

**MOZAMBIQUE
RAPID RESPONSE
CONFLICT AND FLOOD
2020**

20-RR-MOZ-42470

Ms. Myrta Kaulard

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

18 March 2021

The After-Action Review was held on 18 March 2021 and it was attended by the following participants Un agencies: FAO, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO. During the AAR the following topics were discussed: (i) quality of in-country CERF consultation process; (ii) appropriateness of the allocation; (iii) CERF's added value and relevance; (iv) overall results achieved and beneficiaries reached (planned vs. actual). The AAR meeting allowed to adequately reflect on the overall CERF process, how the HCT/ICCG and the broader humanitarian community worked together, what was learned, what was achieved with the grant, what follow-up actions should be taken and what can be done better next time. Additional details are added to the report.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

The report on the use of CERF funds and its implementation were discussed with the RC/HC and HCT/ICCG.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

The final version of this report was shared with the CERF recipient agencies, their implementing partners, cluster/sector members for review before submission to the RC/HC.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

In April 2020, CERF allocated a total of US\$ 7,003,078 to Mozambique from its window for Rapid Response window to support the provision of urgent life-saving assistance to a total of 200,000 people in need affected by insecurity/violence and natural disasters (i.e. floods) in Cabo Delgado province.

CERF allocations enabled rapid funding to kick-start immediate life-saving response interventions from April to December 2020. Moreover, CERF-funded projects reinforced the coping mechanisms and livelihood of communities, through sustainable approaches, and fostered coordination between recipient agencies, humanitarian partners and the Government of Mozambique (GoM), both at national and at provincial level.

CERF funding was instrumental in the timely start of the emergency response through the 2020 Rapid Response Plan for Cabo Delgado, addressing the most urgent escalating humanitarian needs in the province. All the interventions were critical and time sensitive in order to prevent a further escalation of the humanitarian needs. Through these allocations, sectoral coordination among a variety of partners was widely strengthened.

Finally, CERF funds was significantly catalytic in raising further donor contributions in line with the 2020 Rapid Response Plan for Cabo Delgado's requirements for May-December 2020.

CERF's Added Value:

CERF funding allowed for the immediate delivery of assistance to the populations affected by violence/insecurity and natural disasters in Cabo Delgado, according to the 2020 Cabo Delgado Rapid Response. Through the rapid approval of the application, agencies were able to quickly deploy emergency staff and supplies to save lives, including emergency shelter, food, health and protection assistance to alleviate the suffering of the affected population. Logistics played a critical role and CERF funding of logistics cluster allowed the provision of critical services to humanitarian partners present in Cabo Delgado, including sea, road and air transportation as well storage of relief items. Specifically, considering the significant access constraints in the province, the air passenger service (UNHAS) funded through CERF was especially important as it allowed humanitarian partners to assess the implementation locations and transport life-saving light cargo to partially accessible areas.

Moreover, CERF funds enabled agencies to reach the affected 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. For example, UNFPA and its partners were able to provide life-saving Sexual and Reproductive Health (SRH) and GBV assistance to a total of 210,000 people, including women and girls of reproductive age, and other indirect beneficiaries including boys and men in IDP accommodation, transit and resettlement centres in 9 districts of Cabo Delgado. UNHCR provided trainings to 60 Protection focal Points in 2 districts and conducted protection monitoring activities at household and individual levels in 3 Districts with high IDP concentration (Metuge, Montepuez and Chiure) including Pemba city, reaching more than 1,500 IDP households. Finally, CERF contributions were crucial to ensure the provision of life-saving food assistance to conflict affected communities starting in May 2020. With this contribution, WFP was able to purchase a total of 1,098 metric tons of food (891.2 mt of rice, 119.4 mt of peas and 34 mt of fortified vegetable oil) and assist a maximum of 54,175 beneficiaries (26,004 men and 28,171 women).

Furthermore, CERF helped to foster coordination between recipient agencies, humanitarian partners and with the Government of Mozambique, both at national and provincial level. Also, due to the coordinated structure of the submission of the CERF application, adequate consultations on priorities and funding allocation took place that allowed for an agreement on sequencing

of funding requests. Through this exercise, sectoral coordination among a variety of partners was strengthened. Finally, CERF funding also supported increased coordination at the field level, including at Inter-Cluster Coordination Group level.

Finally, CERF funds have been instrumental in kick starting the emergency response in Cabo Delgado in April 2020 and they have been significantly catalytic in raising additional funds from other international donors (DFID, ECHO, World Bank, UN Member States, etc.) over the following months, in line with the 2020 Rapid Response Plan for Cabo Delgado.

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

Yes

Partially

No

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Considerations of the ERC's Underfunded Priority Areas¹:

The overall prioritization of the sectors and project activities was carried out based on the main needs of the most affected people and through a consultative and participatory process among the HCT and Inter-Cluster Coordination Group (ICCG) and Humanitarian Country Team (HCT) partners and stakeholders.

Regarding women and girls, including tackling gender-based violence and reproductive health and empowerment, CERF-funded activities and referral pathways were strengthened to include services targeting women and girls and their specific needs. Special attention to confidentiality and access of women to safe and relevant information will be emphasized in all activities. Moreover, in order to reduce the risk of gender-based violence (GBV), all projects had been implemented, taking into account gender dimensions, including the physical, safe, dignified and meaningful access of women and girls to service providers and gender balance in activities carried out.

Projects activities reached a total of 25,250 people with disabilities. A situation of violence and natural disasters affects persons with disabilities (PwD) and specific measures need to be set in place to ensure their human rights are upheld and their participation in decisions affecting their own life. PwD have been facing heightened challenges in Cabo Delgado, including physical, safe and meaningful access restrictions. Inclusion of persons with disabilities was therefore prioritized in all sectors to ensure that barriers preventing their participation and enjoyment of rights could be removed to the greatest extent possible.

In terms of education in protracted crises, it was considered that schools to create a safe and secure learning environment during times of insecurity and crisis in Cabo Delgado province. Through the CERF-funded activities and respecting WHO's guidelines on social distancing and hygiene procedures due to COVID-19, children learned not only how to read, write and

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

calculate, but also about personal hygiene, healthy behaviours and proper nutrition. In this way, children were able to play and socialize with other children which will help to cope with the difficult circumstances of the Cabo Delgado province, indirectly helping to build confidence and resilience.

In other aspects of protection, vulnerable groups, including older persons, persons with disabilities, women, children, persons with underlying medical conditions such as HIV/AIDS and persons with albinism, were considered to be a protection crisis in the current humanitarian situation in Cabo Delgado. During the project intervention, special measures were envisaged to ensure that vulnerable groups have priority access to services and their safe, meaningful and dignified participation is facilitated to the greatest extent possible. Moreover, according to the collective Accountability to Affected Populations (AAP) and Protection from Sexual Exploitation and Abuse (PSEA) commitments, the recipient UN agencies will take immediate steps to place communities at the centre of the CERF-funded activities.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	34,167,285
CERF	7,003,079
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	39,600,009
Total funding received for the humanitarian response (by source above)	46,603,088

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
FAO	20-RR-FAO-020	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	300,000
IOM	20-RR-IOM-012	Emergency Shelter and NFI - Shelter and Non-Food Items	1,437,472
IOM	20-RR-IOM-012	Camp Coordination / Management - Camp Coordination and Camp Management	443,925
IOM	20-RR-IOM-012	Protection - Protection	232,532
UNFPA	20-RR-FPA-023	Protection - Sexual and/or Gender-Based Violence	249,712
UNFPA	20-RR-FPA-023	Health - Health	87,736
UNHCR	20-RR-HCR-018	Protection - Protection	349,848
UNICEF	20-RR-CEF-031	Water Sanitation Hygiene - Water, Sanitation and Hygiene	641,852
UNICEF	20-RR-CEF-031	Protection - Child Protection	171,160
UNICEF	20-RR-CEF-031	Education - Education	139,068
UNICEF	20-RR-CEF-031	Nutrition - Nutrition	117,673
WFP	20-RR-WFP-024	Food Security - Food Assistance	1,615,475
WFP	20-RR-WFP-024	Logistics - Common Logistics	859,850
WFP	20-RR-WFP-024	Nutrition - Nutrition	130,280
WHO	20-RR-WHO-023	Health - Health	226,495
Total			7,003,078

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	5,284,441
Funds sub-granted to government partners*	195,821
Funds sub-granted to international NGO partners*	1,173,013
Funds sub-granted to national NGO partners*	123,339
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,492,173
Total	7,003,079

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Since October 2019, humanitarian conditions have significantly deteriorated in Cabo Delgado province due to insecurity and floods. These events have progressively led to significant displacements of people, the disruption of livelihoods and restricted access to basic services. Over 260 attacks by armed groups involving killings, abductions and kidnappings of civilians including girls and women, forced recruitment of children into armed groups as well as burning and looting of public and private properties and infrastructures, rapidly compounded the overall humanitarian situation. Some estimates indicate that some 700 civilians may have been killed. In total, 400,000 people are affected (100,000 internally displaced people; 300,000 people in host communities; 14,970 people affected by rains and floods) requiring multi-sectoral urgent life-saving humanitarian assistance and targeted protection services. Moreover, since January 2020, many cases of diarrhoea have also been reported in the province, especially affecting the districts of Ibo, Macomia and Mocimboa da Praia. According to tests recently undertaken by provincial authorities, an outbreak of cholera has been confirmed, involving about 508 cases and causing 12 deaths. According to a recent food security analysis and forecast, the districts of Mocimboa da Praia, Macomia, Ibo, Quissanga and Nangade are classified at crisis levels (IPC 3).

Operational Use of the CERF Allocation and Results:

In response to the crisis, the Emergency Relief Coordinator allocated \$7 million from CERF's rapid response window for the immediate commencement of life-saving activities. With this funding, UN agencies and partners will provide life-saving assistance to 315,200 people, including: food assistance in-kind and in cash to 38,055 conflict-affected displaced people; agriculture assistance (vegetable seeds and tools) to 25,000 people; emergency shelter items (including sticks and bamboo) to 30,000 people; protection and psychosocial services to more than 30,000 beneficiaries including survivors of gender-based violence and children; access to safe drinking water and essential sanitation and hygiene services to about 20,000 people; camp management for 20,000 displaced people in settlements; malnutrition treatment to 220 severely and 661 moderately acutely malnourished children and 693 pregnant and lactating women, including those living with HIV; rehabilitation of schools; and provision of health services.

People Directly Reached:

CERF allocations enabled the implementation of immediate response interventions for the affected population from April to December 2020. Overall, most of the projects have been able to reach or to exceed the initial targeted number of beneficiaries. In fact, a total of 315,200 were directly reached through CERF activities. Moreover, a total of 25,250 people living with disabilities were also directly reached through the activities. For the estimation of the people directly reached, we took into account the highest number of people reached by sector.

All the project implementing agencies contributed to support the beneficiaries directly. In fact, FAO enhanced food and nutrition security to 6,000 IDP households, in coordination with local SDAEs (District Services of Economic Activities), the INGC (National Institute for Disaster Management) and two local implementing partners (IPs). IOM reached a total of 132,551 direct beneficiaries through this project who received shelter, protection, mental health and psychosocial support (MHPSS) or Camp Coordination Camp Management (CCCM) services. UNFPA and its partners in Cabo Delgado were able to provide life-saving Sexual and Reproductive Health (SRH) and GBV assistance to a total of 210,000 people, including women and girls of reproductive age, and other indirect beneficiaries including boys and men in IDP accommodation, transit and resettlement centres in 9 districts of Cabo Delgado. UNHCR provided trainings to 60 Protection focal Points in 2 districts and conducted protection monitoring activities at household and individual levels in 3 Districts with high IDP concentration (Metuge, Montepuez and Chiure) including Pemba city, reaching more than 1,500 IDP households. including around 7,000 persons among IDP population. UNICEF reached a total number of 124,590 direct beneficiaries in

the sector of Education, Nutrition, WASH, and Protection. WFP directly reached a total of 76,724, in terms of Nutrition and Food Security as well as Logistics. WHO supported directly 41 health professionals of different categories from health facilities and 8 districts (Ancuabe, Pemba, Metugeu, Mecufi, Chiuri, Montepuez, Ibo and Palma).

People Indirectly Reached:

Beyond the total beneficiaries directly reached through CERF funds, many people indirectly benefitted from CERF-funded activities as well. For instance, FAO supported 20,000 people hosting the IDP families including 6,788 women and 6,723 girls benefitted indirectly from the project. IOM estimates having reached 124,018 indirect beneficiaries through this project. UNFPA benefitted indirectly populations in host communities from both SRH and GBV activities. UNHCR captured a high number of IDPs without legal documentation, through the Protection Monitoring reports, and established a project to support more than 10,500 IDPs in Pemba city. UNICEF included the vicinity as indirect beneficiaries of the dissemination of the messages regarding child safe keeping by the department of women, children, and gender in conjunction with the institute for social communication and distributing the learner's kit. WFP reached to a total of 6 accommodation centers and 17 communities through the integrated health services in the 3 districts that benefit by the project. WHO supported for Disease surveillance which was strengthened in all health facilities of the whole districts (8 districts< Ancuabe, Pemba, Metugeu, Mecufi, Chiuri, Montepuez, Ibo and Palma) and besides the IDP, the host communities of the affected districts from cholera diseases outbreak expanding and benefited from the advocacy and communication and community engagement efforts on the prevention and control of cholera.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Camp Coordination / Management - Camp Coordination and Camp Management	6,600	7,500	7,500	8,400	30,000	17,796	20,223	20,223	22,641	80,893
Education	5,000	5,000	7,500	7,500	25,000	5,250	5,250	8,750	8,750	28,000
Emergency Shelter and NFI - Shelter and Non-Food Items	70	20	80	30	200	11,122	12,639	12,639	14,155	50,555
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	6,000	5,000	7,250	6,750	25,000	5,806	6,788	6,677	6,723	25,994
Food Security - Food Assistance	8,905	7,839	10,884	10,427	38,055	17,648	15,537	21,570	20,665	75,420
Health - Health	100,449	59,551	22,500	17,500	200,000	194,400	58,500	45,800	16,500	315,200
Logistics - Common Logistics	0	0	0	0	0	0	0	0	0	0
Nutrition - Nutrition	693	0	428	403	1,524	693	0	663	638	1,994
Protection - Child Protection	150	150	8,000	8,000	16,300	3,612	3,568	2,793	2,832	12,805
Protection - Protection	11,900	12,500	12,500	13,100	50,000	15,051	12,707	13,878	12,137	53,773
Protection - Sexual and/or Gender-Based Violence	15,750	6,750	15,750	6,750	45,000	15,750	6,750	15,750	6,750	45,000
Water Sanitation Hygiene	4,990	4,590	5,430	4,990	20,000	20,732	19,070	22,560	20,732	83,094

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	105,300	167,056
Host communities	96,200	148,144
Other affected people	0	0
Total	201,500	315,200

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Planned	Reached	Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Women	100,449	194,400	660	6,297
Men	59,551	58,000	750	5,791
Girls	24,000	46,300	750	6,865
Boys	17,500	16,500	840	6,297
Total	201,500	315,200	3,000	25,250

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-FAO-020

1. Project Information			
Agency:	FAO	Country:	Mozambique
Sector/cluster:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	CERF project code:	20-RR-FAO-020
Project title:	Emergency response to population affected by floods and insecurity in the Cabo Delgado Province		
Start date:	28/04/2020	End date:	27/10/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 300,000
	Total CERF funds sub-granted to implementing partners:		US\$ 33,190
	Government Partners		US\$ 0
	International NGOs		US\$ 13,630
	National NGOs		US\$ 19,560
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The project objective was to enhance food and nutrition security of the populations affected by internal conflict and floods in the districts of Ibo, Metuge and Pemba in Cabo Delgado Province. The project initially targeted 5,000 of the most vulnerable IDP households in the district of Pemba (1,000 HHs), Metuge (2,000 HH) and Ibo (200 HH). As the insecurity situation deteriorated, FAO managed to target additional 1,000 IDPs households in Nampula Province (Meconta District). Finally, the project distributed 6,000 watering cans, 12,000 hoes, 5,000 Kgs of common beans and 6,000 kits of early maturing vegetable seeds (10 g tomato, 10 g onions, 10 g kale and 20 g of pumpkins) to enhance food and nutrition security to 6,000 IDP households. This was done in coordination with local SDAEs (District Services of Economic Activities), the INGC (National Institute for Disaster Management) and two local implementing partners (IPs). In total 25,994 individuals benefited from the project, among which 22% are men, 26% women, 26% boys and other 26% girls. The project was initially planned to be implemented from April to October 2020, but due to the prevailing COVID-19 spreading and lockdown declared by the Government, a no cost extension was granted until January 2021. The COVID pandemic also caused the delayed importation of seeds to Mozambique. The seeds were held up in transit in Nairobi airport from 18 May 2020 until the end of July due to COVID transport restrictions. When the seeds arrived in Mozambique the quality had to be confirmed through seeds germination test. As a consequence, the work plan had to be adapted and the seeds and tools were distributed from mid-September until the first week of October. The distribution was further delayed to later in October in Ibo due to logistical constraints.

According to the PDM conducted in November 2020, more than 78% of beneficiaries were satisfied with the selection and registration process and more than 77% were fully informed about the distribution site, date and time. All of the HHs received their entitlements and reiterated that the seeds were of good quality (85%) and that they received the right quantities (75%). More than 95% were satisfied with the quality and utility of the tools. Almost 50% of the beneficiaries decided not to sow all the distributed seeds because they received them after the normal planting season of vegetables although pumpkin and kale seeds were in general planted around the houses/temporary shelters taking advantage of the approaching raining season.

Another important aspect to mention is that 89% of the HHs that planted their seeds got technical assistance from IPs while almost 40% received technical assistance from SDAEs. The supposedly limited involvement of the SDAEs in technically assisting the beneficiaries is due to the fact that the PDM was conducted two weeks after the distributions in Ibo and the SDAEs were starting to assist the farmers in their gardens or plots. Furthermore, due to attacks in Matemo (Ibo) some beneficiaries moved to Ibo and others to Pemba, while in Pemba some beneficiaries moved from the temporary resettlement sites to Naglane and Ntocota (Metuge), making it difficult for SDAE to provide the necessary technical assistance.

3. Changes and Amendments

The major change that occurred in the project was the increase in the number of targeted HHs from 5,000 to 6,000. The number of people displaced from Cabo Delgado increased significantly in Nampula and for this reason the project added 1,000 beneficiaries in the province and additional 400 HHs were reached in Erati District, 400 in Monapo, 150 in Rapale and 50 in Corrane/Meconta were added to the project. This was possible because some saving done with the coordination and synergy within other projects. FAO was already present in Nampula and used the human resources and logistic means to support the intervention in Nampula.

Although many of the beneficiaries did not sow all the seed immediately because they received them out of season, pumpkin seed and kale were planted and beneficiaries were able to feed themselves from the leaves as well as the pumpkins themselves, keeping tomato and onion to be planted later. In places like Ibo, home gardens are customary, but it was noted that for the City of Pemba, people started to create the culture of planting gardens around their homes, which helped a lot to relieve dependency on receiving food from other sources. The result of the project was to improve the food and nutritional security of the people affected, and as such, IPs encouraged the beneficiaries to plant the pumpkin seed earlier than normal. The other seeds will likely be planted in February with the proper monitoring from SDAEs and the IPs. Due to this change, the project included some training on seed conservation techniques in order to ensure that the seeds could be kept in good conditions, not affected by mold or insects and maintaining their quality. The IPs taught the beneficiaries, for instance, to keep the seeds in hermetically sealed buckets in an open space with good aeration. Garlic and piri-piri were also used as natural insect repellents. Conservation farming techniques were very widespread since in that specific period rainfall was limited. The beneficiaries were trained on the use of mulch to cover the fields and sawdust to act as a sponge in the mulch to conserve water and gradually release it to respond to the water needs of the plants.

FAO and the IPs discovered a higher-than-expected increase in IDP populations in the target areas at the start of the implementation period when the seeds were ready to be distributed. A decision was made with Local Authorities and the IPs to target IDPs exclusively in order to cover all of the households. Host families thus benefitted indirectly.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,800	4,000	5,800	5,400	20,000	5,806	6,788	6,677	6,723	25,994
Host communities	1,200	1,000	1,450	1,350	5,000	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6,000	5,000	7,250	6,750	25,000	5,806	6,788	6,677	6,723	25,994
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Apart from the 6,000 HHs that directly benefitted from the project, an additional 20,000 people hosting the IDP families including 6,788 women and 6,723 girls benefitted indirectly from the project as they benefited from the improved access to nutritious vegetables grown in their homesteads by the IDPs. Improved vegetable and beans production improved their nutritional status during a time when movement (especially in Ibo) was limited and when there was massive population pressure in the host communities. This project particularly had a positive impact on the beneficiaries' daily nutrition in the city of Pemba and part of Metuge where home gardens were not customary previously.

Communities from the target districts benefitted from the introduction of vegetable home gardening techniques as well as the techniques for seeds conservation. Government counterparts SDAEs and SDPI at district level as well as former INGC, DPAP and SPAE at province level, worked and coordinated with the IPs and FAO to disseminate techniques for improved agricultural practices.

6. CERF Results Framework

Project objective	Enhance food and nutrition security of the populations affected by internal conflict and floods in the districts of Ibo, Metuge and Pemba in Cabo Delgado Province.			
Output 1	Agriculture-based livelihoods of vulnerable displaced households partially restored.			
Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of agricultural kits (veg. seeds & tools) procured	5,000	6,000	Distribution lists, IPs distribution reports
Indicator 1.2	Number of agricultural kits (veg. seeds & tools) distributed	5,000	6,000	Distribution lists, IPs distribution reports
Indicator 1.3	Number of HH received and planted vegetable seeds	5,000	3,000	PDM report
Indicator 1.4	% of women head of HH benefiting directly from the project (50%)	2,500	2,675	PDM Report
Explanation of output and indicators variance:		The initial plan of the project was to target 25,000 beneficiaries but as the insecurity escalated in Cabo Delgado, some beneficiaries were displaced to Nampula. Therefore, there was a need to assist an additional 5,000 beneficiaries in that Province. Only half of the beneficiaries planted their seeds because they received them after the planting season had passed. They were advised not to sow the seed so that they could plant in the upcoming agricultural season that started this February 2021.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of agricultural inputs (seeds & tools)	FAO		
Activity 1.2	Implementing partners identification and signature of LoAs	FAO		
Activity 1.3	Identification and preparation of list of beneficiaries disaggregated by gender	IPs (in coordination with local authorities through SDAEs)		
Activity 1.4	Distribution of agricultural inputs (seeds & tools)	IPs (in coordination with local authorities through SDAEs) with FAO supervision		
Activity 1.5	Post Distribution Monitoring (PDM)	FAO (in coordination with IPs)		

Activity 1.6	Rapid assessment of project result	FAO (in coordination with IPs)
--------------	------------------------------------	--------------------------------

Output 2	Technical assistance provided to beneficiary HHs and enhanced and appropriate practices on diversified diets, nutrition and hygiene among families, women and children improved.			
Was the planned output changed through a reprogramming after the application stage?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of HH who received agriculture technical support	2,500	4,450	PDM and PIs reports
Indicator 2.2	Number of women head of HH participating in training on better nutrition practices	2,500	2,500	IPs distribution reports
Explanation of output and indicators variance:		89% of the HHs received agricultural technical support from the IPs and this support continued even after the PDM, which could have contributed to the increase of this support. Better nutrition practices were disseminated by the IPs in coordination with local health authorities in the distribution sites during the pre-addressing meetings, therefore almost all the beneficiaries were targeted.		
Activities	Description	Implemented by		
Activity 2.1	Technical assistance on home gardening	SDAEs and IPs		
Activity 2.2	Organization of training of group of beneficiaries on better nutrition practices	IPs in coordination with local health services		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

This project was designed taking into account the Government data/information shared with Food Security Cluster (FSC) regarding the needs of the IDPs and other people affected by cyclone Kenneth. The FSC discusses the food security situation periodically and there is always space for the Government to share information and ask for assistance when needed. The FSC conducted assessments in all the districts targeted by the project. These assessments involved focus group discussions with affected people which served to feed the project design and implementation strategy. The beneficiary groups were involved during the assessments and assisted with targeting of

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

the most vulnerable. The local authorities were implicated in the design and implementation of the project, particularly Government counterparts SDAEs and SDPI at district level and former INGC, DPAP and SPAE at province level.

b. AAP Feedback and Complaint Mechanisms:

The project made use of the 'Linha Verde' (1458) set up by WFP to improve accountability to affected populations and overall communication with affected populations. The toll-free inter-agency hotline is available to beneficiaries and humanitarian actors to request information or report issues arising from or relating to the humanitarian response.

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. The complaint mechanism, Linha Verde with toll free number, was diffused among beneficiaries and IDPs communities.

Overall, 60% of the beneficiaries questioned during the PDM knew about the Linha Verde. This result would have been improved if not for the limited time scope for the implementation of the project. In each distribution point there was a help desk where the beneficiaries could present their complaints directly and be assisted on time or leave a written note in the complaints box which all beneficiaries knew about.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The two IPs that collaborated with FAO for the implementation of this project are familiar with the PSEA approach of the UN because as part of the Food Security Cluster they have received specific training. All information regarding SEA has been shared, reported and discussed periodically in this forum. The PDM showed that 99.6% reported they did not experience any kind of sexual harassment or abuse. The resulting investigation did not produce any reliable information for FAO to act on. During the selection process PSEA information is disseminated among beneficiaries so that all understand that the process must be fair and clean. The teams made sure all beneficiaries understood the selection criteria used for the selection process so that they can't be fooled by any person.

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.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

HHs headed by women, girls taking care of the youngest, the elderly and people with disabilities were prioritised during the registration process as well as during the distribution process. During the meetings to address any aspect of the project these groups were given open space to voice their desires, ideas and their concerns so that a collective or an individual answer was given.

e. People with disabilities (PwD):

PwD, especially women and girls were given priority in all the project activities – during registration and during distribution – and the IPs sensitize the communities so that local groups or volunteers helped this group to participate fully in the project including through the planning and feedback mechanisms.

f. Protection:

The project made sure that the selection process follows the criteria established in the project design which included PwD, the elderly, women and girls. The PSEA approach was also considered to prevent any possible abuse to beneficiaries. The IPs and Government Officials were sensitized so that in each and every activity consider these groups as priority.

g. Education:

Although the project did not directly target education, it is important to mention that there was a room for knowledge creation, adaptation and dissemination through informal training. For instance, in Pemba City and Metuge the process of vegetable home gardening and the use of watering cans was promoted even for people not directly targeted by the project. SDAEs will capitalize on this training so that this

equipment continues to be used in these communities. The use of piri-piri and garlic to conserve the seeds is another technology that was introduced and disseminated among beneficiaries.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

FAO did not implement the distribution activities using the voucher modality being that agro dealers or retailers were not present in the selected location with availability of seeds of good quality and tolls required for the intervention.

9. Visibility of CERF-funded Activities

Title	Weblink
FAO in Emergencies	https://twitter.com/FAOemergencies/status/1260564452312625152/photo/1

3.2 Project Report 20-RR-IOM-012

1. Project Information

Agency:	IOM	Country:	Mozambique
Sector/cluster:	Emergency Shelter and NFI - Shelter and Non-Food Items Camp Coordination / Management - Camp Coordination and Camp Management Protection - Protection	CERF project code:	20-RR-IOM-012
Project title:	Multisector humanitarian assistance for populations affected by insecurity in Cabo Delgado, Mozambique		
Start date:	24/04/2020	End date:	23/10/2020
Project revisions	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 9,000,000
Total funding received for agency's sector response to current emergency:	US\$ 800,000
Amount received from CERF:	US\$ 2,113,930
Total CERF funds sub-granted to implementing partners:	US\$ 366,530
Government Partners	US\$ 0.00
International NGOs	US\$ 366,530
National NGOs	US\$ 0.00
Red Cross/Crescent Organisation	US\$ 0.00

2. Project Results Summary/Overall Performance

IOM reached a total of 132,551 direct beneficiaries through this project who received shelter, protection, mental health and psychosocial support (MHPSS) or Camp Coordination Camp Management (CCCM) services during the reporting period.

Under the shelter program, IOM supported 5,111 households (25,555 beneficiaries) with emergency shelter items and construction. In addition, due to increasing needs for Non-Food Items (NFIs) such as kitchen sets and blankets, IOM supported 5,000 households (25,000 beneficiaries) with an NFI kits containing these items. The shelter as well as NFIs distributions contributed to improving the living conditions of internally displaced persons (IDPs).

Under the protection and MHPSS program, IOM provided direct assistance to 32 vulnerable people including one survivor of Trafficking in Persons, and one family (5 persons) that survived a shipwreck while fleeing insecurity from Palma. IOM additionally referred 1,071 protection cases to the Social Action services, this was achieved through the deployment and training of five mobile integrated protection teams to the districts of Pemba, Ibo, Metuge, Montepuez and Memba. Deployed teams reached 25,670 persons through outreach and awareness raising activities.

Under the CCCM program, in coordination with government and international partners IOM carried out site planning and setting up at seven resettlement sites. Implementing these actions with its partners allowed IOM for all stakeholders involved in the site planning process to ensure services were available and minimum standards met before IDPs moved into the resettlement sites. Consultations with the IDPs and local communities also ensured local buy-in of these actions. By the end of the reporting period 9,930 IDPs living at temporary sites had moved into four of the permanent resettlement sites. To perform community engagement, IOM hired 717 IDPs and

local community members to prepare the sites as casual workers to gain local ownership and promote cohesion between the two. These actions contributed to improving the living conditions of IDPs, as was confirmed in surveys by 44 percent of persons interviewed. In addition, IOM performed infrastructural and community engagement support at six⁴ temporary sites benefiting 50,065 living at these sites.

To inform the above-mentioned actions, as well as the actions of partners, IOM produced 30 Emergency Tracking Tool (ETT) reports using the Displacement Tracking Matrix (DTM) and were shared with 56 partners.

3. Changes and Amendments

Although IOM had initially proposed to conduct protection activities in Macomia and Mocimboa de Praia, due to the escalation of violence and the deterioration of the security situation all activities in these districts were ceased. To respond to the protection needs of IDPs and affected communities, IOM shifted its operational scope to locations receiving high numbers of IDPs such as Pemba, Ibo, Metuge Montepuez and Memba districts.

IOM adapted its community engagement activities in view that the gap between site selection and necessary preparations until persons moved into resettlement sites was delayed due to the need from inputs from various stakeholders. In view of such, IOM engaged IDPs and local community members throughout site preparation as casual workers to promote cohesion between the two. This gap also prevented IOM to implement reception management, shifting its activities towards community engagement and mentoring of government partners for site planning.

Furthermore, IOM requested a no-cost extension to complete activities of this project, as delays were caused due to international procurement being delayed and limitations in the implementation of activities due to the Novel Coronavirus (COVID-19) restrictions and increasing insecurity in operational areas.

⁴ 25 de Junho, Manono, Nangua, Centro Agrario de Namapala, 3 de Fevereiro (closed) and Namuapala (closed)

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination / Management - Camp Coordination and Camp Management									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	6,600	7,500	7,500	8,400	30,000	17,796	20,223	20,223	22,641	80,893
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6,600	7,500	7,500	8,400	30,000	17,796	20,223	20,223	22,641	80,893
People with disabilities (PwD) out of the total										
	660	750	750	840	3,000	1,779	2,023	2,023	2,264	8,093
Sector/cluster	Protection - Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,400	5,000	5,000	5,600	20,000	7,551	6,707	6,378	6,137	26,773
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,400	5,000	5,000	5,600	20,000	7,551	6,707	6,378	6,137	26,773
People with disabilities (PwD) out of the total										
	44	50	50	56	200	40	50	50	56	196

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Emergency Shelter and NFI - Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	70	20	80	30	200	11,122	12,639	12,639	14,155	50,555
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	70	20	80	30	200	11,122	12,639	12,639	14,155	50,555
People with disabilities (PwD) out of the total										
	7	2	8	3	20	1,112	1,263	1,263	1,415	5,055

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

IOM estimates having reached 124,018 indirect beneficiaries through this project.

Shelter: The project indirectly benefitted the total host family population living in the districts of Metuge which hosted massive numbers of IDPs staying at family or friend's homes. The total indirect population benefiting from reduced pressures from hosting IDPs was estimated at 60 percent of the district population accounting to 13,341 households (67,705 beneficiaries).

Protection/MHPSS: IOM reached 26,773 direct beneficiaries through direct assistance, protection referrals, awareness raising sessions and outreach activities. These services indirectly benefitted the families and immediate communities of targeted individuals estimated at 107,092 indirect beneficiaries.

CCCM: The actions of CCCM activities indirectly benefitted communities nearby resettlement sites through casual work as well as once IDPs moved into the resettlement sites. IOM estimates at least having benefited 3,585 family members of community member casual workers engaged as indirect beneficiaries.

6. CERF Results Framework

Project objective	Provide life-saving emergency shelter and NFI as well as protection and camp coordination/camp management services to vulnerable displaced populations affected by insecurity			
Output 1	Living conditions of vulnerable households displaced by the insecurity are improved through the provision of shelter and Non-Food assistance			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Camp Coordination / Management - Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# people reached with shelter and NFI kits (est. 5 individuals/households). Emergency kits includes Bamboos, estacas, tarpaulins, fixing materials and retrofit emergency kits include nails, CGIs, woods, fixing materials)	30,000	50,555	Beneficiary lists, Pictures, Partnership agreements and distribution reports.
Explanation of output and indicators variance:		To align to standard agreed on by the Shelter Cluster partners, IOM had to change the Emergency Shelter model delivered to beneficiaries, mainly, to a model that was easier to build, and allow for a swifter. In addition, to respond to the identified gaps caused by new displacement taking place regularly, IOM included the purchase of Shelter NFI items within this project. This allowed IOM to reach an additional 5,000 households. The items included as part of these NFI kits were one tarpaulin, one kitchen set and two blankets/household.		
Activities	Description	Implemented by		
Activity 1.1	Identification and assessments of the most vulnerable households	IOM and Ayuda en Acción (AeA)		
Activity 1.2	Procurement of Emergency shelter and NFI items	IOM and AeA		
Activity 1.3	Distribution of relief items	IOM and Ayuda en Acción, Caritas and AVSI		
Activity 1.4	Conduct distribution monitoring and Post-Distribution Monitoring	IOM and AeA		

Output 2 Internally displaced populations and members of host communities have access to life-saving protection services

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Emergency Shelter and NFI - Shelter and Non-Food Items

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people provided with direct case management (50) and protection referral assistance (150)	200	1,103 (32 Direct Assistance 1071: Referral to the protection services)	List of beneficiaries, Deeds of Donation, Delivery Notes
Indicator 2.2	Percentage of persons assessed in needs of protection case management referred to the Reference Groups on Child Protection and Combating Trafficking in persons, MHPSS practitioners (District focal points) and other available services	90%	100%	Weekly reports, activity reports of cases
Indicator 2.3	Number of IDPs and members of host communities reached through outreach activities and awareness raising activities	30 000	25,670	Weekly reports, activity reports of cases
Indicator 2.4	# of mobile integrated protection teams deployed	3	5	Activity reports, List of community activists
Indicator 2.5	# of trainings for community workers	3 (one per district)	5	Attendance Sheets

Explanation of output and indicators variance: IOM was able to deploy a larger number of mobile integrated protection teams due to co-funding with other donors, including OFDA and the Government of Ireland. This was a response to expand the reach of IOM activities across the province, which required the need of additional trainings across new districts. This added reach allowed IOM to reach a larger number of persons through outreach and awareness raising activities. On the other hand, through strong partnerships with partners and larger reach of deployed mobile integrated teams, IOM was able to identify and refer a larger number of persons in need of protection services.

Activities	Description	Implemented by
Activity 2.1	Deployment of emergency protection/MHPSS integrated teams to 3 affected districts for the provision of protection and MHPSS services and referrals	IOM
Activity 2.2	Provide direct assistance to 50 persons in need of protection services	IOM
Activity 2.3	Implement 3 trainings for community workers to implement outreach activities and train on Protection/MHPSS	IOM
Activity 2.4	Coaching and assist Reference Groups in following-up on cases and ensure services are provided technical support/coaching	IOM

Output 3 Enhance the coordination and lifesaving environment of displaced populations through Camp Coordination/Camp Management services

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# sites / communities improved with care and maintenance activities, including sites and displacement hotspots	4	7	Site Visits, Field Report
Indicator 3.2	# people in hotspots of displacement monitored and supported with site and reception management services, such as profiling, community engagement and establishment of participatory systems and governance structures, referral to sectors for immediate assistance	20,000	80,893	Registration of Casual Workers, Registration of Persons Living at Resettlement Sites
Indicator 3.3	# displacement tracking reports (ETT)	6	30	Document review
Indicator 3.4	% IDPs on sites reporting improved living conditions	75%	44%	Surveys implemented to IDPs already living in resettlement sites

Explanation of output and indicators variance:

IOM shifted its community engagement activities to hire casual workers from the IDP and local communities to prepare resettlement sites. This was due to the site preparation gap between selection of sites and the time in which IDPs could move. Nonetheless, engaging both the community and IDPs was a medium to promote cohesion between the two. The above-mentioned gap was caused due to various reasons, including the multisectoral assessments carried out with various stakeholders to ensure services were available at resettlement sites before IDPs moved in. However, the works carried out set the bases to continue the establishment of leadership structures and other community engagement activities.

In addition, IOM was able to perform site planning and infrastructural repairs at a larger number of sites (including both resettlement and temporary sites) thanks to the co-funding efforts of various donors including OFDA, the Government of Ireland and the Government of Japan.

The low percentage of persons who consider that their living conditions has improved is also due as most IDPs are just moving into the resettlement sites. In contrast, when asked if they believe that the site where they lived now had the conditions to continue their life after displacement, 61 percent of interviewees responded affirmatively.

IOM produced a larger number of ETTs thanks to co-funding of DTM activities from donors such as ECHO, OFDA, the Government of Ireland and FCDO.

Activities	Description	Implemented by
Activity 3.1	Site assessments	IOM, National Institution for Disaster Management (INGD) and relevant cluster partners.
Activity 3.2	Site upgrades and care and maintenance activities. This includes site planning, demarcation and clearing,	IOM and INGD

	emergency site drainage, constructions of ramps on sites, etc).	
Activity 3.3	Deployment of CCCM mobile and on sites teams (to monitor needs, support the establishment of site governance and participatory systems and mechanisms, ensure sensitization of populations as well as referral of needs to other sectors and service providers in displacement sites)	IOM and INGD
Activity 3.4	Conduction of emergency tracking tool and flow monitoring in three displacement locations through the joint DTM/CCCM approach for CCCM purpose deployed in key displacement hotspots as a cross-cutting activity part of the CCCM mandate. This includes tracking of new arrivals and departure, rapid profiling of population needs and information sharing to other cluster, service providers and the government.	IOM and INGD

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁶:

Shelter: Local authorities at the district and community level actively participated during planning and implementation of the project. For example, in Metuge where emergency shelters were built, local authorities met with IOM regularly to review and adapt the emergency shelter models used. In addition, IOM implemented household and multisectoral assessments, as well as focus groups with the target communities, to review their current shelter needs and adapt the models according to this feedback.

Protection/MHPSS: IOM's mobile integrated protection teams delivered services according to the needs identified during consultations with the community. Members of the communities prioritized the main protection threats to be addressed for example the need to prevent gender-based violence and child marriage. The information gathered supported IOM in understanding the main vulnerabilities underlying these threats and contributed to the decision-making process to decide which and how to deliver services.

CCCM: Local authorities at the district and community level, as well as IDPs living in targeted communities or sites improved were consulted and participated during infrastructural repairs and site preparation through manual work. This ensured that the most pressing needs, as viewed by the target population, could be prioritized by IOM. In addition, progress reports on site planning were carried out with local authorities and beneficiaries to ensure local buying from IDPs and the local communities.

b. AAP Feedback and Complaint Mechanisms:

⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

As the coordinator of the Shelter and CCCM Clusters in Cabo Delgado, IOM is in constant communication and coordination with Linha Verde⁷ in Mozambique to address the main queries and complaints of the target population. In addition, through the CCCM program, IOM responds swiftly to the identified needs in the field and IOM's implementing partner, Ayuda en Acción, established its own communication channels to promptly respond to queries and complaints coming from the affected population.

In addition, IOM's community-based Protection/MHPSS and CCCM teams promote existing Community Based Complaints Mechanisms, such as the "Linha Verde",

c. Prevention of Sexual Exploitation and Abuse (PSEA):

IOM is an active member of the PSEA Network at national level and in Cabo Delgado. In addition to IOM's institutional internal reporting for PSEA cases (see weareallin.iom.int) and investigation mechanism, IOM appointed local-level entry points for SEA allegations. Furthermore, all IOM staff, casual workers, and partners including field-based staff and implementing partners, receive mandatory PSEA training, which strongly highlights the responsibility of every person to report and refer cases and implement a victim-centred approach.

IOM follows the Mozambique PSEA Network's Standard Operating Procedures on inter-agency reporting, which establish clear and strict reporting and referral pathways and standards of confidentiality. IOM's community-based Protection/MHPSS and CCCM teams also raise awareness among beneficiaries regarding their rights to access aid such as shelter and protection services and IOM's zero tolerance policy towards SEA.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

IOM is committed to gender mainstreaming, promoting gender equality, and prioritizing the needs and concerns of vulnerable groups. The needs of vulnerable groups, including but not limited to survivors of gender-based violence (GBV), potential and actual victims of trafficking in persons, people living with human immunodeficiency virus (HIV) or at risk of HIV, female-headed households, the elderly, and separated and unaccompanied children, have been specifically considered in the design of the actions taken under this project. For example, to deliver MHPSS and protection services, and shelter interventions, IOM performed community consultations which considered gender as a key variable for the identification of needs. In addition, consultations for female and males, as well as per age, when possible were held separately to not hinder the expression of the specific needs of each target population. The information gathered was then used to inform the interventions.

In addition, IOM's field team's composition considers different gender groups to allow beneficiaries to receive services comfortably and safely. For example, IOM promoted the participation of women in the selection of members of construction groups supporting the shelter intervention.

In addition, the reports produced using the DTM included gender as a key variable and identified the needs of women, boys and girls separately to promote the delivery of tailored services by IOM and partners.

e. People with disabilities (PwD):

IOM has actively mainstreamed accessibility and inclusion as part of the activities under this project to meet the needs of persons with disabilities. IOM included within the community consultations on shelter, MHPSS/Protection and CCCM activities, questions on the needs of persons with disabilities. For example, physical and mental disabilities were included as one of the criteria used to target beneficiaries. In addition, IOM assisted 25 persons with assistive devices such as wheelchairs and crutches.

In addition, the reports produced using the DTM included considerations to identify the needs of persons with disabilities and promote the delivery of tailored services by IOM and partners.

f. Protection:

Through its wide presence in Cabo Delgado, IOM continues to uphold its commitment to mainstreaming protection across its programming and promote the human rights, dignity and well-being of migrants, including IDPs and affected communities. IOM's commitment is in line with the Inter-Agency Standing Committee (IASC) Statement on the Centrality of Protection, IOM's Institutional Framework for Addressing

⁷ Linha Verde is a hotline established by the World Food Program (WFP) in coordination with partners since Cyclone Idai and expanded to the emergency response in northern Mozambique.

Gender-based Violence in Crises, and the Protection Policy in Humanitarian Action, which articulates that all humanitarian actors have a crucial role to play in protecting affected or at-risk individuals and communities.

To promote equitable and impartial access for all while ensuring that the shelter and NFI, CCCM and Protection services reached the most in need, vulnerable groups in the community were identified and prioritized as a strategy to prevent discrimination or exclusion of marginalized groups. Additionally, in line with humanitarian protection principles, both displaced and host communities were consulted about their needs in order to assess whether assistance could cause tension, harassment, or conflict between the two. Furthermore, IOM teams work in close coordination with protection actors and the Protection Cluster to set measures to mitigate and address GBV risks arising from various causes such as crowded shelter or settlement conditions.

g. Education:

Through its wide presence in Cabo Delgado, IOM continues to uphold its commitment to mainstreaming protection across its programming and promote the human rights, dignity, and well-being of migrants, including IDPs and affected communities. IOM's commitment is in line with the Inter-Agency Standing Committee (IASC) Statement on the Centrality of Protection, IOM's Institutional Framework for Addressing Gender-based Violence in Crises, and the Protection Policy in Humanitarian Action, which articulates that all humanitarian actors have a crucial role to play in protecting affected or at-risk individuals and communities.

To promote equitable and impartial access for all while ensuring that the shelter and NFI, CCCM and Protection services reached the most in need, vulnerable groups in the community were identified and prioritized as a strategy to prevent discrimination or exclusion of marginalized groups. Additionally, in line with humanitarian protection principles, both displaced and host communities were consulted about their needs in order to assess whether assistance could cause tension, harassment, or conflict between the two. Furthermore, IOM teams work in close coordination with protection actors and the Protection Cluster to set measures to mitigate and address GBV risks arising from various causes such as crowded shelter or settlement conditions.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

The project targeted vulnerable households that did not have access to substantial markets that could provide high quality materials required for the construction of the Emergency Shelters. On the other hand, the amounts of shelter construction materials such as bamboo, esteiras and others needed were not available locally in the quantities that the project required. Because of this, international procurements were required to procure Shelter/NFI items of the highest quality and the time needed.

9. Visibility of CERF-funded Activities

Title	Weblink
To enhance mental health #MHPSS + #Protection services for displaced people living at relocation sites in #Nampula, IOM conducted a 3-day training for Provincial + District services staff.	https://twitter.com/IOM_Mozambique/status/1351613076622233604
13 new community-based activists in #Metuge #CaboDelgado are ready to support displaced people + host communities following training from IOM Psychosocial Support #MHPSS / Protection team + Government of #Mozambique.	https://twitter.com/IOM_Mozambique/status/1331125363267821568

3.3 Project Report 20-RR-FPA-023

1. Project Information			
Agency:	UNFPA	Country:	Mozambique
Sector/cluster:	Protection - Sexual and/or Gender-Based Violence Health - Health	CERF project code:	20-RR-FPA-023
Project title:	Provide sexual and reproductive health and GBV services to Women and Young People Affected by floods and insecurity in Cabo Delgado, Mozambique		
Start date:	27/04/2020	End date:	26/10/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,200,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 337,448
	Total CERF funds sub-granted to implementing partners:		US\$ 98,532
	Government Partners		US\$ 33,200
	International NGOs		US\$ 0
National NGOs		US\$ 65,332	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

With this CERF funding, UNFPA and its partners in Cabo Delgado were able to provide life-saving Sexual and Reproductive Health (SRH) and GBV assistance to a total of 210,000 people, including women and girls of reproductive age, and other indirect beneficiaries including boys and men in IDP accommodation, transit and resettlement centres in 9 districts of Cabo Delgado, from May to December 2020.

In particular, 10 Health Facilities in Cabo Delgado were equipped with 56 reproductive health kits (including clean delivery kits, post-rape treatment kits, contraceptives, medicines and disposable equipment) that enabled the health facilities to ensure continuity of provision of integrated and essential life-saving SRH services including emergency obstetric and neonatal care, antenatal care, family planning consultations, HIV prevention and treatment, and clinical management of rape. In addition, 157 [2] mobile brigades deployed for provision of integrated SRH and GBV response services, along with 5 Maternal and Child health nurses who reinforced the SRH workforce of health facilities at the IDP resettlement sites.

A total of 3,000 Female Dignity Kits adapted to Covid-19 infection prevention were delivered to the most vulnerable women and girls of reproductive age.

UNFPA, through its partners, was able to train 40 Community Activists/volunteers from the districts of Macomia, Mocimboa da Praia, Palma, Quissanga, Montepuez, Chiure, Mecufi and Metuge who supported the provision of GBV response services and ensured safe and reliable referral mechanisms, community outreach awareness-raising campaigns on GBV prevention and mitigation.

The GBV referral pathway for GBV response was updated in 6 Districts, with 32 Social Workers trained on survivor-centered GBV Case Management.

Four (4) Women and Girls Safe Spaces (WGSS) established and equipped, through which women and girls were provided with psychosocial support, life skills education and vocational training, and mentorship.

3. Changes and Amendments

During the implementation period of the project, UNFPA and its partners experienced some difficulties to achieve all its planned targets within the 6 months' period due to challenges occasioned by the prevailing COVID-19 pandemic that led to unforeseen delays. The following are some of the other main challenges:

- Highly insecure operating environment: The overall security situation in Cabo Delgado Province deteriorated during the implementation period, leading to a highly fragile and unpredictable operating environment that made rapid delivery of life-saving RH and GBV services to the affected populations by UNFPA and Implementing Partners difficult.

- Access constraints: With the escalation of the violence, some of the targeted areas and the affected populations became harder to reach, particularly in the original target Districts of Quissanga, Ibo, Macomia, Palma and Mocimboa da Praia. This resulted in challenges in ensuring full geographical coverage of the targeted Districts, leading to a change in the Districts of focus from these four, to the more accessible Southern Districts of Ancuabe, Chiure, Metuge, Montepuez, and Pemba where the populations from the inaccessible Districts had been displaced to.

- Implementing Partners with limited capacity: There is a very limited number of Implementing Partners with requisite technical expertise and capacity to implement humanitarian emergency GBV and SRH response services in Cabo Delgado affecting both NGO and Government counterparts. Partners have had difficulties to adjust their development intervention capacities to emergency response.

- Delays in procurement of RH Kits and Dignity Kits: The procurement processes have been delayed due to disruptions in the global supply chain occasioned by Covid-19. As a result, RH Kits had to be procured in stages based on availability of supplies. Additionally, price of the kits as well as the shipping costs increased significantly, requiring an adjustment of the quantity of Dignity Kits initially projected (from 5,000 to 3,000) and the procurement of some complementary items locally.

As a result of these challenges, a no-cost extension for an additional two months was requested to ensure complete implementation of all planned activities. The no-cost extension was approved by CERF.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	67,200	0	16,800	0	84,000	67,200	0	16,800	0	84,000
Host communities	28,800	0	7,200	0	36,000	28,800	0	7,200	0	36,000
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	96,000	0	24,000	0	120,000	96,000	0	24,000	0	120,000
People with disabilities (PwD) out of the total										
	7,680	0	1,920	0	9,600	7,680	0	1,920	0	9,600
Sector/cluster	Protection - Sexual and/or Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	10,500	4,500	10,500	4,500	30,000	10,500	4,500	10,500	4,500	30,000
Host communities	5,250	2,250	5,250	2,250	15,000	5,250	2,250	5,250	2,250	15,000
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	15,750	6,750	15,750	6,750	45,000	15,750	6,750	15,750	6,750	45,000
People with disabilities (PwD) out of the total										
	1,260	540	1,260	540	3,600	1,260	540	1,260	540	3,600

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Populations in host communities benefitted indirectly from both SRH and GBV activities.

In particular, community-based and broadcast GBV awareness activities reached women, men, boys, and girls in the host communities who were not directly targeted. It has not been possible to quantify the total number of people reached by the broadcast awareness messages.

6. CERF Results Framework

Project objective	Respond to life-saving Sexual and Reproductive Health and Gender-Based Violence needs of and girls affected by floods, insecurity and COVID-19 in Cabo Delgado Province.			
Output 1	Sexual and Reproductive Health (SRH) needs identified in affected areas			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SRH needs identified in all affected districts	100%	100%	The distribution map
Explanation of output and indicators variance:		The SRH needs of both IDPs and host communities were profiled through rapid needs assessments conducted in the Districts of target.		
Activities	Description	Implemented by		
Activity 1.1	Rapid assessments and remote contacts with health officials	UNFPA		

Output 2	Maternal and neonatal mortality and morbidity prevented			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of EmONC established and fully operational	10	10	Implementing Partner report
Indicator 2.2	Number of persons targeted by SRH services	120000	120000	Implementing Partner Reports
Explanation of output and indicators variance:		This output was achieved 100%		
Activities	Description	Implemented by		
Activity 2.1	Ensure availability of and access to emergency obstetric and maternal health facilities	UNFPA and Provincial Department of Health (DPS)		
Activity 2.2	Provision of mobile brigades' services at district level for provision of comprehensive SRH services	Wiwanana Foundation		

Output 3	Survivors of Gender-Based Violence receive life-saving GBV services			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	% survivors of GBV who receive PEP treatment within 72hours	100%	100%	Implementing Partner Reports
Explanation of output and indicators variance:		95 cases of GBV were recorded, of which 85 were referred by activists to support services and followed up		
Activities	Description	Implemented by		
Activity 3.1	Provide clinical management of rape, case management and psychosocial services to GBV survivors	Implementing Partners DPGCAS and FDC		

Output 4	Survivor-centred referral pathways and services from district to community level are established and accessible to all GBV survivors			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	#women and girls provided with dignity kits	5000	3,000	Implementation Partner Reports
Explanation of output and indicators variance:		Due to the shift in prices due to COVID-19, only 3,000 Dignity Kits were procured and distributed.		
Activities	Description	Implemented by		
Activity 4.1	Deployment of social workers to provide GBV response services, including PSS and Case management and ensure safe and reliable referral mechanisms during a six-month period	FDC and DPGCAS		
Activity 4.2	Delivery of life-saving supplies and information on available services for GBV survivors and at-risk populations, including dignity kits and condoms in the affected communities	FDC and DPGCAS		
Activity 4.3	Assess, update and reinforce GBV referral mechanisms in affected areas to improve access of GBV survivors to secure and appropriate multi-sectoral services	UNFPA and DPGCAS		

Output 5	Community-based protection mechanisms with awareness raising sessions, dissemination of information and key messages on GBV, SRH, PSEA and COVID-19			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Sexual and/or Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification

Indicator 5.1	#women and girls, men and boys targeted with awareness raising sessions, dissemination of information and key messages	120000	90.000	Implementation Partner Reports
Explanation of output and indicators variance:		There was no variance in the total number of people targeted by this output.		
Activities	Description	Implemented by		
Activity 5.1	Community awareness raising on GBV through activists, using community discussion, community radios where existing, on issues related to GBV, SRHR and COVID-19	DPGCAS and FDC		
Activity 5.2	Establishment and implementation of four women and girls friendly spaces (WGFS) and identification and training of women and girls groups and GBV focal points as community-based protection mechanisms.	FDC		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

Women and girls in the transit, accommodation, resettlement sites and host communities were engaged whenever possible given the context of the emergency setting in the design, implementation and monitoring of the project. UNFPA conducted rapid assessments together with the national authorities, humanitarian partners and community-based organizations (Including women-led for GBV response) to identify the needs of the affected populations, identify volunteers to support interventions on the ground and conduct regular monitoring to evaluate the progress. During the implementation period, the activities were adjusted based on the feedback of beneficiaries, obtained through the briefing sessions of each activity as well as complaint boxes installed in protection desks (one-stop centers for GBV survivors and other persons at risk). To improve the strategy, UNFPA supported the roll-out of the toll-free Linha Verde de Resposta a Emergência 1458.

b. AAP Feedback and Complaint Mechanisms:

Protection desks at IDP relocation sites were used for collection of complaints and feedback from the IDPs. In addition, the toll-free Linha Verde 1458 de Resposta a Emergência was used as a complaints and feedback channel through which the communities reported their SRH and GBV needs and complaints. UNFPA also has a network of social and youth activists trained in SRHR and GBV, who interact with communities to pick needs and feedback, and to share information on availability of services. Furthermore, UNFPA has been participating actively in the Community Engagement and Accountability to Affected People reactivated at National level.

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

Implementing Partners were trained on Prevention of Sexual Exploitation and Abuse (PSEA). Social Activists were subsequently trained on PSEA, including in confidential reporting and processing of SEA cases.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

This project primarily targeted Women and Girls with activities aimed at reducing their vulnerability to GBV and to addressing sexual and reproductive health needs that leave women and girls more vulnerable to Sexual and Reproductive Health burdens.

e. People with disabilities (PwD):

Women and girls living with disabilities are faced with a double burden of vulnerabilities. Sexual and Reproductive Health workers and GBV Activists were particularly trained to prioritise the SRH and GBV needs of women and girls living with disabilities. In the delivery of services at the service points, PwDs were given priority access - through Mobile Brigades and at Women and Girls Safe Spaces.

f. Protection:

Gender Based Violence (GBV) responses were primarily aimed at addressing protection needs of women and girls. Through GBV awareness campaigns, distribution of Female Dignity Kits, and GBV Case Management, and empowerment activities at Women and Girls Safe Spaces were all aimed at serving protection needs of women and girls.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UNFPA had not established capacity for administration of Cash and Voucher Assistance by the time of the implementation of this project.

9. Visibility of CERF-funded Activities

Title	Weblink
Reproductive health kits to Palma district, Cabo Delgado	https://twitter.com/UNFPAMocambique/status/1364481523051880448
Dignity kits pre-positioned ahead of Cyclone Chalane	https://twitter.com/UNFPAMocambique/status/1343867254480506880 https://twitter.com/UNFPAMocambique/status/1343867254480506880
Cyclone Kenneth support to those most vulnerable	https://twitter.com/UNFPAMocambique/status/1254700059406602247
Mobile health teams deliver life-saving care	https://twitter.com/UNFPAMocambique/status/1359406096599941122

3.4 Project Report 20-RR-HCR-018

1. Project Information			
Agency:	UNHCR	Country:	Mozambique
Sector/cluster:	Protection - Protection	CERF project code:	20-RR-HCR-018
Project title:	Provision of protection services to IDPs in Cabo Delgado		
Start date:	27/04/2020	End date:	26/10/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 4,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 2,000,000
	Amount received from CERF:	US\$ 349,848
	Total CERF funds sub-granted to implementing partners:	US\$ 328,496
	Government Partners	US\$ 0
	International NGOs	US\$ 328,496
	National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

In order to involve the affected communities in the solutions to the challenges that they are facing due to the conflict-inducement in Cabo Delgado, UNHCR provided trainings to 60 Protection focal Points in 2 districts. The Protection focal Points are from both IDP population and host communities and have the responsibilities of providing counselling services, identification, and referrals of persons with specific needs, as well as organization of activities to prevent and mitigate protection risks. They are also involved in information dissemination on rights and referral pathways as well as key messages related to PSEA and protection in general.

UNHCR conducted protection monitoring activities at household and individual levels in 3 Districts with high IDP concentration (Metuge, Montepuez and Chiure) including Pemba city in 2020. During the protection exercise conducted, more than 1,500 IDP households were reached including around 7,000 persons among IDP population. Through the data collected, vulnerable families were identified which enabled UNHCR to intervene directly with provision of NFIs based on evidence from the protection monitoring findings carried out (evidence-based decision). In general, the collection and analysis of the data, followed by the production of Protection Monitoring reports resulted to the identification of the main risk, trends and needs of PoCs and were used for information and advocacy for the delivery of more protection services.

As part of the 16 Days of Activism against GBV campaign, UNHCR conducted theatre play on GBV and gender equality themes, adapted to the context, and enacted the play in five IDP sites. A total of 1,200 persons of concern received the key GBV awareness messaging through the theatre play and group discussion. Awareness raising activities have also been conducted by Protection Focal Points on Protection against Sexual Exploitation and Abuse (PSEA). UNHCR has conducted GBV technical trainings for a total of 55 humanitarian actors, targeting UNHCR staff, partners, NGOs, government GBV services and UNHCR Protection Focal Points. UNHCR also trained 150 staff, partner staff, NGO staff and Protection Focal Points in the community on PSEA. UNHCR has met with 12 GBV service providers in four districts of Cabo Delgado to map the GBV services to assess quality, establish referral pathways and conduct capacity assessment for the development of GBV capacity building. UNHCR led the implementation of the GBV AoR joint safety audits with UNFPA. Safety Audits were conducted in three IDP locations and included a total of 45 IDPs and host population women, men, adolescent boys and girls

participated to identify GBV risks and response needs. 13,900 NFIs (mosquito nets and solar lamps) were distributed to IDPs in 3 different districts.

3. Changes and Amendments

No changes or amendments however due to COVID and the difficulties to implement the activities on the ground the CERF project implementation was extended at no financial cost. Moreover, the humanitarian context changed, therefore some areas which prioritized in the beginning of the response such as Macomia, became non-accessible due to security issues.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,000	5,000	5,000	5,000	20,000	5,500	4,500	5,500	4,500	20,000
Host communities	2,500	2,500	2,500	2,500	10,000	2,000	1,500	2,000	1,500	7,000
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,500	7,500	7,500	7,500	30,000	7,500	6,000	7,500	6,000	27,000
People with disabilities (PwD) out of the total										
	375	375	375	375	1,500	38	35	38	35	146

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Through the Protection Monitoring reports which captured a high number of IDPs without legal documentation, in some places more than 60%, UNHCR established a project to support IDPs in Pemba city. This supported more than 10,500 IDPs in Josina Machel neighbourhood.

6. CERF Results Framework

Project objective	Collection and analysis of life-saving protection data and implementation of community-based protection activities in Cabo Delgado.				
Output 1	Life-saving data collected				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Protection				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	n. of data collection field missions conducted, by district	10 in Pemba, 5 in Ibo, 5 in Macomia,	8 in total (Mueda, Palma, Ancuabe, Montepuez, Balama, Chiure, Meluco, Metuge)	CARE	
Indicator 1.2	n. of protection dashboards and protection monitoring reports produced and disseminated within the humanitarian organisations, authorities and partners	6	5 Paquitequete, Pemba city, Montepuez, Metuge and Chiure	UNHCR	
Indicator 1.3	n. of humanitarian projects mainstreaming protection on basis of data collected	10	2:1 UNHCR GBV program based on GBV safety audit	CARE/UNHCR	
Explanation of output and indicators variance:		UNHCR target was to reach 30,000 Persons of Concern, however, only 27,000 were reached by end of the project period with the available resources. This was due to multifil factors beyond UNHCR control such as Covid-19 and declaration of the state of emergency (L2), insecurity and increased attacked by the insurgents which hindered access to some areas like Macomia, etc.			
Activities	Description	Implemented by			
Activity 1.1	Collection of life-saving protection data including data on vulnerable groups	UNHCR			
Activity 1.2	Creation and distribution of protection dashboards and protection monitoring reports through Humanitarian Info website, Protection Cluster online toolkit, in HCT/ICCG and Cluster meetings	UNHCR			
Activity 1.3	Protection mainstreaming analysis of humanitarian projects in all community-based proposed interventions	UNHCR			
Activity 1.4	Production and distribution of protection dashboards and protection monitoring reports through Protection Cluster online toolkit, in ICCG and Cluster meetings	UNHCR			

Output 2 Services and assistance provided

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection - Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	n. of vulnerable persons assisted, by district (%female) through referrals to case management, training of community-based protection focal points and cash based transferred at 50 USD per households and 5 persons per households. The conditions for this CBT are: Identification through protection monitoring activities and conditional upon meeting the vulnerability criteria developed by the Government, especially targeting highly vulnerable groups such as persons with disabilities, older persons, persons with underlying medical conditions, single-headed women and children households	600 households targeted for CBT, 30 community focal points trained, 300 case referrals, 10 trainings	UNHCR conducted more than 10 trainings to 60 Protection Focal points in Chiure districts. They are supporting the affected communities in more than 10 IDP sites with referrals. Around 50 referrals were made for case management. 146 materials for persons with disabilities were purchased and distributed.	UNHCR
Indicator 2.2	n. of services mapped (disaggregated by level of service provision)	20	12 GBV services mapped (health, safety, and case management)	UNHCR
Indicator 2.3	n. of people from the host community reached through awareness raising campaigns, by district (%female)	20,000 (at least 50% female)	More than 3,800 persons from IDP people IDP and host community reached with GBV prevention and response messaging. PSEA, early marriage, general protection. More than 50% were women.	UNHCR
Indicator 2.4	n. of awareness raising sessions held by community volunteers	20	80 sessions	UNHCR
Indicator 2.5	n. of NFIs distributed	13,900 (12,000 mosquito nets and 1,900 solar lamps)	10,238 Mosquito nets: 5,119 Solar lamps,	CARE
Indicator 2.6	n. of emergency staff deployed to ensure protection by presence	10	11 staff both UNHCR and CARE were deployed under the fast track.	UNHCR
Explanation of output and indicators variance:		UNHCR target was to reach 30,000 Persons of Concern, however, only 27,000 were reached by end of the project period with the available resources. This was due to multifil factors beyond UNHCR control such as Covid-19, declaration of the state of emergency (L2), insecurity and increased attached		

		by the insurgents which hindered access to some IDPs areas like Macomia, etc).
Activities	Description	Implemented by
Activity 2.1	Partner identification and signature of agreement	CARE,
Activity 2.2	Provision of direct assistance to vulnerable groups, including NFI distribution, CBT, training of community-based protection focal points and establishment of protection desks, access permitting	UNHCR
Activity 2.3	Mapping of protection services and sharing the outcomes with protection sector/cluster members	UNHCR
Activity 2.4	Implementation of awareness raising campaigns	UNHCR
Activity 2.5	Carrying out awareness raising sessions by community volunteers	UNHCR

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹¹:

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 sites and neighborhoods with a high influx of IDPs. The 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 GBV/PSEA, Child Protection, other related protection matters, existing services and referral mechanisms is established; 4) Protection cases are identified and referred to services providers, 4) Several Focus Group Discussions were conducted in different districts and different communities in the framework of the relocation process jointly with other agencies to understand their perceptions and intentions.

b. AAP Feedback and Complaint Mechanisms:

UNHCR has its own Protection Desk in 3 IDP 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. Besides, UNHCR staff monitored several sites in order to collect complaint on the humanitarian assistance. Monitoring of their activities was conducted by telephone or through field missions by UNHCR.

¹⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNHCR uses internal SEA complaints handling procedures for complaints against UNHCR or implementing partners. UNHCR is using the PSEA Network SEA complaints handling SOP for channelling complaints to other actors. UNHCR has trained over 150 staff, volunteers, and partners on PSEA principles and the complaints process, ensuring that they are aware of their responsibility to report SEA cases in a safe and timely manner. UNHCR and partners staff, as well as volunteers, are required to sign the UNHCR code of conduct and PSEA Policy upon their onboarding. Furthermore, as Co-chair of the PSEA Network in Cabo Delgado UNHCR has trained 26 PSEA Focal Points from other agencies/organizations on PSEA and inter-agency SEA case reporting mechanisms. UNHCR conducts PSEA capacity and risk assessments with all projects and partners in order to build capacity building plans and ensure that SEA risks are mitigated.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

UNHCR adheres to the UNHCR Policy on Age, Gender and Diversity and the UNHCR GBV Policy in all its activities. UNHCR ensures the inclusive participation of women, men, girls and boys in the design and implementation of all its work. UNHCR actively consults community members using an age, gender and diversity sensitive approach on a regular basis and not only includes the voices raised in UNHCR's own work but also communicates concerns and views of the community with other actors. UNHCR ensures that GBV prevention and response is mainstreamed across all its work, referral pathways for GBV survivors are in place and all staff, volunteers and partners are trained on GBV core concepts and survivor centred referral processes. UNHCR conducts GBV risk assessments in the field to identify risks and provide recommendations to reduce them, including through GBV Safety Audits with the community.

e. People with disabilities (PwD):

In order to support persons with disabilities, UNHCR used CERF funding to support 146 persons both IDPs and host communities with compensation materials (49 canes, 69 wheelchairs, 28 crutches).

f. Protection:

The protection was mainstreamed through protection trainings to staff, UN/NGO organizations, community engagements with both IDP and host communities, focus group discussion, reports, advocacy, review of other cluster protection documents.

g. Education:

Education was not part of the project activity to be implemented by UNHCR.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

Instead of cash transfer to vulnerable households, they received NFIs, including materials for persons with disabilities.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.5 Project Report 20-RR-CEF-031

1. Project Information			
Agency:	UNICEF	Country:	Mozambique
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene Protection - Child Protection Education - Education Nutrition - Nutrition	CERF project code:	20-RR-CEF-031
Project title:	Improve access to life saving interventions to populations affected by floods and insecurity in Cabo Delgado province.		
Start date:	23/04/2020	End date:	22/10/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 5,300,000	
	Total funding received for agency's sector response to current emergency:	US\$ 0	
	Amount received from CERF:	US\$ 1,069,753	
	Total CERF funds sub-granted to implementing partners:	US\$ 496,172	
	Government Partners	US\$ 152,621	
	International NGOs	US\$ 305,104	
	National NGOs	US\$ 38,447	
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

Education: The main planned activities were realized including: distribution of School-in-a-Box kits (170), Learners' kits (15,403), tarpaulin sheets (600) and chalkboards (298). UNICEF also supported psychosocial support (PSS) trainings for 365 teachers who were affected by the insecurity and are now living in accommodation centres and with host families and communities in the districts that are safe. The planned activities assisted approximately 26,000 children and teachers.

WASH: Despite the initial challenges, this CERF grant allowed UNICEF WASH programme to support 25,250 children and their caretakers to access a sufficient quantity of safe water. Additionally, 36,570 beneficiaries received household water treatment products, and 5,070 Hygiene and Female Dignity kits were distributed to the affected families. At the same time, 83,000 beneficiaries were reached through mass media campaigns.

Child Protection: A total of 12,805 people were reached with birth registration campaigns, specifically internally displaced persons (IDPs). The birth registration activities had a delay due to alignment with regards to how to identify IDPs who had lost their birth registration documents. A total of 1,438 children were reached through case management services including 766 with the provision of psychosocial support.

Nutrition: Through partnership with the Provincial Health Directorate of Cabo Delgado Province (DPS), 54,041 children under five were screened for acute malnutrition as part of integrated mobile brigades. Of all children screened, 690 were treated for SAM. The grant enabled technical support and supervision, and transport of supplies and equipment that were required for health workers on the front lines to deliver this treatment.

3. Changes and Amendments

WASH: Initial planning for WASH interventions were targeted to resettlement areas in Macomia District and hosting areas of Mocimboa da Praia and Ibo Districts. Increased incidents of violence in these three districts caused the evacuation of all planned implementing partners. While the resettlement sites were being defined, the water and sanitation infrastructures were delayed and reduced, given some sites already had water provision. Due to these constraints and the COVID-19 pandemic, UNICEF and its partners increased their focus on providing HP mass media campaigns, distribution of household disinfection supplies, and Hygiene and Female Dignity Kits for the affected population. Regarding **Child Protection**, the launch of the birth registration process observed delays due to ambiguity regarding the criteria for the eligible IDP population which required extra time to be discussed and agreed with the Government. **Nutrition** encountered delays because one of the NGOs that was supposed to partner with UNICEF was blocked by DPS for no clear reason.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Education - Education									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,000	5,000	7,500	7,500	25,000	5,000	5,000	8,000	8,000	26,000
Host communities	0	0	0	0	0	250	250	750	750	2,000
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	5,000	5,000	7,500	7,500	25,000	5,250	5,250	8,750	8,750	28,000
People with disabilities (PWD) out of the total										
	450	450	500	500	1,900	500	500	600	600	2,200
Sector/cluster	Nutrition - Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	110	110	220	0	0	345	345	690
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	110	110	220	0	0	345	345	690
People with disabilities (PWD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	2,994	2,754	3,258	2,994	12,000	12,439	11,442	13,536	12,439	49,857
Host communities	1,996	1,836	2,172	1,996	8,000	8,293	7,628	9,024	8,293	33,238
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,990	4,590	5,430	4,990	20,000	20,732	19,070	22,560	20,732	83,094

People with disabilities (PwD) out of the total

	299	275	326	299	1,199	6,297	5,791	6,865	6,297	25,250
--	-----	-----	-----	-----	-------	-------	-------	-------	-------	--------

Sector/cluster Protection - Child Protection

Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	150	150	8,000	8,000	16,300	3,612	3,568	2,793	2,832	12,805
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	150	150	8,000	8,000	16,300	3,612	3,568	2,793	2,832	12,805

People with disabilities (PwD) out of the total

	0	0	160	160	320	0	0	27	10	37
--	---	---	-----	-----	-----	---	---	----	----	----

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

During the dissemination of messages by the department of women, children, and gender in conjunction with the institute for social communication, other people within the vicinity also received indirectly the messages regarding child safe keeping, however these were not calculated, thus there is no concrete data. When distributing the learners kit, UNICEF also included the vulnerable children in the host communities identified by the schools. The host school children, including the teachers and other employees from the host schools also benefitted from the school-in-a-box and hygiene kits.

6. CERF Results Framework

Project objective Improve access to life saving interventions to populations affected by floods and insecurity in Cabo Delgado province.

Output 1 Support to internally displaced children affected by Armed Conflict

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water Sanitation Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of times key messages regarding child safe keeping transmitted	1,000	75	Monthly report
Indicator 1.2	Number of children reached through case management services	2,000	1,438	Monthly partner report
Indicator 1.3	Number of technological communication means acquired and distributed to DPGCAS	20 cell phones and 20 modems	0	Financial report from UNICEF
Indicator 1.4	Number of children reached through psychosocial support	1,200	766	Monthly partner report
Indicator 1.5	Number of people reached through social mobilization and sensitization activities related to child safe keeping	25,000	13,125	Monthly report

Explanation of output and indicators variance: The number of children receiving case management services was not as high as expected due to a lack of capacity of the implementing partners collaborating with government partners. The referral system was developed and implemented late and the partners capacity to follow the workflow was weak, which required further trainings. A revised case management protocol was developed, and its implementation will ensure the harmonization of service provision by all partners resulting in a greater number of children reached.

Activities	Description	Implemented by
Activity 1.1	Dissemination of key messages including child safe keeping	SPAS (Servico Provincial Accao Social) with Instituto Comunicao Social (ICS)
Activity 1.2	Provision of case management services to internally displaced children	SPAS (Servico Provincial Acao Social) in collaboration with INGOs
Activity 1.3	Acquisition of technological means to ensure continuity of monitoring	UNICEF

Activity 1.4	Provision of psychosocial support	SPAS (Servico Provincial Acao Social) in collaboration with INGOs
--------------	-----------------------------------	---

Output 2 Access to WASH for internally displaced and hosting populations

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Water Sanitation Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of people that gain access to sufficient quantity of safe water through emergency interventions including water trucking and borehole construction and rehabilitation.	20,000	25,250	Distribution reports, photos, waybills, government entities' reports on the establishment of water points, UNICEF Programmatic visits
Indicator 2.2	# of people with access to sanitation in resettlement sites and hosting communities	20,000	16,245	Photos, sanitation/bathing facility tracker, UNICEF Programmatic visits
Indicator 2.3	# of people with access to hygiene messaging and hygiene NFI items in resettlement sites and hosting communities	20,000	83,095	Photos, distribution report, PDM Report, UNICEF Programmatic visits
Indicator 2.4	# of people with access to household water treatment chemicals	20,000	36,570	Photos, distribution report, PDM Report, UNICEF Programmatic visits
Indicator 2.5	Number of water points rehabilitated	35	19	Distribution reports, photos, waybills, government entities' reports on the establishment of water points, UNICEF Programmatic visits
Indicator 2.6	Number of latrines constructed	1,200	456	Photos, Sanitation facility tracker, UNICEF Programmatic visits

Explanation of output and indicators variance:

Initial planning for WASH interventions targeted resettlement areas in Macomia District and hosting areas of Mocimboa da Praia and Ibo Districts. Increased violence incidents in these 3 districts caused the evacuation of all planned implementing partners. While the resettlement sites were being defined, the water and sanitation infrastructures were delayed and reduced. Some locations that already had water sources focused attention on increasing the distribution of water treatment supplies.

Due to the above, as well as the COVID-19 pandemic and cholera preparedness and response, UNICEF and its partners increased their focus on providing HP mass media campaigns, distribution of household disinfection supplies, and Hygiene and Female Dignity kits for the affected population. This resulted in an important increase in the initial target of # of people with access

		to hygiene messaging and hygiene NFI items in resettlement sites and hosting communities' (from 20,000 to 83,095 people), 5,070 Hygiene kits and Female Dignity kits and 7,314 water purification products were distributed to affected families.
Activities	Description	Implemented by
Activity 2.1	Emergency water supply through water trucking to resettlement sites	Ayuda en Acción Foundation, Caritas Diocesana De Pemba, Joint Aid Management
Activity 2.2	Rehabilitation and construction of water points for resettlement sites and hosting communities	Ayuda en Acción Foundation, Caritas Diocesana De Pemba, Joint Aid Management
Activity 2.3	Installation and management of temporary sanitation and bathing facilities in accommodation centres	Ayuda en Acción Foundation, Caritas Diocesana De Pemba, Joint Aid Management
Activity 2.4	Community and household level hygiene promotion for resettlement sites and hosting communities	Ayuda en Acción Foundation, Caritas Diocesana De Pemba, Joint Aid Management
Activity 2.5	Procurement and distribution of WASH related non-food items that include household water treatment chemicals and standard WASH hygiene and dignity kits	Ayuda en Acción Foundation, Caritas Diocesana De Pemba, Joint Aid Management

Output 3	Access to therapeutic services for children with Severe Acute Malnutrition WASH for internally displaced and hosting populations			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Sector/cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of children under 5 with severe acute malnutrition treated	220	690	Monthly reports of DPS, June – Dec 2020
Indicator 3.2	Number of children under five screened for acute Malnutrition	21,000	54,041	Monthly reports of DPS, June – Dec 2020
Explanation of output and indicators variance:		<p>The activities were implemented as planned, with a few exceptions. One challenge surrounded the provincial health directorate's refusal to give approval for the work of an NGO partner. Thus, Activity 3.2 (support to MoH surge to deal with increased nutrition demands at health facility level) did not happen. The other divergence from the original proposal was regarding the geographic location of the interventions. Nevertheless, UNICEF's technical support to DPS for mobile brigade planning, implementation, and supervision; payment of transportation of supplies and commodities to health facility level; and provision of nutritional therapeutic food (other funding), directly enabled the reported results as part of DPS Cabo Delgado mobile brigades, delivering an integrated package of health and nutrition services, which included screening for acute malnutrition and referral for treatment of MAM and SAM (period reported is June to December 2020). The reported results are higher than expected for the following reasons: mobile brigades were ongoing over the period of June to December, in some cases to the same locations, therefore it is not possible to exclude that some children were screened more than once. Further, the data are from 9 districts across Cabo Delgado (Metuge, Ibo, Montepuez, Meluco, Pemba, Ancuabe, Mecufi, Namuno, and Balama) and of these, the districts in bold were part of the original proposal. Districts which were part of the original proposal but were not covered by mobile brigades were Mocimboa da Praia, Macomia, and Quissanga (for security reasons).</p>		

Activities	Description	Implemented by
Activity 3.1	Mobile Brigades that provide outreach nutrition services to distant communities for the treatment of acute malnutrition	DPS (Provincial Health Directorate) and UNICEF
Activity 3.2	Support MoH surge to deal with increased nutrition demands at health facility level	N/A
Activity 3.3	Essential commodities provision for malnutrition treatment	UNICEF
Activity 3.4	IDP's Nutritional evaluations	DPS, SETSAN-P (Provincial Technical Secretariat for Food and Nutrition Security), UNICEF, Caritas, AVSI

Output 4 Support to Education services in relocation sites and most affected districts (with safe access)

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Education - Education			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Temporary learning spaces provided in locations identified by DPEDH	7	60	DPE narrative report
Indicator 4.2	Number of roofing sheets distributed to 26 schools	400	600	Records supplies UNICEF
Indicator 4.3	Blackboards distributed to schools identified by DPEDH	35	298	DPE narrative report
Indicator 4.4	Student kits and school in box distributed to schools identified by DPEDH	3,500 student kits and 80 school in a box	15,403 Student kits and 170 School-in-a-Box kits	DPE narrative report, photo's
Indicator 4.5	Hygiene kits distributed to locations/schools identified by DPEDH in collaboration with WASH section	700	230	DPE narrative report
Indicator 4.6	Number of Teachers trained in psychosocial support	280	365	DPE narrative report
Explanation of output and indicators variance:		UNICEF had to reduce the overall number of hygiene kits as the MINEDH-defined contents were more expensive than planned. Due to the risk of COVID-19 transmission, UNICEF had to replace the tents with tarpaulins to ensure adequate ventilation.		
Activities	Description	Implemented by		
Activity 4.1	Installation of temporary learning spaces	DPE		
Activity 4.2	Provision of roofing sheets	UNICEF		
Activity 4.3	Provision of blackboards	UNICEF		
Activity 4.4	Distribution of teaching and learning materials (student kits, school in a box)	DPE		
Activity 4.5	Distribution of hygiene kits done through WASH cluster	DPE		

Activity 4.6	Provision of psychosocial support (Cabo Delgado) to 280 teachers in most affected districts	DPE
--------------	---	-----

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹³:

WASH: Consultations were done with affected populations (not only community leaders) to define needs and priorities. Updates on the project were similarly shared with the affected populations. Affected populations were informed in advance of selection criteria, date/time, and process.

Education: In collaboration with the National Education Cluster, DPE participated in a seminar organized by GEC on AAP, so that DPE would get more insights on how to take into consideration the specific needs of the affected people. Before and during project implementation, changes were made in the project design by DPE; namely the plan to provide ready-made TLS/tents to the affected people was replaced with tarpaulin sheets which simplified installation and adapted to the COVID-19 measures requiring better ventilation.

b. AAP Feedback and Complaint Mechanisms:

WASH: UNICEF WASH coordinates the Linha Verde complaint mechanism responses for all WASH partners and promotes the call centre numbers in all programs.

Education: Through cluster meetings IPs are made aware about Linha Verde help line

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The HCT established a PSEA network which is co-chaired by Oxfam and UNICEF. The PSEA Network has put in place a National PSEA Framework for Mozambique comprising of ; i) Country-Level Framework; ii) Standard Operating Procedures (SOPs) for recording and processing complaints; iii) referral pathway. The project followed and applied the existing mechanism.

Additional measures by individual sectors included **Education:** Through the trainings on PSS for teachers, participants were made aware of VAC, GBV and PSEA.; all **child protection** actors have received PSEA training to ensure that their service provision is of the upmost quality to the beneficiary; and all **Nutrition** Cluster partners (including DPS) have received PSEA training.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WASH hygiene distributions include menstrual hygiene items as per WASH Cluster Hygiene kit standards. All Placement of WASH infrastructure includes consultations with affected populations, including discussions with women and girls to ensure they feel safe using the facilities. Increasing access to WASH facilities and reducing distance to them mitigates against potential threats of GBV and harassment.

Education: GBV was part of the PSS training for teachers.

¹² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Child protection programmes are inclusive of all, including women and minorities. Case management services ensure a referral pathway in place for GBV cases, so appropriate services are provided as quickly as possible.

Nutrition screening and malnutrition treatment protocols are for all children under five years, including those with disabilities, without discrimination. Due to limitations of the HIS, it is not possible to disaggregate by gender for those screened or receiving treatment. UNICEF is working with MoH to make it possible at a systems level.

e. People with disabilities (PwD):

WASH: Consultations were done with the elderly and people living with disabilities to identify specific infrastructure adaptation needs, and 17 sanitation facilities were constructed/adapted to accommodate their needs. Water points are designed to be accessible to individuals with mobility issues.

Education: The sector was able to reach people/children with disabilities as per the selection criteria of beneficiaries. However, while these persons with disabilities were reached, it will be important next time to adapt basic learning materials to their specific needs. Children with disabilities were provided with adequate case management services, so as to ensure that they were able to be integrated within activities, and child protection actors were trained on how to ensure children with disabilities were appropriately addressed.

f. Protection:

Education: Training on PSS for teachers included PSEA.

Child Protection was integrated within the communication component by ensuring adequate child protection messages were transmitted especially in accommodation camps.

g. Education:

The education project was a combination of education supplies, services/training, and creation of learning spaces through the provision of tarpaulin sheets.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

9. Visibility of CERF-funded Activities

Title	Weblink
Displacement leaves its traces on health and nutrition of children in Cabo Delgado	https://www.unicef.org/mozambique/en/stories/displacement-leaves-its-traces-health-and-nutrition-children-cabo-delgado

3.6 Project Report 20-RR-WFP-024

1. Project Information

Agency:	WFP	Country:	Mozambique
Sector/cluster:	Food Security - Food Assistance Logistics - Common Logistics Nutrition - Nutrition	CERF project code:	20-RR-WFP-024
Project title:	Supporting populations displaced due to climate-related events (heavy rains and floods) and insecurity		
Start date:	03/04/2020	End date:	02/10/2020
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 13,533,567
Total funding received for agency's sector response to current emergency:	US\$ 0
Amount received from CERF:	US\$ 2,605,605
Total CERF funds sub-granted to implementing partners:	US\$ 169,253
Government Partners	US\$ 10,000
International NGOs	US\$ 0
National NGOs	US\$ 159,253
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Food Assistance: This CERF contribution was crucial to ensure the provision of life-saving food assistance to conflict affected communities starting in May 2020. With this contribution, WFP was able to purchase a total of 1,098 metric tons of food (891.2 mt of rice, 119.4 mt of peas and 34 mt of fortified vegetable oil) and assist a maximum of 54,175 beneficiaries (26,004 men and 28,171 women). WFP was able to distribute the complete planned monthly rations in complementarity with other food commodities available from other contributions. In total, some 75,420 people received assistance thanks to this CERF contribution (54,175 beneficiaries through in-kind food assistance and 21,245 beneficiaries through cash-based assistance). As reported in previous update, the transfers planned under the CBT have started late due to the intensification of attacks in Mocimboa da Praia and Macomia districts that destroyed all infrastructure including shops and disrupted the markets in those locations. WFP managed to complete the market and retailers assessment and was able to engage a total of 17 retailers and complete the security assessments that indicated favourable and appropriate conditions to implement value voucher in urban and peri-urban settings, so all city of Pemba and Montepuez district. For the communities living 5 kms far from the market areas, WFP has engaged with retailers to expand the value voucher through the mobile shop initiative. The transfers under CBT started in August 2020.

Nutrition Component: The implementation of the CERF-supported nutrition intervention was planned to start in April 2020, however, given the high level of insecurity, the situation changed since the approval of the CERF Rapid Response funds. When the intervention was planned, the implementation of the programme in 9 districts of Cabo Delgado, namely Ibo, Pemba, Nangade, Macomia, Quissanga, Mocimboa da Praia, Palma, Mueda and Muidumbe was possible. However, due to the deterioration of the security situation in 6 of these 9 districts, some populations from these areas have been displaced to 3 districts of Cabo Delgado province, that are still considered as safe, such as Ibo, Pemba and Metuge. In addition, due to the severity of the attacks, several health facilities in the districts where the implementation was planned were destroyed, resulting in 37 non-functioning health facilities. In light of these developments, WFP had to change its implementation strategy, moving from treatment at health facility level, to supporting the Provincial Department of Health (DPS)

of Cabo Delgado for the deployment of mobile brigades to the accommodation centres and communities, in order to address the nutritional needs of the most vulnerable groups (children under five and pregnant and lactating women, including the ones with HIV) who are now displaced in safer areas in Pemba, Metuge and Ibo districts.

Despite these challenges, 5 metric tons (mt) of Ready to Use Supplementary Food (RUSF) and 21 mt of Super Cereal Plus were procured and delivered to the health facilities for the treatment of Moderate Acute Malnutrition. Since the procurement of commodities was delayed due to COVID-19, to mitigate this situation, RUSF and Super Cereal from other ongoing projects were borrowed to initiate the activities.

Through CERF support, the planned 611 children under five (CU5) and 693 pregnant and lactating women (PLW) were admitted on time for immediate treatment of Moderate Acute Malnutrition (MAM) services. Throughout the project implementation period, the districts supported by CERF enrolled a total of 1,171 CU5 (556 boys and 615 girls) and a total of 1,043 PLW in MAM treatment, of which 602 CU5 and 399 PLW with moderate acute malnutrition were admitted through the integrated mobile brigade services while the others 569 CU5 and 644 PLW with moderate acute malnutrition were admitted at health facilities. Under the scope of the national COVID-19 community strategy, WFP also supported DPS and SDSMAS staff with Personal Protective Equipment in order to protect the staff during the implementation of the activities (mobile brigades). WFP team was sent to support the finance unit of DPS Cabo Delgado to expedite the pending justifications to WFP to allow the processing of the addendum of the existent Letter of Understanding between WFP and DPS Cabo Delgado. Once the DPS Cabo Delgado received the disbursed funds, as commodities had not yet arrived in the country, WFP loaned the supplements from another project to accelerate the implementation of the programme.

Logistics Sector (national-led): The difficult access in the north of Mozambique from insecurity remained poignantly difficult during the period of the implementation of the project and Air passenger service was especially important for allowing humanitarian partners to assess the implementation locations and for transport of life saving light cargo. The CERF allowed the sea, road and air transportation as well storage of relief items for humanitarian partners.

The Logistics Sector, led by the National Institute for Disaster Risk Management and Reduction (INGD) and WFP Mozambique, facilitates coordination and information management to support operational decision-making and improve the efficiency of the humanitarian emergency response. Regular meetings between government institutions and humanitarian organizations have been held every two weeks in 2020 to ensure a close monitoring of the logistics constraints, challenges and needs. In addition to facilitating information sharing amongst key stakeholders, the Log Sector through CERF funding was able to provide access to common logistics services to humanitarian partners present in Cabo Delgado. Through bilateral service provision, WFP assisted humanitarian partners with storage, transport solutions as well as handling services to humanitarian partners on a free-to-user or on a cost-recovery basis.

WFP received a total of 145 requests in 2020 of which 131 were executed, and 90% logistics service requests have been completed in terms of volume of goods stored or transported. In total, 3180m³ of commodities were stored at WFP warehouse located in Pemba, and 1200MT/3550m³ were transported (93% by road and 7% by sea).

In December 2020, the launching of UNHAS operations has extended the assistance to humanitarian community and allow the transport of emergency supplies by air to Palma, in the northern of the province. WFP facilitated the storage and transport of humanitarian supplies for 11 humanitarian partners and 2 government institutions (Ibo Administration and CMAM/MOH).

These logistics services are not intended to replace the logistics capacities of other organisations, nor are they meant to compete with the commercial market. Rather, they are intended to fill identified gaps and provide a last resort option in case other service providers are not available. WFP will continue to provide the logistics services to humanitarian partners on a cost-recovery basis with new arrangements renegotiated, under Service Level agreement.

3. Changes and Amendments

Two changes were made to the initial project:

- The first change and amendment extended the duration of the CERF project for 3 additional months as well as adjust some logistics activities to the context of Cabo Delgado.
- The second change was requested to re-programme USD 40,000 under the logistics cluster portion (transferred the amount from fences to transport of NFIs).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Logistics - Common Logistics									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0
People with disabilities (PWD) out of the total										
	0	0	0	0	0	0	0	0	0	0
Sector/cluster	Nutrition - Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	693	0	318	293	1,304	693	0	318	293	1,304
Total	693	0	318	293	1,304	693	0	318	293	1,304
People with disabilities (PWD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	8,905	7,839	10,884	10,427	38,055	17,648	15,537	21,570	20,665	75,420
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	8,905	7,839	10,884	10,427	38,055	17,648	15,537	21,570	20,665	75,420
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Through CERF contribution a total of 6 accommodation centers and 17 communities were reached through the integrated health services in the 3 districts that benefit by the project. As previously mentioned, although the nutrition services supported by CERF target primarily children under 5 years of age and pregnant and lactating women, including people living with HIV and TB, other community members and age groups were able to benefit from other health interventions, such as immunization, family planning, vitamin A and deworming. In terms of logistics service provision, the activities indirectly benefitted the people served by the organizations who received these services.

6. CERF Results Framework

Project objective Provide life-saving food assistance to conflict-affected IDPs, prevent an increase in moderate acute malnutrition, and associated mortality for the most vulnerable groups (children under five years and PLW), and, provide logistics support services to the humanitarian community.

Output 1 Provide lifesaving food assistance to 38,055 IDPs

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Food Security - Food Assistance

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women who receive immediate lifesaving food assistance	19,789	39,218	Logistics food dispatch reports, Cooperating Partners reports
Indicator 1.2	Number of men who receive immediate lifesaving food assistance	18,266	36,202	Logistics food dispatch reports, Cooperating Partners reports
Indicator 1.3	Quantity of food distributed by type as % of planned	1,087 mt of food (cereals, pulses and fortified vegetable oil)100%	1,067	WFP Supply Chain, Budget and programming
Indicator 1.4	Total cash amount transferred to the beneficiaries	USD 222,985	USD 222,984.6	WFP financial systems

Explanation of output and indicators variance: The variance between planned and actuals is due to the fact that WFP's food security interventions are multi-donor in nature. This signifies that beneficiaries are likely to get food baskets funded by different donors.

Activities	Description	Implemented by
Activity 1.1	Finalization of agreements with Cooperating Partners	Agreements signed implementing partner SEPPA
Activity 1.2	Beneficiaries registration and data management	Pilot initiatives by WFP and IOM to register beneficiaries started end of 2020 and are currently ongoing
Activity 1.3	Procurement and transport of - metric tons of food commodities and dispatch to distribution sites	Completed
Activity 1.4	Distribution of food rations and delivery of cash entitlements to 38,055 people (29,978 people will receive in-kind food assistance and 8,077 people will receive assistance through cash-based modality – value vouchers)	Planned beneficiaries were assisted.

Output 2 611 children 6 – 59 months and 693 pregnant and lactating women, including those with HIV/, receive life-saving treatment for moderate acute malnutrition in accommodation centres and host communities in Cabo Delgado

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Nutrition - Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of children admitted to PRN for moderate acute malnutrition	611	611	Programme monthly reports
Indicator 2.2	Number of PLW admitted to PRN for acute malnutrition	693	693	Programme monthly reports
Indicator 2.3	Number of children/PLW discharged cured from PRN for moderate acute malnutrition	>75% (Sphere standards)	95 %	Programme monthly reports

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 2.1	Procurement of ready-to-use supplementary food (RUSF)/fortified-blended-food (CSB) and dispatch SDSMAS	WFP
Activity 2.2	On job training on PRN protocol and stock management	WFP/DPS
Activity 2.3	Active case finding of children 6-59 months and PLW with acute malnutrition and referral to health services provided for treatment	Community Health Activists/Health Facility staff
Activity 2.4	Support to treatment of moderate acute malnutrition, including distribution of RUSF and CSB	WFP/DPS/SDSMAS

Output 3 Life-saving humanitarian cargo is transported to affected areas and project implementation sites quickly and efficiently through the provision of coordinated air, sea and road transport services

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Logistics - Common Logistics

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of responding agencies and organizations utilizing sea, air and road transport services	12	13 (2 gov)	Service Request Tracker managed by WFP
Indicator 3.2	Percentage of service requests to transport cargo fulfilled.	85%	90%	Logistics Services Reports
Indicator 3.3	Service user's satisfaction rate on Logistics Cluster facilitation of common logistics services	85%	90%	Online Survey

Explanation of output and indicators variance: During the implementation period there was a marked increase in demand for WFP-led logistics services especially in the last quarter of 2020. This was due to rising humanitarian needs as well as the added value WFP was considered to have brought to the humanitarian community in their response to the crisis in the Northern Mozambique.

Activities	Description	Implemented by
------------	-------------	----------------

Activity 3.1	Contracting and implementation of air, sea and surface transport including handling	WFP
Activity 3.2	Provision of scheduled air and surface (road, river and sea) transport services for humanitarian relief supplies and humanitarian personnel	WFP

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁵:

To help ensure with the institutional Humanitarian Protection Policy, The Strategy for Accountability to Affected Populations (AAP), the Gender Strategy and the Secretary General Bulletin on Special measures for protection from sexual exploitation and sexual abuse, WFP manages cyclical trainings for staff and CPs. The objective of the trainings is to enable partners to apply at least minimum standards of do no harm through: effective community consultations ensuring participation of the most vulnerable and ensuring that women's voices are also incorporated, correct identification of distribution sites (within 5km, shade, water, seating), ensuring safe and dignified distributions through effective communications on targeting, beneficiary rights and entitlements and ensuring prioritization and support to more vulnerable populations, and timely start and end of distributions. Trainings are also expected to result in strengthened use of complaints and feedback mechanisms and more effective follow up on referred cases, which includes relevant and useful feedback and application of timely programme adjustments. The training is also expected to dually prevent occurrences of SEA and strengthen understanding of reporting channels and facilitate effective compliance with the UNs zero tolerance policy on SEA.

In relation to the design and implementation of the Nutrition Rehabilitation Programme (PRN) it is a Government programme and standardized throughout the country. Therefore, there is not much room for involvement in the design as it is already set by the MOH protocol. Related to implementation, the provincial and district health authorities and health facility staff, who themselves have been affected, were integral to the implementation of the PRN. Moreover, the implementation of mobile brigades follows a participatory approach, in where key community actors such as community leaders, midwives and traditional healers are involved to support community mobilization to adhere to activities and support community organization. Mobile brigades are also implemented with support of community health workers and other community volunteers who help in the delivery of specific interventions such as nutrition screening, including registration of people targeted.

b. AAP Feedback and Complaint Mechanisms:

On behalf of the Humanitarian Cluster Team (HCT), WFP leads inter-agency tollfree hotline, Linha Verde da Resposta a Emergencia, 1458 as one component of the humanitarian response's accountability to affected populations (AAP) commitment to protection against sexual exploitation and abuse (PSEA). Live since 16th May 2019, the hotline contributes to a wider network of community feedback mechanisms (CFM) which for WFP also consists of suggestion boxes, helpdesks and community committees for the food assistance who are trained to represent the affected population in their community and support correct information provision at the community level. Throughout the

¹⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

assistance WFP seeks to consult the affected population ahead of any programme adjustments and as part of the follow up of concerns raised by the affected population to ensure that the population's needs and opinions are reflected and integrated into decision-making.

From June 2020, the inter-agency cost-sharing approach that took effect with funding from 7 agencies had a positive effect on expanded use of the hotline service on issues beyond food assistance and covid-19 (shelter, conditions in resettlement sites, GBV, child protection) as well as resulting in greater community outreach and Government engagement, including with MGCAS and INAS.

The number of cases in Cabo Delgado increased from May onward as the numbers of displaced people in southern districts increased. In terms of sectors/clusters, the majority of the cases related to health at 45% with food security following at 37.6%. Health concerns show the strong engagement of the affected populations on Covid-19 with trends initially focusing on mitigation measures, rumors and clarifications evolving to largely focus on requests regarding Government prevention measures and status updates on virus spread. Linha Verde 1458 continued to engage closely with MISAU and health cluster, including sharing weekly reports on the engagement of the populations on Covid-19. In the north, lack of clarity on IDP registration processes and translation of this IDP registration to beneficiary lists also maintained the spotlight significantly on food security, while WFP has sought to build on the feedback from the affected population to ensure strengthened verification of beneficiaries on distribution-day, strengthened communications on targeting criteria and facilitate greater involvement of CPs with local Government for the cleaning of beneficiary lists. SMS on Covid-19, GBV and child protection sent within this period served to remind users of the service, increase awareness on sensitive but vital issues and facilitate access to services when people reacted and called Linha Verde 1458 regarding these matters.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WFP has a zero-tolerance policy to SEA and works closely with staff and CPs to ensure commitment to upholding those values as well as raising awareness amongst the affected population on their rights, and how to report SEA and other concerns. CPs are contractually committed to PSEA as part of their interventions. Making a number of reporting mechanisms available, including a tollfree hotline, is hoped to facilitate reporting of any SEA cases.

All partners and relevant field staff were trained during pre-implementation trainings covering minimum expected standards on gender, protection, AAP and PSEA as well as sharing lessons learned from previous interventions. In addition to pre-implementation trainings, the gender and protection adviser and gender associate supported all field offices and protection/AAP focal points to support partners and engage actively and effectively on issues raised through the complaints and feedback mechanisms. Bi-monthly meetings with protection/AAP focal points also allowed for sharing of experiences and good practices between field offices as well as joint troubleshooting on common issues.

A majority of reported cases linked to abuses of power in the humanitarian assistance, including SEA, are against local leaders. With no jurisdiction WFP and other UN actors thus face challenges to directly address such cases. WFP is committed to addressing this issue in the longer term and is working with the PSEA network to identify a safe referral process for such cases as well as exploring programmatic adjustments that can better protect the affected population. In order to strengthen our commitment to zero tolerance policies of fraud, corruption and PSEA, WFP with the PSEA coordinator established a relationship with the provincial office for anti-corruption in Sofala, facilitated by the national director of the national office for anti-corruption. WFP hopes to expand this experience to the north, to actively collaborate with the Nampula-based provincial office for anti-corruption which covers northern provinces. This relationship facilitated a direct referral pathway for investigation of cases where leaders are concretely found to be abusing their positions of power. WFP has worked with the resident coordinators office (RCO) for the referral of SEA cases against linked to local leaders to the national prosecutor as per the referral pathway established during the Idai response. via the resident coordinators office (RCO).

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Protection and AAP training to partners and field monitors incorporated cross-cutting gender, age and inclusion as well as awareness on referral pathways for GBV and child protection. Ensuing engagement by partners on beneficiary rights and reporting services (Linha Verde and Linha Fala Crianca) has revealed cases of early marriage in particular, while strengthened engagement between Linha Verde 1458 and UNFPA on GBV, particularly focusing on risks of domestic violence in the context of COVID-19 has resulted in increased reporting of such cases through the hotline.

Women's engagement with the hotline service has remained low, at 20%, but this could be due to the majority of enquires being related to access to humanitarian assistance, and men are household decision-makers and own phones at higher rates. Gender inclusive CFM

services allows women to communicate through other means, including suggestion boxes, helpdesks and community committees, the latter of which are not so well captured in statistics due on-the-spot resolution of issues. Community committees consist of at least 50% women and all community consultation ensures involvement of a cross-section of the affected population, where possible disaggregating discussions by gender to ensure that women's voices are effectively heard during the design and monitoring of food assistance interventions.

e. People with disabilities (PwD):

Awareness of different needs and vulnerabilities is incorporated into regular training of programme staff and partners. To facilitate access for PWD CPs have formed and trained community committees at the community level, who help facilitate prioritisation and access to assistance for PWD on distribution days. Working closely with the protection cluster and protection counterparts on the ground to facilitate understanding on IDP registration at the community level and as relevant facilitating inclusion of PWD who are displaced on beneficiary lists. Community feedback mechanisms are also available to help identify vulnerable displaced families who for some reason have not been included on beneficiary lists.

f. Protection:

WFP conducts capacity assessments of CPs to ensure compliance with minimum standards of WFP on Protection which is also reflected in Annex 6 of the FLAs. Furthermore, WFP is cooperating with CPs to enforce compliance with AAP in operations, making sure that CPs receive and are trained on the SOPs for safe and dignified distributions, understand how they must acknowledge and address cases received through CFMs and ensure that AAP/ Protection focal points are trained for each district. WFP Field Monitors (FMs) participate in all the same trainings, including on PSEA, to ensure that the field team speaks the same operational language and is able to comply with WFPs standards. See answers to questions b and c for further reference.

g. Education:

Not Applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	21,245 people or 4,249 households

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

WFP planned to assist IDPs by providing food assistance through vouchers. As this modality had not been utilized in Pemba city, markets and retailers' assessments were conducted by WFP to inform the use of value vouchers in Cabo Delgado as a means of delivering assistance to IDPs. Under this CERF project, a total of 21,245 people received value vouchers. All transfers covered 81% of required kilo calorie needs for a household size five as recommended by the Standard Operating Procedures (SOP) developed by the Food Security Cluster (FSC) for populations in IPC 3 (crisis) phase. Beneficiaries were assisted using value voucher through the contracted retailers. The voucher amount was equivalent to MZN 3,600 (USD 52.48) per month.

Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
------------------------	--------------------------------	----------------------	----------------	-------------

(incl. activity # from results framework above)				
Value Vouchers	21,245 people	US\$ 222,984.66	Food Security - Food Assistance	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Insights Stories: Mozambique: WFP assists families fleeing conflict in Cabo Delgado	https://www.wfp.org/stories/mozambique-wfp-assists-families-fleeing-conflict-cabo-delgado
Insights Stories: Northern Mozambique: 'Too hungry to think past tomorrow'	https://www.wfp.org/stories/northern-mozambique-hunger-conflict-crisis-africa-un-wfp-refugees
Tweet Value Vouchers Balama, Cabo Delgado	https://twitter.com/wfp_mozambique/status/1331161468700594176
Tweet CBT Cabo Delgado	https://twitter.com/wfp_mozambique/status/1324008160508739589
Tweet with Video CBT Cabo Delgado	https://twitter.com/wfp_mozambique/status/1324008160508739589
Tweet Linha Verde (Humanitarian Free Hotline)	https://twitter.com/wfp_mozambique/status/1263609179903873027
Tweet about "when Disasters strikes" tv show	https://twitter.com/wfp_mozambique/status/1346709804325036033
Tweet rainy season Cabo Delgado – WFP Logistics	https://twitter.com/wfp_mozambique/status/1359405409707188225

3.7 Project Report 20-RR-WHO-023

1. Project Information			
Agency:	WHO	Country:	Mozambique
Sector/cluster:	Health - Health	CERF project code:	20-RR-WHO-023
Project title:	Improve access to primary health care and strengthen capacity to respond to cholera and others disease outbreaks for IDPs and host communities faced with insecurity and floods in Cabo Delgado		
Start date:	15/04/2020	End date:	14/10/2020
Project revisions	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 500,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 226,495
	Total CERF funds sub-granted to implementing partners:		US\$ 226,495
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 226,495	

2. Project Results Summary/Overall Performance

With CERF funding, WHO supported with the deployment of a one national professional officer for six months and the officer provided technical support and capacity building and mentoring to provincial, districts and health facility level health care workers on the surveillance, case management and monitoring of the response activities to cholera and other health programmes. WHO supported the MoH to strengthen disease surveillance by implementing Early Warning Alert and Response System and active surveillance. (EWARS). 41 health professionals of different categories from health facilities and 8 districts (Ancuabe, Pemba, Metugeu, Mecufi, Chiuri, Montepuez, Ibo and Palma). Supported the outbreak investigation and verification of reported rumors on cholera, dysntry and acute watery diarrhea. Outbreak investigation teams from 9 districts were trained and supported outbreak investigations and verification of rumours. Under this proposal, different cholera kits (Cholera hardware kit=4, Community cholera treatment center kit=50, Cholera investigation kit= 20) were procured and distributed to facilitate setting up CTC/CTU and ORP to strengthen cholera outbreak response and supported the treatment of close to 1000 cholera cases were treated at the cholera treatment center (CTC) (cholera treatment units (CTU)).

3. Changes and Amendments

The change on output 4 was not communicated where the resources was targeted to support the first three outputs. The allocated resource was for the three outputs, given that most of the resources were utilized in responding to the critical situation of upsurge of both cholera and COVID19.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	49,169	30,831	11,500	8,500	100,000	48,400	30,000	11,000	8,000	97,400
Host communities	51,280	28,720	11,000	9,000	100,000	50,000	28,500	10,800	8,500	97,800
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	100,449	59,551	22,500	17,500	200,000	98,400	58,500	21,800	16,500	195,200
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Disease surveillance was strengthened in all health facilities of the whole districts (8 districts< Ancuabe, Pemba, Metuge, Mecufi, Chiuri, Montepuez, Ibo and Palma) 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.

6. CERF Results Framework

Project objective	Improve access to primary health care and support prevention, detection and response to infectious disease outbreaks including cholera, diarrhoea, dysentery and COVID-19 to the population affected by floods and insecurity in Cabo Delgado through strengthening community based and health facility surveillance, health promotion and community engagement
--------------------------	---

Output 1 Strengthen disease surveillance mainly at the community and health facility level

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	No. rumours, alerts and potential outbreaks verified and investigated within 48 hours	100	85	Surveillance reports coming to districts and provinces
Indicator 1.2	No. of Health facilities submitting timely weekly surveillance reports	63	63	Weekly surveillance report
Indicator 1.3	No. of Health workers at the facility and community members trained on disease surveillance	55	67	Training report
Indicator 1.4	All confirmed outbreaks timely responded and properly managed	ALL (Final absolute numbers of outbreaks will be shared at the reporting stage)	11	Outbreak investigation reports

Explanation of output and indicators variance: With the recruited officer and with the funding support, training on surveillance and outbreak investigation went good. This has improved the surveillance reporting and timely outbreak/rumour investigation and verification.

Activities	Description	Implemented by
Activity 1.1	Provide training on disease surveillance (detection, reporting, responding) to health workers and community members	DPS and WHO
Activity 1.2	Provide training to district level multi-disciplinary rapid response teams members	DPS and WHO
Activity 1.3	Conduct joint supportive supervision visits	WHO, DPS and Unicef
Activity 1.4	Monitor disease surveillance	DPS and WHO

Output 2 Enhance hygiene promotion, advocacy and community engagement on cholera, diarrhoeal diseases and COVID19 prevention and control

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people in high risk for cholera, diarrhoea diseases and COVID19 received health promotion and advocacy materials	200,000	200,000	Filed activity reports
Indicator 2.2	No. of IEC materials printed (assorted copies of guidelines, case definition, reporting tools, manuals, health promotion materials, flip charts)	9,700	10,000	Printed materials distributed to the province, district and health facilities
Indicator 2.3	No. of community focused discussions meetings held during community participation (one per district)	10	12	Activity report
Explanation of output and indicators variance:		Works of risk communication and community engagement on the prevention and control of AWD, Cholera and COVID-19 with employment of different communication strategies was carried out to reach the public and informed on the diseases and on the prevention and control of the diseases.		
Activities	Description	Implemented by		
Activity 2.1	Holding focused group discussions specific for community leaders to solicit for support	DPS and WHO		
Activity 2.2	Training community volunteers on health promotion	DPS and WHO		
Activity 2.3	Developing advocacy messages through regional and community radio	DPS and WHO		

Output 3 Improving Cholera Case management, Treatment and referral system

Was the planned output changed through a reprogramming after the application stage? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of cholera investigation Kits procured	20	20	Procurement and hand over report
Indicator 3.2	No. of samples collected and tested for culture in the lab for cholera confirmation	200	11	Provincial Lab culture report
Indicator 3.3	No of Cholera kits procured	50	50	Procurement and hand over report
Indicator 3.4	Estimated No of Cholera kits distributed among the IDPs and host communities	70	54	Prepositions report
Indicator 3.5	No. of severe cholera cases treated at the CTCs	700	1000	Weekly epidemiological report
Explanation of output and indicators variance:		Cholera outbreak investigation and rumour verification capacities in the province has strengthened due to the provision of investigation kits and		

		training. 1000 cholera cases were treated at the cholera treatment center (CTC) (cholera treatment units (CTU).
Activities	Description	Implemented by
Activity 3.1	Monitor proper cholera, dysentery and other diarrheal case management	DPS, WHO and partners (UNICEF, MSF)
Activity 3.2	Distribute treatment guidelines to health facilities	MOH and DPS
Activity 3.3	Procure and Distribute Emergency cholera kits for health facility and community cholera kits	WHO and DPS

Output 4 Improve access to primary health care among affected populations

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	No. of outpatient consultations from the health facility	1,200,000	N/A	N/A
Indicator 4.2	No. of outpatient consultations from outreach services	4,800,000	N/A	N/A
Indicator 4.3	No. of patients living with chronic illness from affected population receiving continuity of care	170,000	N/A	N/A
Explanation of output and indicators variance:		With this CERF funding, <u>it was not possible to monitor and had no direct support to this output</u> where WHO more focused on the cholera and COVID-19 response action with this funding.		
Activities	Description	Implemented by		
Activity 4.1	Provision of integrated primary health care services at the health facilities to the IDPs and host communities	N/A		
Activity 4.2	Conduct outreach services	N/A		
Activity 4.3	Continuity of care to people living with chronic illness	N/A		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

¹⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

a. Accountability to Affected People (AAP) ¹⁷:

WHO has a presence in the province following the Kenneth. WHO has been following the evolving situations with the increase number of IDPS. Had a discussion with the IDPS and hosting communities and districts official in terms of health problems and possible causes and solutions. One among key areas identified was water shortage and diarrheal diseases. Once the outbreak occurred response action was supported and response action were monitoring which had required community members engagement and involvement in the response.

b. AAP Feedback and Complaint Mechanisms:

Affected population are aware that the government with involvement of different partners are supporting the response to disease outbreaks. Periodic visit of the WHO staffs to the affected people and used to held discussion with community members and elders on the health service provision. They were encouraged to provide feedback. Besides the community members were engaged on diseases detection and reporting and in distribution of oral rehydration salt and providing message to their community members.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

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 WHO staff and having a zero tolerance policy to any form exploitations and abuse. WHO makes available immediate and confidential mechanisms to report SEA for WHO staff members and WHO collaborators or any other person who may have been a victim of SEA or may have witnessed or otherwise been informed of a case of SEA involving WHO and follow up.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Cholera and COVID-19 disease affect all age, sex. Though COVID-19 more affect in terms of mortality elderly people and people with comorbidities. Services are provided to all to stop disease transmission and there by reduce the morbidity and mortality to disease outbreaks.

e. People with disabilities (PwD):

Cholera and COVID-19 disease affect all age, sex. Though COVID-19 more affect in terms of mortality elderly people and people with comorbidities. Services are provided to all to stop disease transmission and there by reduce the morbidity and mortality to disease outbreaks.

f. Protection:

WHO has given a special focus in terms of monitoring the health situation of the IDPS in the temporary and resettlement sites. To ensure timely detection and reporting of epidemic prone diseases (cholera, acute watery diarrhoea, dysentery and cholera), training was given on surveillance to selected focal person from the different AC and resettlement sites. Moreover, advocated to have these population basic health services provided.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

¹⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A. WHO is yet to use CVA for humanitarian response hence the need of CVA not being considered.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Total Funds Transferred in UDS
20-RR-FAO-020	Agriculture	FAO	NNGO	\$19,560
20-RR-FAO-020	Agriculture	FAO	INGO	\$13,630
20-RR-IOM-012	Shelter & NFI	IOM	INGO	\$366,530
20-RR-FPA-023	Protection	UNFPA	NNGO	\$52,500
20-RR-FPA-023	Health	UNFPA	NNGO	\$12,832
20-RR-FPA-023	Protection	UNFPA	GOV	\$30,000
20-RR-FPA-023	Protection	UNFPA	GOV	\$3,200
20-RR-HCR-018	Protection	UNHCR	INGO	\$328,496
20-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	INGO	\$202,060
20-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	INGO	\$77,288
20-RR-CEF-031	Water, Sanitation and Hygiene	UNICEF	NNGO	\$10,792
20-RR-CEF-031	Education	UNICEF	GOV	\$20,117
20-RR-CEF-031	Nutrition	UNICEF	INGO	\$25,756
20-RR-CEF-031	Nutrition	UNICEF	NNGO	\$27,655
20-RR-CEF-031	Child Protection	UNICEF	GOV	\$89,505
20-RR-CEF-031	Child Protection	UNICEF	GOV	\$42,999
20-RR-WFP-024	Nutrition	WFP	GOV	\$10,000
20-RR-WFP-024	Food Assistance	WFP	INGO	\$159,253