optimal use of resources thanks to which beneficiaries received a complete food basket. A complete food basket is composed of cereals, pulses and fortified vegetable oil. To ensure that beneficiaries receive a complete food basket to meet essential food needs, WFP combines commodities purchased with various donor contributions. Given the high level of needs, often one contribution is insufficient to provide food assistance at a large scale. The pulses purchased with CERF funds, were complemented with cereals and vegetable oil, purchased with other donor funding.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 1.1	Beneficiaries registration and data management	INGC with local authorities' involvement, lists verified by WFP cooperating partners and WFP field monitors
Activity 1.2	Procurement and transport of 1,594 metric tons of food commodities and dispatch to distribution sites	WFP supply chain unit
Activity 1.3	Distribution of food rations to 99,500 people	WFP field monitors (beginning of emergency to inaccessible locations and air operations) Cooperating Partners – Sociedade Económica de Produtores e Processadores Agrários (SEPPA), Caritas Diocesana de Pemba, Conselho Cristão de Moçambique (CCM) and OIKOS

## 7. 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?

In the beginning, WFP and its Cooperating Partners utilized lists provided by INGC and local authorities and conducted verification exercises. Life-saving assistance was also planned to cover the entire affected population in some isolated villages or administrative posts (blanket distributions). In May 2019, the hotline Linha Verde da Resposta à Emergência 1,458 was created, in addition to complaint boxes and help desks, which were made available to enable the affected communities to voice potential concerns, suggestions and complaints. Since the establishment of Linha Verde and its extension to Cabo Delgado, WFP and partners have been receiving feedback from the communities, including to report fraud and corruption. This feedback allowed for WFP and partners' intervention to address the reported cases, by conducting dialogues, bilateral meetings with district governments and referral of some of the cases to the authorities. Additionally, food distribution committees were created at several distribution points. Committee members are part of the affected population, and support WFP in transmitting key messages on the rights of beneficiaries, conduct food distributions and identify beneficiaries among others.

#### 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?

Several mechanisms were used to involve the communities, including women, girl and marginalised group in the response. Firstly, WFP works in close collaboration with the Government at all levels. The Government, in turn, works with community leaders, who have a strong influence among the affected populations. Furthermore, complaint and feedback mechanisms, in particular the Linha Verde da Resposta à Emergência 1,458, complaint and suggestion boxes, help desks and community food distribution committees, were all used to engage local communities. It was observed that the hotline was one of the most important mechanisms, as many beneficiaries were able to voice their concerns and complaints in their local language, in a confidential way. However, due to the high level of insecurity in the province, it was noted that people do not always feel safe to voice their complaints, as they think that they may lose their rights. To mitigate this trend, focus group discussions were held, and helpdesks established at distribution points, through which people could expose their concerns.

The feedback received from beneficiaries was noted and informed decision making. WFP also oriented partners, when establishing community food distribution committees, to ensure that they include the vulnerable people and women in the leadership.

### 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?

WFP transmitted its values and relevant information to the population through local governments and leaders in the first place. It also broadcast through community food distribution committees, which are also affected people. Additionally, as a standard procedure, WFP instructed its partners to hold lecture sessions that precede food distributions. In these lectures, relevant information about beneficiaries' rights, key messages on the Zero Tolerance Policy of the United Nations Secretary-General's bulletin for PSEA, complaints and feedback mechanisms among others are transmitted. On some occasions, it was possible to establish partnerships with some



community radio stations belonging to the Institute of Social Communication of Mozambique, which released the Linha Verde da Resposta a Emergência, which helped more people to know about the mechanism and could use it to have information about the Programme.

**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 ☐

A complaint and feedback mechanisms was established, mainly consisting of a hotline – Linha Verde da Resposta a Emergência, as well as complaint boxes and helpdesks accessible at food distribution points. To resolve the complaints, a dedicated staff with protection background was recruited in Cabo Delgado with the responsibility of receiving and forwarding the cases raised through CFM mechanisms to the relevant partners. In some situations, it was necessary for WFP verify the cases through in the field, have bilateral discussions with the parties involved, including with district administrators, to resolve serious cases (suspected fraud and corruption).

**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 ☐

Linha Verde da Resposta a Emergência, as an inter-agency mechanism led by WFP has been identified by the PSEA Network and endorsed by the HCT as the official PSEA reporting mechanism. In addition, the CFM implemented as part of the intervention also provides alternative channels for reporting. All WFP field staff, and partners have been directly trained by WFP on the Zero Tolerance Policy and how to report any suspected or confirmed cases. Given cultural sensitivities, WFP has not received any PSEA or GBV cases. However, it appears that many of these cases have been reported to other gender focused agencies/organizations working on the ground, through direct and targeted consultations with the communities which were concerned by GBV issues.

**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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Supplementary information (optional):

N/A

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

No evaluation planned	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.24. Project Report 19-RR-WFP-046 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Mozambique
3. Cluster/Sector:	Emergency Telecommunications - Common Telecommunications	4. Project Code (CERF):	19-RR-WFP-046
5. Project Title:	Provision of ETC Services to Support Response Community		
6.a Original Start Date:	25/04/2019	6.b Original End Date:	24/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 1,900,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 577,984
	c. Amount received from CERF:		US\$ 249,114
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>The Emergency Telecommunications Cluster (ETC) deployed to Cabo Delgado to support the emergency response and provide the humanitarian community with coordination, information management and share ICT services enabling a secure and efficient humanitarian response. The ETC worked closely with its partners and local actors to provide the most reliable, secure and efficient solution to all humanitarian operating in the affected areas.</p> <p>With CERF funds, the ETC established coordination and shared data connectivity services for one month in one common operational location [Pemba]. CERF funds were critical to support the initial response with vital communications services to life-saving ongoing operations in Mozambique following the Cyclone Kenneth impact.</p> <p>Throughout the ETC's response to Cyclone Kenneth, more than 346 humanitarian responders from 61 organisations registered to access ETC connectivity services across Pemba, Ibo island and Macomia. The ETC team established a Security Operations Centre (SOC) in Macomia to ensure the safety and security of humanitarian responders. The ETC was deployed after Cyclone Kenneth made landfall in Cabo Delgado in April 2019 and services gradually deactivated in July 2019.</p>

<b>3. Changes and Amendments</b>
N/A

#### 4. People Reached

<b>4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)</b>					
<b>Cluster/Sector</b>	Emergency Telecommunications - Common Telecommunications				
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
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	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Planned</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

<b>4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)</b>					
<b>Cluster/Sector</b>	Emergency Telecommunications - Common Telecommunications				
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
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	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
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:	N/A
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

N/A

#### 5. CERF Result Framework

<b>Project Objective</b>	Provision of shared ICT services to the humanitarian community
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<b>Output 1</b>	Shared ICT services in common operational areas for the humanitarian organizations is established			
<b>Sector</b>	Emergency Telecommunications - Common Telecommunications			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	# of common operational areas covered by common security telecommunications network (if requested by SMT possibly Macomia)	1	1	Etcluster.org
Indicator 1.2	# of common operational areas covered by Internet connectivity services (Pemba)	1	2	Etcluster.org
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	ETC will deploy secure telecommunications services	ETC		
Activity 1.2	ETC will deploy Internet connectivity and Wi-Fi access services	ETC		
Activity 1.3	ETC will procure and install in Pemba, Macomia, Ibo and Mucojo or Quisanga various ICT equipment, including security communications, mobile satellite and electricity items where needed	ETC		

<b>Output 2</b>	Coordination and information management services are provided			
<b>Sector</b>	Emergency Telecommunications - Common Telecommunications			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	# Information Management and collaboration platform established and maintained up-to-date	1	1	ETC
Indicator 2.2	Percentage of users reporting delivery of the service as "satisfactory" and within "satisfactory" timeframe	80	92%	ETC User Satisfaction Survey
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	ETC will set up a coordination mechanism locally, collect, share and disseminate information to partners and users.	ETC		
Activity 2.2	ETC will monitor user satisfaction for the services established to ensure it can adapt, adjust as required.	ETC		

Activity 2.3	Monitor the services provided	ETC
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<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?	
N/A	
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?	
N/A	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
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?	
N/A	
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 type="checkbox"/> No <input type="checkbox"/>
N/A	
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 type="checkbox"/> No <input type="checkbox"/>
N/A	
Any other comments (optional):	
N/A	

<b>7. Cash Transfer Programming</b>					
<b>7.a Did the project include one or more Cash Transfer Programmings (CTP)?</b>					
<b>Planned</b>			<b>Achieved</b>		
No			No		
<b>7.b Please specify below the parameters of the CTP modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs).					
<b>CTP Modality</b>	<b>Value of cash (US\$)</b>	<b>a. Objective</b>	<b>b. Cluster/Sector</b>	<b>c. Conditionality</b>	<b>d. Restriction</b>
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
No evaluation planned	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.25. Project Report 19-RR-WFP-047 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Mozambique
3. Cluster/Sector:	Logistics - Common Logistics	4. Project Code (CERF):	19-RR-WFP-047
5. Project Title:	Provision of Logistics Cluster Common Services in Support of the Humanitarian Community Responding to Cyclone Kenneth in Mozambique		
6.a Original Start Date:	26/04/2019	6.b Original End Date:	25/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 3,737,476
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,737,476
	c. Amount received from CERF:		US\$ 1,486,034
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>In the direct aftermath of Cyclone Idai and Cyclone Kenneth, air transport was critical, with the storms causing extensive flooding, and impacting logistics infrastructure such as roads and bridges. At the beginning of May, two WFP Mi8 helicopters were deployed to Pemba in support of the Kenneth response, one of which was allocated specifically for the Logistics Cluster operation. By mid-May, due to a decrease in activities only one helicopter was maintained in Pemba, which remained until the beginning of July. In addition, WFP Aviation deployed a Caravan fixed-wing aircraft on 20 May for two weeks to support humanitarian organisations with access to the islands of Ibo and Matemo. Overall, 333 mt/621 m3 of relief items were delivered by air on behalf of 11 organisations during the response to Cyclone Kenneth, reaching 11 destinations in the regions affected by the cyclone.</p> <p>The Logistics Cluster also put in place a set of surface transport services, which allowed humanitarian actors to quickly adapt to the evolution of physical access constraints. As water levels fell and road conditions improved, the Logistics Cluster coordinated humanitarian cargo dispatches to support the distribution of relief items to affected areas. Overall, 347 mt/ 1,574 m3 was transported on behalf of 5 organisations to 5 destinations by road. In addition, in Pemba the Logistics Cluster facilitated access for the humanitarian community to a WFP-contracted barge, moving 7 mt of NFIs to Mucojo in June 2019 on behalf Care International.</p> <p>In total, the Logistics Cluster facilitated the movement of 687 mt / 2,216 m3 through air, road and sea transport to 14 destinations on behalf of 11 organisations. The Logistics Cluster was deployed to Cabo Delgado province in the aftermath of Cyclone Kenneth and deactivated in August 2019.</p>

### 3. Changes and Amendments

Since its activation, the Logistics Cluster operation has been shaped based on the needs identified by the humanitarian community and requests for support. Activities were implemented in the areas of:

- Coordination and Information Management, to mitigate the duplication of efforts of all actors involved and maximise the use of available resources.
- Logistics service provision, to fill the gaps in the limited logistics capacity available for the humanitarian organisations in the immediate aftermath of the cyclones.

In June 2019, partners in Beira and Pemba reported that the logistical gaps created by the passage of cyclone were bridged, and that logistics services, conditions and constraints had reverted to the situation prior to the cyclones' passage. This was mirrored by a general decline in demands for logistics services, due to the local market being operational again and to the reopening of the main roads to access affected population.

Therefore, the Logistics Cluster reviewed the logistics situation through a Gaps and Needs Analysis with humanitarian organisations in both Beira and Pemba, the results of which showed an overall improvement in the logistics situation: where challenges had been faced in supply and logistics operations in Mozambique, it was due to the passage of the two cyclones. Under normal conditions, the national local market has the capacity to meet humanitarian community's operational logistics requirements, and pertinent Government entities are capable of leading the logistics coordination and information management efforts at national, provincial and district level. Therefore, the Logistics Cluster in Mozambique was deactivated in August 2019.

### 4. People Reached

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

Cluster/Sector	Logistics - Common Logistics				
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	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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	Logistics - Common Logistics				
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	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Reached</b>	<b>Men (≥18)</b>	<b>Women (≥18)</b>	<b>Boys (&lt;18)</b>	<b>Girls (&lt;18)</b>	<b>Total</b>
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:	N/A
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#### 4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT

Although the Logistics Cluster does not target nor reach directly affected populations and individuals, it provides enabling support to humanitarian organisations to implement their programmes through the delivery of life-saving cargo. Through this contribution, the Logistics Cluster facilitated the transport of humanitarian cargo on behalf of 11 organisations providing crucial assistance to the population in Mozambique affected by the cyclone Kenneth. Of these, all of them used air transport services, while five organisations used road transport services and one organisation used sea transport services. The cargo included relief items belonging to the following sectors: Education, Food Security, General Operations, Health, Logistics, Protection, Shelter, Telecommunications and WASH. In addition, 33 organisations attended coordination meetings in Pemba. In total, 53 organisations were reached by the Logistics Cluster, either through coordination, information management or common logistics services.

#### 5. CERF Result Framework

<b>Project Objective</b>	<p><b>OB 1:</b> To ensure the rapid movement of life-saving humanitarian cargo to impacted communities and project implementation sites for the humanitarian community responding to the Cyclone Kenneth crisis in Mozambique.</p> <p><b>OB 2:</b> To facilitate aerial and/or rapid needs assessments to support informed and effective decision-making for operational planning and project design by humanitarian actors.</p> <p><b>OB 3:</b> To support the overall humanitarian logistics response by augmenting logistics capacity through enhanced coordination and information sharing mechanisms.</p>
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<b>Output 1</b>	Life-saving humanitarian cargo is transported to affected areas and project implementation sites quickly and efficiently through the provision of coordinated air transport services and access to critical logistics information			
<b>Sector</b>	Logistics - Common Logistics			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of responding agencies and organisations utilising air transport services.	20	11	Relief Items Tracking Application (RITA)
Indicator 1.2	Percentage of service requests to transport cargo fulfilled.	85%	100%	Relief Items Tracking Application (RITA)
Indicator 1.3	Service user satisfaction rate on Cyclone Kenneth Logistics Cluster facilitation of air common logistics services	80%	97%	Logistics Cluster Survey - SurveyMonkey

<b>Explanation of output and indicators variance:</b>		<p>In terms of organisations served, 11 out of 20 were reached because the lead organisation of the Shelter and NFI Clusters acted as sender and receiver for all cargo movement requests, acting on behalf of partners to improve coordination. In addition, all transport movement requests were fulfilled, the transport modality of which was chosen based on the operational context, including access constraints.</p> <p>Services provided met the partners' requirements and expectations, despite the nature of the onset of the crisis, thus reaching a very high level of satisfaction. This was also possible thanks to the fact that the Logistics Cluster was already present and operational in country for the Idai response, which allowed the Cluster to have significant knowledge of the country and to set up the operation quickly.</p>
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 1.1	Contracting and implementation of helicopters and surface transport	WFP (as Logistics Cluster lead)
Activity 1.2	Deployment of staff	WFP (as Logistics Cluster lead)
Activity 1.3	Provision of scheduled air and surface transport services	WFP (as Logistics Cluster lead)

<b>Output 2</b>	Strengthened logistics response, through increased coordination, maximising interoperability of actors, and minimising duplication of effort			
<b>Sector</b>	Logistics - Common Logistics			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Number of coordination meetings held.	10	15	Meeting minutes on Logistics Cluster website
Indicator 2.2	Number of organisations attending.	30	33	Meeting minutes on Logistics Cluster website
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Regular Logistics Cluster coordination meetings are held across coordination cells	Logistics Cluster		

<b>6. Accountability to Affected People</b>
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>Although the Logistics Cluster does not reach directly affected populations and individuals, it provides enabling support to humanitarian organisations to implement their programmes through the delivery of life-saving cargo, ensuring it reaches the population in need. In addition, the Logistics Cluster provided coordination and Information Management to support operational decision-making and improve the predictability, timeliness and efficiency of the humanitarian emergency response assisting affected populations in Mozambique.</p> <p><b>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?</b></p>

The response was led by the Instituto Nacional De Gestão de Calamidades (INGC), Mozambique's National Disaster Management Agency. Following Cyclone Kenneth, a coordination cell was established in Pemba, in addition to those previously established for the Cyclone Idai response. From the outset of the operation, the Logistics Cluster held regular meetings across the established coordination cells, providing an information and coordination platform to emergency responders (including INGC, line ministries INGOs and UN agencies) in order to enhance collaboration and partnership, avoid duplication of effort and define a common strategy to implement the Emergency Response Plan. As lead agency of the Logistics Cluster, WFP also advocated for logistics funding, attended OCHA inter-sectoral meetings, and ensured key logistics issues were taken up in at decision making fora.

## 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?**

Through a dedicated webpage, the Logistics Cluster enhanced partners' operational decision-making through the publication of critical information including: Concept of Operations, access constraints maps, coordination meeting minutes, Standard Operating Procedures and forms to access the common logistics services, situation updates as well as key documents provided by the government and relevant UN agencies such as procedures for customs clearance. Information was also disseminated regularly through a dedicated mailing list for the Kenneth response.

**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 ☒

Coordination meetings and surveys were conducted not only to provide information on the latest operational and situational updates, as well as the Logistics Cluster services; those for a were also used to monitor the needs of humanitarian organisations and establish logistics gap and response measures.

As the Logistics Cluster does not target nor assist affected people directly, mechanisms such as complaint boxes and hotlines were not established.

**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 ☒

Coordination meetings and surveys were conducted not only to provide information on the latest operational and situational updates, as well as the Logistics Cluster services; those for a were also used to monitor the needs of humanitarian organisations and establish logistics gap and response measures.

As the Logistics Cluster does not target nor assist affected people directly, mechanisms for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints were not established.

**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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

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

## 8.26. Project Report 19-RR-WHO-031 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Mozambique
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-031
5. Project Title:	Provision of primary health care services including the prevention, detection and response to infectious disease outbreaks in provinces affected by the Tropical Cyclone Idai in Mozambique		
6.a Original Start Date:	20/03/2019	6.b Original End Date:	19/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 8,800,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 4,396,396
	c. Amount received from CERF:		US\$ 318,076
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>With CERF funding, WHO supported the deployment of 15 national medical personal, who arrived on scene within days of Cyclone Idai landfall to manage trauma cases. Procured 1 trauma kit A &amp; B and a total of 1,423 of different degree trauma cases were treated and benefited from the services. WHO supported the MoH to strengthen disease surveillance by implementing Early Warning Alert and Response System (EWARS). 20 Outbreak investigation teams from 9 districts were trained and supported outbreak investigations and verification of rumours. Recruited 1 staff member to provide technical support for implementation and monitoring of EWARS. Supported the recruitment of a Public Health Officer for 3 months and supported disease surveillance and response and monitoring of the response. Under this proposal, different cholera kits (Cholera Treatment Centre Kit=5, Cholera hardware kit=4, Peripheral cholera kit=18, Community cholera treatment center kit=40, Cholera investigation kit=15) were procured and distributed to facilitate setting up CTC/CTU and ORP to strengthen cholera outbreak response and supported the treatment of 6,768 cases of cholera either a CTC, CTU or at an ORP, the case fatality rate (CFR) was low; 8 deaths were reported corresponding to &lt;1% CFR.</p>

3. Changes and Amendments
N/A

## 1.a People Reached

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
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	104,000	104,000	96,000	96,000	400,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>104,000</b>	<b>104,000</b>	<b>96,000</b>	<b>96,000</b>	<b>400,000</b>
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	Health - Health				
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	104,000	104,000	96,000	96,000	400,000
Other affected persons	0	0	0	0	0
<b>Total</b>	<b>104,000</b>	<b>104,000</b>	<b>96,000</b>	<b>96,000</b>	<b>400,000</b>
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:	N/A
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
Disease surveillance was strengthened in all health facilities of the whole districts and besides the IDP, the host communities of the affected districts has benefited from cholera diseases outbreak expanding and benefited from the advocacy and communication and community engagement efforts on the prevention and control of cholera.

5. CERF Result Framework	
<b>Project Objective</b>	Support to injury and trauma and prevent, detect and respond to infectious disease outbreaks of cholera, diarrhoea and dysentery for Tropical Cyclone IDAI and flood affected population in Mozambique.

<b>Output 1</b>	Support trauma, injury care			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of trauma cases supported and treated	1,000	1,423	Emergency Medical Team reports
Indicator 1.2	Proportion of at-risk population benefited from psychological trauma care	>90%	48%	Health workers trained to provide psychosocial support
Indicator 1.3	Number of persons receiving primary health care	145,000	120,000	Part of the PHC DPS reports
<b>Explanation of output and indicators variance:</b>		1,423 trauma cases were treated and surveillance system for early detection and responding of cholera cases strengthened over an initially estimation of 1,000 cases.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement and distribution of 1 trauma kit	WHO and MISAU		
Activity 1.2	Deployment of health workers to support PHC and emergency trauma care medical teams from non-affected provinces	WHO and MISAU		

<b>Output 2</b>	Support the prevention, detection, confirmation disease outbreaks and initiation of timely response to diarrheal/cholera and dysentery disease outbreaks			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 2.1	Proportion of population in high risk for cholera received preventive/responsive cholera vaccination	>80%	90%	Oral Cholera Vaccine (OCV) Campaign report
Indicator 2.2	Proportion of health workers and community members trained on disease surveillance	>90%	90%	Surveillance training reports
Indicator 2.3	Proportion of rumours, alerts and potential outbreaks verified and investigated within 48 hours	90%	>95%	Weekly cholera epidemiological report
Indicator 2.4	Proportion of confirmed outbreaks timely responded to and properly managed	100%	100%	Weekly cholera epidemiological report
<b>Explanation of output and indicators variance:</b>		6,768 cases of cholera were reported and treated in either a Cholera treatment Center (CTC), Cholera treatment Unit (CTU) or at an Oral Rehydration Point (ORP), more than 800,000 population were vaccinated for OCV, reported alerts and rumours were verified and investigated and 6,768 cases of cholera either a CTC, CTU or at an ORP		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 2.1	Provide a training on disease surveillance (detection, reporting, responding) to health workers and community members	WHO in collaboration of Provincial Health Officials, INS, Save the Children and Unicef supported this work
Activity 2.2	Provide training district level multi-disciplinary rapid response teams members	WHO in collaboration of Provincial Health Officials and INS
Activity 2.3	Procurement and distribution of Cholera kits (40 community kit, 18 peripheral, and 5 centrals, 4 CTC structure)	WHO and MOH
Activity 2.4	Monitor disease surveillance	WHO provincial health and National Public Health Institute (INS)
Activity 2.5	Monitor proper cholera, dysentery and other diarrheal case management	WHO, provincial health and National Public Health Institute (INS)

<b>6. Accountability to Affected People</b>	
<b>6.a IASC AAP Commitment 2 – Participation and Partnership</b>	
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>During the planning and implementation period, considerations were taken to address at risk and the vulnerable (IDPS, mothers and children. Health Facility staff and the Mobile Health Brigades serving the vulnerable groups acted as their representatives during the design implementation and monitoring.</p>	
<p><b>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?</b></p> <p>Provincial, districts and sub district localities and religious leader were involved in the planning and implementation of the response especially for the cholera outbreak response and OCV campaign.</p>	
<b>6.b IASC AAP Commitment 3 – Information, Feedback and Action</b>	
<p><b>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?</b></p> <p>WHO has been supporting the provinces and MOH prior to the cyclone for many years in different emergencies and PHC programmes. Broader information on the activities under the project and implementation modalities were also shared with beneficiary communities through health facility staff and mobile health brigades.</p>	
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Mechanism were in place for capturing these through ICCM and Linha Verde how ever there was no major issues captured and there were few complaints in terms of service provision to the community and feedback was given to the respective health service provider.</p>	
<p><b>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.</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Protection entails activities that secure the rights of the individual in accordance with relevant bodies of international law. WHO continued to advocate and worked with partners on the prevention of sexual exploitation and abuse, including specialized training on PSEA was given for all staff and having a zero tolerance policy to any form exploitations and abuse. It also means advocating for the protection of populations, health workers and health facilities.</p>	
<b>Any other comments (optional):</b>	



N/A
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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 <b>value of cash</b> 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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
Supplementary information (optional): N/A					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
WHO has done an overall operational review for the whole response not tailored to the CERF	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.27. Project Report 19-RR-WHO-037 - WHO

1. Project Information			
1. Agency:	WHO	2. Country:	Mozambique
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-WHO-037
5. Project Title:	Scale Up the Capacity to Respond to Infectious Disease Outbreaks of Cholera and Acute Watery Diarrhea for Tropical Cyclone Kenneth Affected Populations in Mozambique		
6.a Original Start Date:	06/05/2019	6.b Original End Date:	05/11/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	
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\$ 5,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,238,373
	c. Amount received from CERF:		US\$ 408,373
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>With financial support provided through CERF, WHO procured essential medical supplies and supported the MoH to rapidly contain and control the cholera outbreaks in 3 districts, Pemba, Mecufi and Metuge. WHO facilitated the printing of essential technical guidelines and treatment algorithms to facilitate correct case management of cholera cases (Cholera Case Management Guidelines=100, Cholera Case Definitions=200, Cholera Case Management Algorithms= 200). Procured different cholera kits (Centre Cholera Kit=6, Cholera hardware kit=4, Peripheral cholera kit=18, Community cholera treatment center kit= 80, Cholera investigation kit = 10, 2 emergency Health Kits [IAHEK]). Between May and September, a total of 284 cases of cholera were reported and treated in either a CTC, CTU or at an ORP, the reported case fatality rate (CFR) was zero (no deaths). 55 Health Personnel trained on Cholera case management, IPC and on RRT for five days.</p>

3. Changes and Amendments
N/A

#### 4. People Reached

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees					
Returnees	0	0	0	0	0
Internally displaced persons	5,291	5,291	4,884	8,547	24,013
Other affected persons	59,019	59,019	54,479	95,339	267,856
<b>Total</b>	<b>64,310</b>	<b>64,310</b>	<b>59,363</b>	<b>103,886</b>	<b>291,869</b>
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	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees					
Returnees	0	0	0	0	0
Internally displaced persons	5,291	5,291	4,884	8,547	24,013
Other affected persons	59,019	59,019	54,479	90,339	262,856
<b>Total</b>	<b>64,310</b>	<b>64,310</b>	<b>59,363</b>	<b>98,886</b>	<b>286,869</b>
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:	N/A
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4.c PERSONS INDIRECTLY TARGETED BY THE PROJECT
N/A

5. CERF Result Framework	
<b>Project Objective</b>	Contain and control infectious disease outbreaks of cholera and other diarrhoea diseases in the flood-affected populations in Mozambique.

<b>Output 1</b>	Scale up the prevention, detection, confirmation disease outbreaks and initiation of timely response to diarrheal/cholera and dysentery disease outbreaks Health - Health			
<b>Sector</b>	Health - Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of Verification</b>
Indicator 1.1	Number of health workers trained on cholera case management and infection prevention	48	55	Training report
Indicator 1.2	Proportion of rumours, alerts and potential outbreaks verified and investigated within 48 hours	90%	95%	Weekly epidemiological report
Indicator 1.3	Percentage of all confirmed outbreaks timely responded and properly managed within 24/48 hours of onset	100%	100	Weekly epidemiological report
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provide a training to health workers and community members on cholera case management and infection prevention	Provincial health directorate with the support of WHO		
Activity 1.2	Provide a training the district level multi-disciplinary rapid response teams members	Provincial health directorate with the support of WHO		
Activity 1.3	Procurement and distribution emergency health kits including of Cholera kits (community kit, peripheral, and central, CTC structure, Cholera RDT, IAEHK)	WHO and MOH		
Activity 1.4	Monitor proper cholera, dysentery and other diarrheal case management	Provincial health directorate with the support of WHO		
Activity 1.5	Monitor the disease trends	Provincial health directorate with the support of WHO		

6. Accountability to Affected People	
<b>6.a</b>	<b>IASC AAP Commitment 2 – Participation and Partnership</b>
<p><b>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</b></p> <p>The health problem of cholera was reported immediately following the cyclone. As part of the comprehensive the cholera response, Field Health staffs in collaboration of the districts health offices held a discussion with affected population about the disease, how it is transmitted, what is expected from them in terms of hygiene, sanitation and water purification and what the health sector and partners would be doing on the cholera cases management. Besides as the timing of the OCV were during the Ramadan time where majority of the population were Muslims and discussion were held with religious and community leader how to run the OCV. Agreement had reached how the campaign to be done. It was agreed the campaign to be run at the end of the fasting day when they started un-fasting. So all the planning and implementation of the OCV was done accordingly.</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?**

Provincial, districts and sub district localities and religious leader were involved in the planning and implementation of the response especially for the cholera outbreak response and OCV campaign.

**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 programme staff involved in the implementation of the cholera outbreak response were communicated the potential risk of the disease and informed what they should be doing from them and what health staff would provide them. Response operation being jointly reviewed with community members. Identified gaps in the response depending on the level had been rectified. Service satisfaction assessment were done by the central office on the outbreak response especially on the OCV campaign.

**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 ☐

Mechanism were in place for capturing these through ICCM and Legna Verde how ever there was no major issues captured and there were few complaints in terms of service provision to the community and feedback was given to the respective health service provider.

**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 ☐

Protection entails activities that secure the rights of the individual in accordance with relevant bodies of international law. WHO continued to advocate and worked with partners on the prevention of sexual exploitation and abuse, including specialized training on PSEA was given for all staff and having a zero tolerance policy to any form exploitations and abuse. It also means advocating for the protection of populations, health workers and health facilities

**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
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.	Choose an item.

**Supplementary information (optional):**

N/A
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8. Evaluation: Has this project been evaluated or is an evaluation pending?	
WHO has done an overall operational review for the whole response not tailored to the CERF	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-019	Agriculture	FAO	INGO	\$30,977
19-RR-FAO-019	Agriculture	FAO	INGO	\$42,807
19-RR-FAO-019	Agriculture	FAO	INGO	\$24,755
19-RR-FAO-019	Agriculture	FAO	INGO	\$27,921
19-RR-FAO-019	Agriculture	FAO	NNGO	\$16,970
19-RR-FAO-019	Agriculture	FAO	INGO	\$0
19-RR-IOM-015	Shelter & NFI	IOM	INGO	\$102,400
19-RR-IOM-015	Shelter & NFI	IOM	INGO	\$209,707
19-RR-AID-001	Health	UNAIDS	NNGO	\$31,022
19-RR-AID-001	Health	UNAIDS	GOV	\$16,031
19-RR-AID-001	Health	UNAIDS	NNGO	\$16,343
19-RR-AID-001	Health	UNAIDS	INGO	\$62,140
19-RR-FPA-023	Gender-Based Violence	UNFPA	NNGO	\$20,000
19-RR-FPA-023	Gender-Based Violence	UNFPA	GOV	\$80,000
19-RR-CEF-053	Education	UNICEF	INGO	\$128,653
19-RR-CEF-053	Education	UNICEF	GOV	\$10,402
19-RR-CEF-053	Education	UNICEF	GOV	\$6,537
19-RR-CEF-053	Education	UNICEF	GOV	\$7,632
19-RR-CEF-053	Education	UNICEF	GOV	\$2,457
19-RR-CEF-053	Education	UNICEF	GOV	\$18,188
19-RR-CEF-054	Health	UNICEF	GOV	\$31,878
19-RR-CEF-055	Nutrition	UNICEF	GOV	\$4,808
19-RR-CEF-055	Nutrition	UNICEF	GOV	\$25,276
19-RR-CEF-055	Nutrition	UNICEF	GOV	\$53,218
19-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	GOV	\$24,413
19-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	INGO	\$319,996
19-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	GOV	\$27,660
19-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	GOV	\$36,304
19-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	INGO	\$388,984
19-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	GOV	\$199,929
19-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	INGO	\$30,000
19-RR-CEF-057	Child Protection	UNICEF	GOV	\$20,358
19-RR-CEF-057	Child Protection	UNICEF	INGO	\$111,408
19-RR-CEF-057	Child Protection	UNICEF	GOV	\$25,256
19-RR-CEF-057	Child Protection	UNICEF	GOV	\$21,497

## ANNEX 2: Success Stories

### UNAIDS

People living with HIV in Beira would enjoy access to HIV services offered at the health facilities and celebrate simple moments with their friendships established in their communities. Instead, they were left to pick up the utter pieces of what was left of their lives by the Cyclone IDAI. Activists in the communities were devastated and had most of their properties destroyed. Homes, documentation and for some their savings were all washed away in the fiery cyclone.

The devastation that was brought upon people's homes shattered lives leaving most without shelter, properties and even official documentation. The moving cyclone also battered health facilities for more than 72 hours. Mucurungu health facility was one of those affected. UNAIDS in close partnership with the Provincial AIDS Council and Ministry of Health responded by re-establishing community-based retention support and renewed efforts to return those lost-to-follow-up by ensuring the regular provision of life-saving medication and related services. Links were made with community engagement to ensure that no one is left behind especially hard to reach and vulnerable populations.

Activists were given an extra allowance on top of the normal without increasing their target beneficiaries. This motivated them to actively seek out all those that were lost to follow up. 27-year-old Pita is one of the zealous activists from Kupendazana. His house was destroyed, and he lost all his property. The association supported him to reconstruct his home and gave him some funds which motivated him to dedicate all his efforts to actively following up on HIV patients who had defaulted from ART. He would use hospital records to actively search for those that had been displaced.

Once he identified a patient, he would take time to talk to them about the importance of treatment and why it is important not to give up treatment. This door to door mobilization was very efficient and he managed to return over 40 defaulters back on ART. He says, "the door to door visit makes it easier to convince them to return to the health facility without feeling exposed". Stigma and discrimination is still a challenge among communities.

Activists indeed were supported to actively follow up on the patients that had been displaced and they did not disappoint. With over 21,564 patients recovered back onto the program. This group of activists felt victorious in their contribution to combating HIV/AIDS in Beira Mozambique. Their resilience despite all challenges contributed greatly to the success of this project.

"We are still at it and we will not stop to identify and ensure all HIV patients receive treatment and care", said their leader.

The full story was published on the UNAIDS website and photogallery:

[https://www.unaids.org/en/resources/presscentre/featurestories/2020/march/20200311\\_mozambique](https://www.unaids.org/en/resources/presscentre/featurestories/2020/march/20200311_mozambique)

<https://unaids.exposure.co/helping-people-living-with-hiv-to-get-back-on-treatment-in-mozambique?source=share-unaids>

For more information: Kindly contact: Marta Bazima, [bazimam@unaids.org](mailto:bazimam@unaids.org) and Byaruhanga Gloria, [byaruhangag@unaids.org](mailto:byaruhangag@unaids.org)



## UNFPA

### (1) Title: UNFPA delivers maternity and dignity kits to victims of Cyclone Idai

Website link: <https://mozambique.unfpa.org/en/news/unfpa-delivers-maternity-and-dignity-kits-victims-cyclone-idai>  
Mutua - With the commitment to support women and girls affected by Cyclone Idai, the United Nations Population Fund (UNFPA) held a series of activities on Thursday in Beira, Mutua and Chipende. Among the actions carried out were the distribution of 352 dignity kits and the installation of maternity equipment (delivered in a kit containing equipment to serve pregnant women and women in labor).

"These activities are part of UNFPA's work in response to Cyclone Idai. At the Peacock Accommodation Center, home to over 4,000 people, we visited our integrated services clinic; here at Mutua Health Center, we installed two tents and brought a maternity kit. This temporary center, where care and delivery will be carried out, is one of 15 that will be implemented in other vulnerable areas," said Andrea Wojnar, UNFPA Representative in Mozambique.

The Mutua Health Center is the only clinic available to serve 25,000 people. Before the temporary clinic (in 42 square meter tent), the consultations take place in a room that was totally damaged by the cyclone. "The center was completely destroyed. On the day the cyclone hit, we had a woman in labor in here. Yesterday we had two deliveries here, in this room. From today, with the temporary clinic, we will be able to care for pregnant women and provide the support they need using this equipment," said nurse Luiza Jeque. The UNFPA team also visited the accommodation center in Chipende, home to more than 1,000 people. Following an information session on sexual and reproductive health, 352 women and girls received dignity kits (with hygiene and safety items) for vulnerable women. "I had to come to this shelter with my husband and son because nothing was left of my house. We have many needs here, so these panties, capulanas, and flashlight will help us a lot," said Elisabete, 19.

### (2) Title: "Safe birth even here" Access to Emergency Obstetric and Neonatal Care in Emergency saves lives

Website link: <https://mozambique.unfpa.org/en/news/access-emergency-obstetric-and-neonatal-care-saves-lives>

As part of the response to the Cyclone Idai disaster, the United Nations Population Fund (UNFPA) provides support to ensure access to lifesaving reproductive health (RH) services for the affected population, particularly for women and girls, through the implementation of the Minimum Initial Service Package (MISP) for RH in an emergency.

MISP reduce maternal and neonatal morbidity and mortality by ensuring the availability of and accessibility to lifesaving emergency obstetric and newborn care (EmONC) amongst other services.



Dr. Elsa Jacinto, a senior obstetrician and gynecologist working for the UNFPA sub-office in Beira was on a mission to Buzi district to support the Provincial Directorate of Health (DPS) during the UNFPA supported National Health Week from 6-10 May when emergency struck. While visiting Buzi district hospital, a 14-year-old mother arrived at the hospital with an obstetric complication.

Her contractions had started 24 hours earlier at her home in Bura. She was referred to the hospital with a vertex presentation and prolapse of the baby's arm. Because of these risk factors, vaginal delivery was not possible and Dr. Elsa, immediately recognizing the life-threatening nature of this emergency, performed an emergency cesarean section in the operating area of the clinical tent managed by Samaritan's Purse.

The operation was successful, with both mother and baby girl's lives saved. "It was an amazing experience for me. Through my work with UNFPA, I am able to ensure these young girls and women are able to go back to their families, villages, and camps with their babies, ready to confront their next challenge. They are still working to rebuild their lives, I am proud to join UNFPA in the effort to give them one less thing to worry about," shared Dr. Elsa. Thanks to her presence, a 'safe birth, even here,' was possible. The resolution of this dramatic situation demonstrates the critical importance of timely, high-quality EmONC services, including skilled medical staff and supplies at referral health facilities.

### **(3) Title: Victims of Cyclone Idai develop skills in 'Women-Friendly Space'**

Website link: <https://mozambique.unfpa.org/en/news/victims-cyclone-idai-develop-skills-women-friendly-space>

Mutua - To support the reconstruction of the lives of women affected by cyclone Idai, the United Nations Population Fund (UNFPA) develops a series of programs and activities such as "Women-Friendly Spaces", where they receive psychological support, support in case of gender-based violence and training to develop skills. In the Magandafuta resettlement center, 33 km from the city of Beira, Mozambicans learn skills that could improve their livelihood.



Madalena Chico (green blouse) lost her home due to cyclone Idai on March 14. To protect herself, she stayed on a tree with her four children until they were rescued. Since then, she lives in the region's accommodation center.

After installing the 'Women-Friendly Space' in Madangafuta, she went on to teach other women how to make xicalangui, clay pots that are used for cooking. In the same place, they also learn how to make mats and straw baskets. Maria (pink) recalls that she has made more than a thousand bags in her life, a skill she learned from her grandmother. Today, twice a week, she gives classes to her neighbors. "Women-Friendly Spaces are places dedicated to all women and girls living in accommodation centers. Here they can feel physically and emotionally secure to talk about sexual and reproductive health and rights and gender-based violence. Because they are spaces for women, they also feel safe to denounce and seek help in situations of abuse and violence," said Ana Araújo, UNFPA's Gender-Based Violence Specialist.

### **(4) Title: UNFPA trains activists to work in regions affected by cyclone Idai**

Website link: <https://mozambique.unfpa.org/en/news/unfpa-trains-activists-work-regions-affected-cyclone-idai>

In Sofala, one of the provinces hit by cyclone Idai, the United Nations Population Fund (UNFPA) carries out a series of activities to support the region's recovery process.

Some of these actions are related to the training of midwives, social workers and the training of activists who will work in the areas most affected by the cyclone. This Tuesday (May 7), UNFPA trained 30 activists from the multi-sectoral program Geração Biz, who will undertake awareness-raising work within the communities.



"These volunteers will support mobilization, sensitization, and prevention of gender-based violence in resettlement centers in Mandruse and Magandafuta, two regions located 30 km from the city of Beira.

Social workers were also integrated in this particular training; they will be responsible for the 'women-friendly space' (a place for the integration and support for women living in accommodation centers)," said Alex Muianga, an expert in UNFPA community engagement. Since the start of the response to cyclone Idai, UNFPA has trained 180 volunteers for these activities.

UNFPA continues with its plan to distribute dignity kits (with hygiene and protection items), maternity kits (with equipment for the care of pregnant and laboring women), reproductive health kits, installation of tents to support the health services and information sessions to combat gender-based violence. Some of these activities will be implemented in the north of the country, in regions hit by Cyclone Kenneth.

**Contact Person for follow up:** Jessica Lomelin - [lomelin@unfpa.org](mailto:lomelin@unfpa.org) - Communications and Partnerships, UNFPA Mozambique

### **Additional Press:**

<http://www.fao.org/mozambique/news/detail/pt/c/1192111/>

<http://www.fao.org/mozambique/news/detail-events/es/c/1208369/>

### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability Affected People
AAR	After - Action Review
CARE	Cooperative for Assistance and Relief Everywhere
CFM	Complaint and Feedback Mechanism
CFR	Case Fatality Rate
CTP	Cash Transfer Program
CwC	Communication with Community
DNAAS	Direcção Nacional de Abastecimento de Água e Saneamento
DPEDH	Direção Provincial de Educação e Desenvolvimento Humano
DPGCAS	Direcção Provincial de Género Criança Acção Social
DPS	Direcção Provincial de Saúde
DTM	Displacement Tracking Matrix
EWARS	Early Warning Alert and Response System
FAO	Food and Agriculture Organization of the United Nations
FAW	Fall Army Worm
FTR	Family Tracing and Reunification
GBV	Gender based Violence
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HIV	Human Immunodeficiency Virus
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
ICCG	Inter- Cluster Coordination Group
IDP	Internal Displaced People
INGC	Instituto Nacional de Gestão de Calamidades
INGO	International Non-Government Organization
IOM	International Organization for Migration
MHPSS	Mental Health and Psychosocial Support
MISP	Minimum Initial Service Package
MoH	Ministry of Health
NCE	No- Cost Extension
NFI	Non- Food Items
NNGO	National Non-Government Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PDM	Post Distribution Monitoring
PFP	Protections Focal Points
PSEA	Protection against Sexual Exploitation and Abuse
RC:	Resident Coordinator
RTE	Real time Evaluation
SDAE	Serviços Distritais de Actividades Económicas
SDSMAS	Serviços Distritais de Saúde Mulher e Acção Social
SOP	Standard Operational Procedure

SRH	Sexual and Reproductive Health
UASC	Unaccompanied and Separated Children
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WASH	Water Sanitation and Hygiene
WFP	World Food Programme
WFS	Women Friendly Service
WHO	World Health Organization