

**MOZAMBIQUE
RAPID RESPONSE
DISPLACEMENT
2021**

21-RR-MOZ-47724

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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.

N/A

An ad-hoc AAR did not take place due to critical time constraints and concurrent humanitarian priorities, including the finalization of the 2022 HNO and HRP documents, the arrival of the rainy/cyclonic season, and the deterioration of the conflict in northern Mozambique. Nevertheless, the inputs were collected by the Report Focal Point (UNOCHA) from recipient agencies, implementing partners (including NGOs and relevant government counterparts), and cluster coordinators through a number of bilateral consultations and discussions. During the consultations, the results achieved with the grant, including people reached, overall impact and added value were analysed. Furthermore, best practises and lessons learned with recommendations were also discussed, in an overall effort to improve efficiency and effectiveness of future CERF allocations.

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 ☐

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 ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

In April 2021, CERF allocated a total of US\$ 5,000,000 to Mozambique from its window for Rapid Response to support the provision of urgent life-saving assistance to a total of 84,752 people in need, affected by the rapidly escalation of violence in Cabo Delgado province, which began with the attack in Palma on 24 March 2021.

CERF allocations enabled underfunded sectors and activities to receive adequate and prioritised support from April to December 2021. 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 implementation of the emergency response through the 2021 Humanitarian Response Plan, addressing the most urgent escalating humanitarian needs in the province amidst a highly fluid and insecure operating environment. 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 allocation was significantly catalytic in raising further donor contributions in line with the 2021 Humanitarian Response Plan.

CERF's Added Value:

CERF funding allowed for the immediate delivery of assistance to the populations affected by violence/insecurity in Cabo Delgado, according to the 2021 Humanitarian Response Plan. 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. 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 31,777 people, including women and girls of reproductive age, and other indirect beneficiaries including boys and men in IDP accommodation, transit and resettlement centres in 5 districts of Cabo Delgado. UNHCR provided trainings to 153 Protection focal Points and conducted protection monitoring activities at household and individual levels in 9 Districts with high IDP concentration, reaching more than 7,400 affected people. Still, CERF contributions were crucial to ensure the provision of life-saving food assistance to conflict affected communities starting in April 2021. With these funds, WFP was able to provide life-saving humanitarian food assistance to 37,093 conflict-affected people (of which 27,000 were assisted through in-kind food and 10,093 through cash/vouchers).

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 2021, following the Palma attack, 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 2021 Humanitarian Response Plan.

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 considering the most underfunded sectors and activities as well as main humanitarian needs through a consultative and participatory process among the 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 had been 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 6,302 people with disabilities (PwD), as they 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. Overall, vulnerable groups including PwD, elderly, women, children, and persons with underlying medical conditions were considered a protection crisis within the humanitarian emergency in Cabo Delgado and were given targeted assistance. During the project interventions, 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 placed communities at the centre of the CERF-funded activities.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	18,046,500
CERF	5,013,688
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	5,013,688

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](#).

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

Agency	Project Code	Sector/Cluster	Amount
IOM	21-RR-IOM-010	Shelter and Non-Food Items	702,949
IOM	21-RR-IOM-010	Camp Coordination and Camp Management	144,725
IOM	21-RR-IOM-010	Health	103,375
IOM	21-RR-IOM-010	Protection	82,700
UNFPA	21-RR-FPA-010	Protection - Gender-Based Violence	170,367
UNFPA	21-RR-FPA-010	Health - Sexual and Reproductive Health	104,418
UNHCR	21-RR-HCR-009	Shelter and Non-Food Items	230,022
UNHCR	21-RR-HCR-009	Protection	143,763
UNHCR	21-RR-HCR-009	Protection - Gender-Based Violence	105,426
UNICEF	21-RR-CEF-017	Water, Sanitation and Hygiene	912,175
UNICEF	21-RR-CEF-017	Protection - Child Protection	202,706
UNICEF	21-RR-CEF-017	Health	202,705
UNICEF	21-RR-CEF-017	Nutrition	130,311
WFP	21-RR-WFP-012	Food Security - Food Assistance	1,350,067
WFP	21-RR-WFP-012	Nutrition	118,000
WHO	21-RR-WHO-014	Health	309,979
Total			5,013,688

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

Total funds implemented directly by UN agencies including procurement of relief goods	3,510,377
Funds sub-granted to government partners*	98,024
Funds sub-granted to international NGO partners*	905,961
Funds sub-granted to national NGO partners*	500,326
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,503,311
Total	5,013,688

* 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:

On 24 March 2021, the town of Palma in Mozambique's northern province of Cabo Delgado came under attack by non-state armed groups (NSAGs). In the days that followed, non-state armed groups and government security forces engaged in clashes, until the NSAGs eventually withdrew from the area. By 17 May 2021, 51,782 people who fled Palma had arrived into surrounding districts, according to the IOM's displacement tracking matrix, and hundreds of people continued to arrive each day. Among displaced people, 643 were unaccompanied children and 1,696 elderly people. In addition, an unknown number of people remain inside Palma and its surroundings, including Quitunda and Quionga. Most of those who fled Palma left with nothing but the clothes on their backs, and many had walked for days through difficult terrain to reach safety. For those who remained, the situation was also dire, as Palma was effectively cut-off, with roads impassable due to insecurity and the rainy season, commercial air traffic halted and boat routes stopped for civilian passengers. Prior to the attacks, it was estimated that 110,000 people lived in Palma district, including more than 67,000 residents and 43,600 people who had sought shelter in Palma after being displaced from other parts of Cabo Delgado Province.

Operational Use of the CERF Allocation and Results:

In response to the crisis, the Emergency Relief Coordinator allocated US\$5 million from CERF's Rapid Response window for the immediate commencement of life-saving activities. This funding enabled UN agencies and partners to provide life-saving assistance to 84,752 people, including 21,189 women, 21,186 men, and 6,302 people with disabilities in Food security (food and livelihoods assistance), Nutrition (including management of moderate and severe acute malnutrition), Health, WASH, Protection (including GBV and Child protection), Emergency shelter/NFI and CCCM sectors. The allocation contributed to save lives and alleviate suffering through the delivery of a multi-sectoral package of services in five prioritized districts (Palma, Mueda, Nangade, Montepuez, and Pemba). Moreover, it supported flexible and mobile response approaches, including in hard to reach areas, and ensured adherence to international standards in the establishment and operation of sites for displaced people.

People Directly Reached:

CERF allocations enabled the implementation of response interventions for the affected population from April to December 2021. Overall, most of the projects have been able to reach or to exceed the initial targeted number of beneficiaries. In fact, at least 84,752 people were directly reached through CERF activities. Moreover, a total of 6,302 people 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. IOM reached a total of 50,000 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 31,777 people, including women and girls of reproductive age, and other indirect beneficiaries including boys and men in IDP accommodation, transit and resettlement centres in 5 districts of Cabo Delgado. UNHCR provided trainings to 153 Protection focal Points and conducted protection monitoring activities at household and individual levels in 9 Districts with high IDP concentration, reaching more than 7,400 affected people. Through this CERF RR grant, UNICEF and its partners reached over 25,600 people, with services including access to safe water, sanitation, birth registration, education, primary health care, and mosquito nets in areas affected by conflict. WFP was able to provide life-saving humanitarian food assistance to 37,093 conflict-affected people (of which 27,000 were assisted through in-kind food and 10,093 through cash/vouchers). WHO supported the establishment of 6 temporary treatment centers in three districts, improving access to basic health services to 11,545 people.

People Indirectly Reached:

Beyond the total beneficiaries directly reached through CERF funds, many people indirectly benefitted from CERF-funded activities as well.

For instance, UNFPA and its partners were able to reach indirect beneficiaries by organising awareness campaigns on GBV information and services through hotline, radio, community sessions and by producing/adapting IEC SRH and GBV materials, primarily focused on women and girls. UNHCR targeted indirectly over 200,000 people, including family members of the persons who benefitted directly from the project (who can be agents of change that cascade down the relevant information to family/community members), those that are affected by violence but have not been displaced, and host communities. UNICEF estimated that some 50,000 people indirectly benefited from the WASH project, consisting of the local population living near or in the areas targeted by the project; while an estimated 2,000 people received indirect support related to a child protection helpline. Through WHO' strengthened advocacy efforts, community engagement activities, and disease surveillance in the health facilities of 3 districts, indirectly benefitted also host communities, besides targeted IDPs.

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 and Camp Management	3,200	2,500	2,150	2,150	10,000	2,920	2,518	3,250	2,826	11,514
Food Security - Food Assistance	6,287	5,535	7,683	7,362	26,867	8,680	7,641	10,609	10,163	37,093
Health	15,000	14,000	15,000	14,000	58,000	22,853	14,947	7,351	4,849	50,000
Health - Sexual and Reproductive Health	13,483	0	6,673	0	20,156	11,325	479	6,523	337	21,664
Nutrition	1,465	0	20,434	18,862	40,761	0	0	9,038	8,343	17,381
Protection	466	466	697	697	2,326	21,189	21,186	21,186	21,187	84,752
Protection - Child Protection	230	150	2,000	2,000	4,380	53	82	2,352	2,248	4,735
Protection - Gender-Based Violence	4,144	1,331	2,438	1,750	9,663	16,108	5,647	10,616	9,367	41,738
Shelter and Non-Food Items	9,440	7,375	6,785	5,900	29,500	9,787	7,646	7,035	6,117	30,85
Water, Sanitation and Hygiene	7,256	5,669	5,473	4,277	22,675	6,402	5,889	6,966	6,402	25,659

* 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	52,150	66,954
Host communities	13,863	17,798
Other affected people	0	0
Total	66,013	84,752

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

			Number of people with disabilities (PwD) out of the total	
Sex & Age	Planned	Reached	Planned	Reached
Women	12,230	21,189	2,284	1,474
Men	15,327	21,186	2,194	1,298
Girls	14,164	21,186	721	1,803
Boys	24,293	21,187	693	1,727
Total	66,014	84,752	5,892	6,302

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-IOM-010

1. Project Information			
Agency:	IOM		Country: Mozambique
Sector/cluster:	Shelter and Non-Food Items Camp Coordination and Camp Management Health Protection	CERF project code:	21-RR-IOM-010
Project title:	Multi-Sectoral Response for Vulnerable Displaced Populations affected by the Insecurity in Palma, Mozambique		
Start date:	12/04/2021	End date:	11/10/2021
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\$ 21,700,000
	Total funding received for agency's sector response to current emergency:		US\$ 4,240,000
	Amount received from CERF:		US\$ 1,033,749
	Total CERF funds sub-granted to implementing partners:		US\$ 21,839
	Government Partners		US\$ 0
	International NGOs		US\$ 21,839
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Shelter and Non-Food Items

IOM's Shelter program completed the procurement and distribution of Non-Food Items (NFIs) including 7,400 mosquito nets, 8,160 tarpaulins, 4,400 mid-thermal blankets, 10,400 sleeping mats, 7,500 blue bags for distribution of survival kits, and 3,000 kitchen sets. With CERF funding, IOM, in coordination with UNICEF and WFP, conducted joint distributions of food, hygiene, and shelter kits and assisted 1,200 households (HHs) in Mueda district, 300 HHs in Nangade, and 3,000 HHs in Palma. Another 83 HHs in Pemba were also assisted with Shelter NFIs, as well as 261 HHs in Centro Agrario in Metuge district. Likewise, and in response to displacement alerts, the IOM Shelter NFI and distribution teams conducted household assessments in Ibo, Matemo, Quirimba, Metuge, and Pemba and identified internally displaced persons (IDPs) displaced from the conflict areas in Cabo Delgado province. With the project, IOM was able to assist 53 HHs in Quirimba and 500 HHs in Meculane with roof repairs, and 720 HHs in Massase, Montepuez district were supported with emergency shelters.

Camp Coordination and Camp Management

The IOM Camp Coordination and Camp Management (CCCM) Programme has been supporting affected IDP and host populations in Chiure, Ancuabe, Metuge and Montepuez. Under the CERF grant, IOM continued deploying site management teams in IDP sites to provide daily camp management services such as critical site care and maintenance services for the maintenance and upgrade of site infrastructure. IOM also facilitated the coordination of humanitarian partners in IDP sites and facilitated district-level service provider meetings. With increased displacements, IOM site management also facilitated reception centre management for new arrivals.

Additionally, IOM facilitated site planning in three IDP sites in Mueda District, namely Lianda, Mpeme, and Namdimba. The site planning and development efforts facilitated the eventual resettlement of IDPs affected by displacement from Palma. IOM provided technical support to the government in the site planning efforts and provided the materials needed for the demarcation of 2681 plots. Further, IOM provided support to the government in the relocation of IDP households targeted for resettlement and carried out site improvement interventions with the participation of IDP camp committees. The interventions improved drainage in the targeted sites and improved lighting.

Health

To support the national COVID-19 response, IOM supported local procurement and distribution of protective re-usable three-layer face masks and personal protective equipment (PPE) to vulnerable displaced persons, host communities, and front-line workers involved in public-facing activities or high-risk activities related to the Palma response. This included community health workers, community leaders, and humanitarian front-line workers across six IDP-receiving districts in Cabo Delgado and Nampula. The masks distribution reached a total of 50,000 beneficiaries in Chiure (2,497 men, 3,803 women and 2,000 children), Metuge (3,105 men, 3,195 women and 2,000 children), Montepuez (1,450 men, 4,250 women and 2,000 children), Ibo (3,250 men, 3,650 women and 2,000 children), Memba (2,447 men, 3,853 women and 2,000 children) and Corrane (2,198 men, 4,102 women and 2,000 children).

In addition, with co-funding and through its network of community-based activists, IOM continued awareness-raising on COVID-19 prevention practices with a focus on hand hygiene and appropriate use of masks. The health activists also conducted health promotion sessions on topics such as HIV and TB care, sexual and reproductive health, and COVID-19 infection prevention and control measures, reaching a total of 55,866 beneficiaries (18,868 men, 20,127 women and 16,871 children).

Protection

IOM's Protection and Mental Health and Psychosocial Support (MHPSS) Programme has been supporting the individuals displaced from Palma as well as affected IDP and host populations. Under this CERF grant, IOM continued implementing activities in Montepuez. IOM has been implementing activities in seven neighbourhoods (host community) and six sites to provide communities with comprehensive protection-MHPSS services in cooperation with government and humanitarian partners. As IDP numbers increased, IOM extended protection-MHPSS activities to two other locations (one site and one neighbourhood), targeting a total of 15 communities.

As part of the Emergency Protection Unit, established by the Protection Cluster, IOM's 18 community workers and one psychologist supported by technical supervisors have been conducting Psychological First Aid (PFA) and re-linking IDPs with their families by facilitating phone calls. Moreover, IOM has provided information sessions on available services and mechanisms in addition to the awareness-raising sessions on gender-based violence (GBV), child protection, trafficking, COVID-19, HIV and TB prevention, prevention of sexual exploitation and abuse (PSEA), and mental health. As part of community-based protection-MHPSS activities, IOM conducted household visits and community monitoring visits to identify and refer vulnerable individuals. The identification and referrals have been an integral part of the group and focused MHPSS services such as cultural activities, support groups, and counselling (family and individual). By the end of the project, IOM provided;

- Awareness-raising and information dissemination activities to 3,664 IDPs and host community members (2,023 female; 1,641 male);
- Group MHPSS activities reaching 478 IDPs and host community members (295 female and 185 male);
- Referrals to protection, health, and mental health services for 322 IDPs and host community members (170 female and 152 male);
- Focused MHPSS services (counselling, PFA, and support groups) reaching 272 IDPs and host community members (152 female; 120 male).

3. Changes and Amendments

Shelter and Non-Food Items

The original project was mainly focused on delivering assistance in the districts of Mueda and Nangade and Palma. However, the security situation in those areas during the time of implementation became very volatile and displacement of IDPs were triggered in other locations such as Meculane, Chiure district, or Massase, Montepuez were IOM had to divert some of the support to ensure upgrade of shelters for the displaced families. The shelter assistance was tailored to the needs of the population, which meant that families were supported not only with tools, but also with roofing material and technical assistance.

Camp Coordination and Camp Management

The IOM CCCM Programme aimed to reach three IDP sites under the CERF grant in Mueda in response to the Palma emergency through Site planning and site development interventions. The three sites which benefited from site planning services are Lianda, Mpeme and Namdimba. IOM was able to demarcate 2 681 plots which was an overachievement as 2 000 plots had been initially targeted for demarcation. Additionally, 11,514 individuals were also assisted through site improvement interventions. All the overachievements came about due to savings in procurement costs.

Protection

The Protection-MHPSS Programme aimed to reach 3,500 individuals under the CERF grant in Montepuez in response to the Palma emergency and reached 4,736 individuals throughout the project. Most of the targeted population was covered during the first three months of the project as the Protection-MHPSS Programme continued supporting the existing caseload with more in-depth and focused services. Also, the influx of the new arrivals slowed down towards the end of the programme, which justifies the small changes in numbers after the interim report.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	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	3 000	2 600	2 200	2 200	10,000	2,920	2,518	3,250	2,826	11,514
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	3,200	2,500	2,150	2,150	10,000	0	0	0	0	0
Total	3,200	2,500	2,150	2,150	10,000	0	0	0	0	0
People with disabilities (PwD) out of the total										
	320	250	215	215	10,000	0	0	0	0	0

Sector/cluster	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	11,200	8,750	7,676	7,374	35,000	15,997	10,462	5,514	3,637	35,610
Host communities	2,600	2,500	2,500	2,400	10,000	5,606	3,035	1,837	1,212	11,690
Other affected people	2,500	2,500	0	0	5,000	1,250	1,450	0	0	2,700
Total	16,300	13,750	10,176	9,774	50,000	22,853	14,947	7,351	4,849	50,000
People with disabilities (PwD) out of the total										
	1,630	1,370	1,017	977	4,994	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	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	700	600	575	575	2,450	992	777	1,084	988	3,841
Host communities	300	260	245	245	1,050	243	119	321	212	895
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,000	860	820	820	3,500	1,235	896	1,405	1,200	4,736

People with disabilities (PWD) out of the total

	100	86	82	82	350	53	12	65	15	145
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Sector/cluster	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	9,440	7,375	6,785	5,900	29,500	9,787	7,646	7,035	6,117	30,585
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	9,440	7,375	6,785	5,900	29,500	9,787	7,646	7,035	6,117	30,585

People with disabilities (PWD) out of the total

	944	737	678	590	2,949	0	0	0	0	0
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* 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

Shelter and Non-Food Items

The project indirectly reached host community artisans who received training on building back safer and were engaged in supporting the affected population to build emergency shelters. Also, IDP and host community population were engaged in this project by providing support with casual labour to mobilize the Shelter/NFI item materials being transported, especially to locations such as Ibo, Mueda, and Nangade.

6. CERF Results Framework

Project objective	Provide camp coordination/camp management services, emergency shelter, health, as well as protection and to vulnerable displaced populations affected by the insecurity in Palma			
Output 1	Living conditions and access to basic services for displaced people are improved through camp coordination and camp management			
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 and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Total # of household level plots prepared	2,000	2681	CCCM Field Reports CCCM Cluster Reports
Indicator 1.2	# of people benefiting from site improvements	10,000	11 514	CCCM Field Reports CCCM Cluster Reports
Indicator 1.3	# of people receiving transportation support from one transit centre or port to neighbouring districts	500	500	CCCM field reports
Explanation of output and indicators variance:		There were over achievements on the total number household plots prepared mainly because the resources of this grant were able to attain a greater reach due to savings in procurement. More people that trickled into IDP sites as a result of more attacks also enabled a greater reach through site improvement interventions.		
Activities	Description	Implemented by		
Activity 1.1	Site upgrades and care and maintenance activities. This includes site planning, demarcation and clearing, emergency site drainage, and safety mitigation measures (solar lights) in two sites)	IOM		
Activity 1.2	Provision of fuel to INGD for transport of families	IOM		
Output 2	Living conditions of vulnerable households displaced by the insecurity in Palma are improved through the provision of Emergency shelter and NFI assistance			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	# of the most vulnerable IDPs reached with construction materials for the construction of emergency shelters and Shelter NFIs (29,500 IDPs (5,900 HHs)	29,500	30,585	Distribution lists, distribution reports, construction reports of shelter and roof repairs, pictures.
Explanation of output and indicators variance:		Additional HHs that fled from Palma were assisted with emergency NFIs in Pemba and Metuge districts.		
Activities	Description	Implemented by		
Activity 2.1	Identification of most vulnerable households to receive shelter kits and materials per district through HH assessments and in coordination with local authorities	IOM		
Activity 2.2	Procurement, transportation and distribution of shelter items and construction materials	IOM		
Activity 2.3	Cluster Coordination and meetings	IOM		
Activity 2.4	Support to set-up the shelter structure in selected areas by local artisans	IOM, AeA		
Activity 2.5	Conduct distribution monitoring and post distribution monitoring	IOM, AeA		

Output 3	Internally displaced populations and members of host communities have access to integrated protection and MHPSS 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			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of individuals reached with integrated protection and MHPSS services	3,500	4,736	IOM Protection-MHPSS Database; Weekly Field Reports
Explanation of output and indicators variance:		The overachievement was due to IOM being able to provide follow up services to IDPs during later stages of the project. Moreover, IOM teams reached additional persons that were newly displaced from Palma.		
Activities	Description		Implemented by	
Activity 3.1	Provide support to individual and family counselling and support groups		IOM	
Activity 3.2	Provide protection-MHPSS awareness raising and outreach activities		IOM	
Activity 3.3	Support referrals to protection, health, and specialized mental health services		IOM	
Activity 3.4	Support protection mainstreaming for government and partners		IOM	

Output 4	Internally displaced populations and members of host communities have access to COVID-19 Personal Protective Equipment (PPE)			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Total # of people receiving face masks and protective equipment	50,000	50,000	Health Database; weekly field reports from field staff activities and community Health workers
Explanation of output and indicators variance:		IOM was able to meet the target		
Activities	Description	Implemented by		
Activity 4.1	Local procurement and distribution of protective equipment and facemasks to vulnerable IDPs, host communities, front line workers in humanitarian settings	IOM		

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:

Shelter and Non-Food Items

IOM, with support from other sectors, conducted multisectoral community engagement exercises which included focal group discussions, visits from the affected communities, community and household assessments, joint multisectoral immediate response assistance (Food, hygiene and shelter), etc., to understand the most immediate pressing shelter and NFI needs. For those displaced, information was collected on intentions of the communities to resettle into sites either set up by the Government (to be verified that have meet the minimum standards), or plots provided by the Government within the host community. Communities were engaged in on-the-job training exercises with the intention to give guidance on the use of the shelter materials and improved construction techniques.

Camp Coordination and Camp Management

IOM involved the affected populations in the site planning as various community groups were able to give their views on the site plans developed. The community groups also included women and girls. Focus Group Discussions were held with women and girls to understand their security concerns. Site plans developed took into consideration the preferences of the affected populations.

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](#).

b. AAP Feedback and Complaint Mechanisms:**Shelter and Non-Food Items**

IOM actively engages in community complaint feedback mechanisms via the shelter cluster and “Linha Verde” hotline. IOM also ensures that during Shelter NFI distributions, there is always provision of information to the beneficiaries on their rights to provide feedback on the assistance provided. After distributions, IOM has ensured a minimum of Post-Distribution Monitoring is done and this feedback is later taken into consideration for improvement of further programming.

Camp Coordination and Camp Management

All feedback received from the affected populations was managed through a tight information management system. Protection related complaints were channelled to protection focal points. A case management system was strictly followed on the follow up of all complaints. IOM site management teams went an extra mile to reach sections of the affected populations that had mobility challenges through home visits. IOM site management teams continued advertising the existence of the complaints and feedback mechanisms to the affected populations to ensure that they were aware of its existence.

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

IOM protection teams include PSEA sessions in the capacity building and awareness raising activities of IOM staff and IDP camp committees so that they replicate the messages and are aware of the referrals. When the shelter teams conduct HH level assessment, identification, and verification of HHs we have identified cases that have required referrals, and these have been channelled through IOM protection teams accordingly. The designs of shelters have also considered protection elements to mitigate protection concerns.

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

IOM interventions identify various vulnerable groups, including but not limited to women, girls, pregnant women, single women, etc. All programming ensures that these groups are given priority across program cycles, while collecting needs, while providing assistance and while opening employment opportunities derived from the program activities. The project contributed to gender equality through strengthening the role of women in participating in site activities. This was achieved through strengthening of women committees and incorporating women in site governance structures. The protection of women and girls was achieved through safety mappings that were done as part of site improvement interventions. Through these safety mappings women and girls highlighted the issues that made them not feel safe.

e. People with disabilities (PwD):

People with disabilities (PWDs) have been targeted and have a higher score while selecting the most vulnerable households. PWDs received technical and labour support for the construction of their shelters and an estimated 20 per cent of the population with disabilities have been assisted under IOM programming. As part of CCCM, IOM strengthened the disability inclusion committees and equipped them to be able to represent the interests of PWDs. Disability inclusion committees were included in all site coordination meetings. All site improvement interventions were cognisant of the accessibility concerns of PWDs.

f. Protection:

IOM programming has enabled the humanitarian community to identify priorities and activities through multi-sectoral assessments that take into consideration gaps in humanitarian service coverage, including health, WASH, protection, and shelter services. The monitoring and emergency tracking tools have further informed humanitarian programming of protection risks and needs for better targeted and evidence-based interventions ultimately contributing to more secure settlements for affected populations. Regarding project design, IOM has ensured that the programmes are tailor made to mitigate protection risks and takes into consideration the needs of vulnerable groups. Greater protection concerns are mainstreamed into the multi-sectoral teams (in addition to having protection representation within IOM structure), who conduct referrals and services specifically targeted for those vulnerable persons. For example, GBV risk reduction measures were considered in the site development process. IOM ensured that there was gender balance in CCCM field staff so that women had people they could easily converse with on issues that affected them specifically.

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	Choose an item.	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

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction

9. Visibility of CERF-funded Activities

Title	Weblink
IOM supports Memba District Health, Women & Social Services in #Nampula province to provide primary health care & integrated HIV/TB services in distant communities including Mazua, hosting people displaced by #CaboDelgado insecurity & #CycloneKenneth With the support of @UNCERF	https://twitter.com/IOM_Mozambique/status/1402649588067180545
In the first half of June, 13,000 people were on the move in #CaboDelgado; most have endured multiple displacements. Together with the Government of #Mozambique since 1 January 2021, IOM has assisted over 100,000 people in northern	https://twitter.com/IOM_Mozambique/status/1408090202187390984

Mozambique. Read more: https://bit.ly/3qn6qeA	
@IOM_Mozambique was honored to receive a site visit from the Secretary of State of Nampula – Mety Gondola at the Mazuane Resettlement Site in Memba District/Nampula Province where the construction of 203 new homes for the displaced by #cyclone Kenneth is ongoing.	https://twitter.com/IOM_Mozambique/status/1422421595365199887
Affected by forceful displacement in #CaboDelgado, @UNmigration in #Mozambique with the support of @USAIDMozambique+ @FCDOGovUK + @UNCERF distributed Non-Food Items to 1,830 families in the localities of Simuco, Geba and Memba Sede of Memba district in Nampula province.	https://twitter.com/IOM_Mozambique/status/1430488605529628678
On World Mental Health Day @UNmigration in #Mozambique wants to bring awareness to the situation in #CaboDelgado, where nearly 750,000 people are forcibly displaced and have to endure shortage of shelter, water and food while coping with traumatic experiences #UniteForMentalHealth	https://twitter.com/IOM_Mozambique/status/1447127143058653188
Self-care can reduce stress and anxiety and protects our mental health. On the World's Mental Awareness Health Month, @UNmigration in Mozambique shares some tips to take better care of ourselves	https://twitter.com/IOM_Mozambique/status/1453989272437104642
Affected by forceful displacement in #CaboDelgado, IOM - UN Migration in #Mozambique with the support of USAID - US Agency for International Development + Foreign, Commonwealth & Development Office + United Nations Central Emergency Response Fund (CERF) distributed Non-Food Items to 1,830 families in the localities of Simuco, Geba and Memba Sede of Memba district in Nampula province.	https://www.facebook.com/IOMMozambique/photos/a.784708844984242/4064495830338844/
IOM supports Memba District Health, Women + Social Services in	https://www.facebook.com/IOMMozambique/posts/3850532291735200

#Nampula province to provide primary health care + integrated HIV/TB services in distant communities including Mazua, hosting people displaced by #CaboDelgado insecurity + #CycloneKenneth

With the support of United Nations CERF

In the first half of June, 13,000 people were on the move in #CaboDelgado; most have endured multiple displacements.

Together with the Government of #Mozambique, since 1 January 2021, IOM has assisted over 100,000 people in northern Mozambique.

Read more in situation report:
<https://bit.ly/3qn6qeA>

<https://www.facebook.com/IOMMozambique/posts/3889702134484882>

Self-care can reduce stress and anxiety and protects our mental health.

On the World's Mental Awareness Health Month, IOM - UN Migration in Mozambique shares some tips to take better care of ourselves.

<https://www.facebook.com/IOMMozambique/posts/4264319667023125>



Survival kits with multidonor contribution of which CERF contributed with kitchen sets, mosquito nets, tarpaulins, and blankets



Shelter Survival kit distribution in Olumbe, Palma district

Apoio da emergência e provisão de itens de ajuda humanitária para as populações vulneráveis em Cabo Delgado

SN	Nome do chefe do agregado familiar	Número de documento de identidade	Localização atual		Local de origem			Kit de Cozinha	Lena 1 unidade	Manta 2 unidades	Roupa 6 peças	Esteira 2 unidades	Confirmação de recebimento/ Assinatura
			Distrito	Comunidade	Distrito de origem	Posto de origem							
137	Aibo Dade	—	Palma	Palma	Palma	Mitumba		X	X	X	X	X	
138	Zainabo Mbaraca	—	Palma	Palma	Palma	Nanduvado		X	X	X	X	X	
139	Nsemo Mbaraca	—	Palma	Palma	Palma	Nanduvado		X	X	X	X	X	
140	Sifa Ziade Issufo	—	Palma	Palma	Palma	Nanduvado		X	X	X	X	X	
141	Fatima Ambasse	—	Palma	Palma	Palma	Mitumba		X	X	X	X	X	
142	Nsao Fiquiri	—	Palma	Palma	Palma	Nanduvado		X	X	X	X	X	
143	Mariam Nayumo	—	Palma	Palma	Palma	Nanduvado		X	X	X	X	X	
144	Zura Amade	—	Palma	Palma	Palma	Mitumba		X	X	X	X	X	

Community leader

Felipe da Silva

Distribution list type, for Palma distribution



Household registration at Mueda District



Roof rehabilitation works in Quirimba island (Ibo district)

3.2 Project Report 21-RR-FPA-010

1. Project Information			
Agency:	UNFPA	Country:	Mozambique
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	21-RR-FPA-010
Project title:	Essential and lifesaving Sexual and Reproductive Health (SRH), and Gender-based Violence (GBV) Services to women and girls affected by insecurity in Palma District of Cabo Delgado, Mozambique.		
Start date:	04/06/2021	End date:	03/12/2021
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\$ 12,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,648,500
	Amount received from CERF:		US\$ 274,785
	Total CERF funds sub-granted to implementing partners:		US\$ 150,002
	Government Partners		US\$ 25,501
	International NGOs		US\$ 0
	National NGOs		US\$ 124,501
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

The CERF Rapid Response funding was critical in providing resources that enabled UNFPA and its partners in Cabo Delgado to provide life-saving Sexual and Reproductive Health (SRH) and GBV assistance to a total of 31,777 people, including women and girls of reproductive age, and other indirect beneficiaries including boys and men in IDP accommodation, transit and resettlement centres. The project targeted 5 districts (Cidade de Pemba, Montepuez, Mueda, Nangade, Palma) of Cabo Delgado that have received IDPs from the attacks in Palma from July 2021 to February 2022.

Provision of Sexual and Reproductive Health services in resettlement sites and host communities included:

- Procurement and distribution of 25 Inter-Agency Reproductive Health (RH) kits (Clean Delivery kits: 2A, 2B, 6A and 6B) to reinforce provision of life-saving SRH and maternal health services in Health Facilities of the target districts.
- Procurement of 5 emergency tents (48m2) to set up temporary clinics in the resettlement sites for the provision of sexual and reproductive health services.
- Procurement and distribution of medical equipment (20 medical examination tables and 20 lights for examination on mobile stands) to health facilities in the target districts.

- Deployment of 25 mobile brigades to the resettlement sites of the target districts for provision of integrated SRH (including family planning, antenatal and postnatal and newborn care, HIV/STI information, prevention and treatment, etc.) services. Through these services, 21,664 women and girls received information and integrated SRH and GBV response care.

Gender-based violence prevention, mitigation and response interventions:

Through the CERF funding UNFPA was able to support existing protection structures in the target districts and reinforce local capacity to provide women and girls with a space to access information and linkages to secure community-based protection services.

UNFPA, through its partners, was able to:

- Reinforce existing 2 and support the establishment of 4 new safe spaces for women and girls (WGSS) affected by the conflict in the districts of Montepuez, Ancuabe, Metuge, Mueda and Pemba. The WGSS were equipped and staffed with 8 volunteers and supervisors which provided support with community awareness raising activities, GBV referral services, psychosocial support, including psychological first aid, mentorship, life skills and economic empowerment activities to vulnerable women and girls from both affected populations and host communities. During the project implementation, 1,445 women and girls, including GBV survivors, were reached through the services provided in the safe spaces.
- Deployment of 11 Social Workers (paralegals) and 2 psychologists to provide psychosocial support to women and girls survivors of GBV attending the Safe Spaces set up by UNFPA's partners.
- Procure 750 female COVID-19 adapted dignity kits to serve as entry point for the provision of information about GBV and response services available in the target areas, as well as to provide women and girls of reproductive age with essential items for their menstrual hygiene.
- Develop and disseminate information on GBV, SEA and available services for survivors (including prevention, case management, psychosocial support, as well as post-exposure prophylaxis for sexual violence), through various platforms across the target areas, and among various target groups (women and girls, men and boys, elderly people, etc.). The interventions included:
 - Information and education sessions with women and girls about GBV risks, mitigation and response services including information on existing referral pathways, education on rights,
 - Dissemination of messages in Portuguese and local languages through the community radios,
 - Distribution of IEC materials for GBV prevention and risk mitigation
 - Community dialogues and door-to-door sessions focused on intimate partner violence, sexual assault, child marriage, SRHR, and specific GBV risk factors associated with forced displacement and COVID-19.
 - During the reporting period, UNFPA's was also able to support the awareness campaigns and activities of the 16 Days of Activism Against GBV carried out by implementing partners in the target districts.

A total of 10,113 people were reached through behavioural change messages on GBV, SEA and available response services.

- Through the CERF funding UNFPA was able to deploy one GBV Specialist (P3) to support the UNFPA Field Office in Cabo Delgado and provide technical support for the humanitarian response in the target areas, with dedication to building capacity among UNFPA staff and national stakeholders.
- Strengthen institutional local capacity for provision of integrated GBV response services. UNFPA in partnership with its partner Muleide provided support to the multi-sectoral coordination mechanisms at district level (including health, police, justice and social welfare) to reinforce their capacity to provide GBV case management services and survivors-centred and integrated care. The support included carrying out regular multisectoral meetings to discuss strategies to address GBV cases identified in the communities, as well as operational support including airtime and transportation to ensure timely and adequate referral of cases.
- UNFPA's Cluster Lead role was strengthened during the implementation period through the UNFPA GBV Area of Responsibility where UNFPA has continued to provide leadership for GBV interventions including leading GBV assessments and safety audits,

articulation and roll-out of GBV referral pathways, training of social workers and activists, and establishment of Women and Girls Safe Spaces through which GBV partners have collaborated in providing GBV services. Partners of the GBV AoR have increased from 20 to 30 partners by end of 2021 and several important achievements made such as the endorsement of the GBV Standard Operating Procedures.

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 six-month period due to challenges aggravated by the continuing COVID-19 pandemic and continued insecurity situation that led to unforeseen delays. The following were some of the other main challenges:

- **Implementing Partners with limited capacity:** There are a limited number of potential Implementing Partners with the requisite technical expertise and capacity to implement programming during humanitarian emergencies, particularly in the areas of GBViE response services in Cabo Delgado. UNFPA's Implementing Partners have had difficulties adjusting their capacities and ways of working to the emergency response, including due to the impact COVID-19. Thanks to the dedicated and continued technical support and capacity-building interventions, UNFPA has made progress in building this capacity, and will continue to follow up to ensure national capacity is adequate in the areas of SRH and GBV services and information.
- **Delays in the procurement of commodities:** Despite having started the procurement processes earlier, the commodities have been delayed to arrive in the country by the earlier anticipated timeline, mainly due to long delays in international procurement that continues to be experienced as a result of the effects of COVID-19 restrictions. The disruption in the global supply chain is severely affecting the shipping lines resulting in the shortage of ships to Mozambique. Additionally, there has been a global shortage in medical supplies due to the COVID-19 pandemic that severely affected the suppliers' capacity for manufacturing all the commodities and supplies being procured within the project implementation period. UNFPA Mozambique actively sought ways to mitigate these delays, working closely with our procurement branch to mitigate these challenges and re-directing commodities procured with other sources of funds to rapidly respond to the affected populations' needs.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Women	Men	Planned Girls	Boys	Total	Women	Men	Reached Girls	Boys	Total
Refugees	0	0	0	0	0					
Returnees	0	0	0	0	0					
Internally displaced people	3,547	1,071	1,996	1,390	8,004	3,641	910	2,731	1,820	9,102
Host communities	497	160	292	210	1,159	405	101	303	202	1,011
Other affected people	0	0	0	0	0					
Total	4,044	1,231	2,288	1,600	9,163	4,045	1,011	3,034	2,023	10,113
People with disabilities (PwD) out of the total										
	59	19	35	25	138	61	17	30	27	135

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Women	Men	Planned Girls	Boys	Total	Women	Men	Reached Girls	Boys	Total
Refugees	0	0	0	0	0					
Returnees	0	0	0	0	0					
Internally displaced people	13,069	125	6,406	0	19,600	12,301	325	5,402	234	18,262
Host communities	539	0	267	0	806	2,024	154	1,121	103	3,402
Other affected people	0	0	0	0	0					
Total	13,608	125	6,673	0	20,406	14,325	479	6,523	337	21,664
People with disabilities (PwD) out of the total										
	2,022	0	1,000	0	3,022	523	12	227	0	762

* 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

UNFPA and its partners were able to reach indirect beneficiaries by organising awareness campaigns on GBV information and services through hotline, radio, community sessions and by producing/adapting IEC SRH and GBV materials, primarily focused on women and girls. These messages included information regarding where people can safely access services and information on SRH, GBV and the availability of services provided by Mobile Medical Brigades, Women and Girl Safe Spaces, and referral pathways for such services.

6. CERF Results Framework

Project objective	Enhance access and strengthen capacity for provision of lifesaving SRH and GBV prevention and response services to women and girls affected by escalation of armed conflict in Palma, Cabo Delgado				
Output 1	Displaced and vulnerable women and girls in host communities in the priority Districts have immediate access to essential and life-saving sexual, reproductive, maternal and newborn health services				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health - Sexual and Reproductive Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of women and girls who have benefited from life-saving Reproductive Health Kits in health facilities supported by UNFPA	20,156	21,664	5W and the IP Progress report	
Indicator 1.2	Number of deliveries (including with obstetric complications) conducted in Health Facilities that have been supported with Reproductive Health Kits. (Based on MISP calculator, with a target population of 50,000)	945	1,260	5W and the IP Progress report	
Indicator 1.3	Number of emergency SRH tents set up and equipped (medical equipment and furniture) in IDP sites and host communities for provision of emergency lifesaving SRH and maternal health services	5	0	5W and the IP Progress report	
Indicator 1.4	Number of health workers who have received Infection Prevention and Control supplies including masks and gloves.	250	0	5W and the IP Progress report	

Explanation of output and indicators variance:		The delays on purchase of commodity affected by COVID 19 restrictions
Activities	Description	Implemented by
Activity 1.1	Procurement and distribution of Reproductive Health (RH) kits to reinforce provision of lifesaving SRH and maternal health services in Health Facilities in accessible districts	DPS
Activity 1.2	Establishment and equipment (medical equipment and furniture) of SRH tents in IDP sites and remote host communities for provision of emergency lifesaving SRH and maternal health services	DPS
Activity 1.3	Procurement and distribution of Infection Prevention and Control supplies for health workers including masks and gloves	DPS

Output 2 GBV survivors and vulnerable women and girls have been reached by essential GBV response 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 - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people reached with psychosocial support services disaggregated by sex and age	1,500	1,445	5W and the IP Progress report
Indicator 2.2	Number of women and girls' safe spaces (WGSS) established and equipped	3	3	5W and the IP Progress report
Indicator 2.3	Number of women and girls at risk of GBV and who are GBV survivors who have been reached with psychosocial support and GBV case management provided in the women and girls safe spaces.	2,160	1,445	5W and the IP Progress report
Indicator 2.4	Number of women and girls of reproductive age provided with female dignity kits	500	50	5W and the IP Progress report
Explanation of output and indicators variance:		The delays on purchase of commodities affected by COVID-19 restrictions		

Activities	Description	Implemented by
Activity 2.1	Provision of psychosocial support, including psychological first aid, GBV case management, referral services and for survivors of GBV	Muleide and FDC
Activity 2.2	Reinforcing and equipping 2 WGSS in Montepuez, and another 2 establishing and equipping 1 in Mueda to strengthen women's and girls' social network, reduce their emotional distress, empower and connect them with different life saving services.	Muleide and FDC
Activity 2.3	Distribution of female dignity kits for women and girls of reproductive age	Muleide and FDC

Output 3	Communities are informed and aware of GBV, Sexual Exploitation and Abuse (SEA), women's right and available services
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster				
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of community members reached with behavioural change messages on GBV, SEA, available services and women's rights.	5,000	10,113	5W and the IP Progress report
Indicator 3.2	Number of GBV prevention, mitigation and response information related IEC material produced and distributed	500	500	5W and the IP Progress report

Explanation of output and indicators variance:	This output was achieved 100%
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Activities	Description	Implemented by
Activity 3.1	Conduct community based GBV, and PSEA awareness and information dissemination sessions in IDP relocation sites and host communities of Montepuez and Mueda through community dialogues, awareness raising campaigns, group discussion sessions and community radio messages.	Muleide and FDC

Activity 3.2	Production and dissemination of IEC materials for GBV prevention and risk mitigation in Palma district.	Muleide and FDC
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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 areas⁴ 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)⁵:

Before the implementation of the project and to guarantee the involvement of all affected populations, UNFPA conducted regular safety audits and addressed the gaps through advocacy (risk mitigation items), and focus group discussions (FGD) and collected and monitored activities through monthly data collections tools for WGSS and monthly 5W. Additionally, UNFPA provided support to the roll-out of the toll-free Linha Verde 1458 de Resposta a Emergência which was promoted as a complaints and feedback mechanism within the communities. Furthermore, UN staff and implementing partners were trained on PSEA and Codes of Conduct in order to ensure a protective environment during the project implementation.

b. AAP Feedback and Complaint Mechanisms:

The toll-free Linha Verde 1458 de Resposta a Emergência was supported and 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 interacted regularly with the communities to assess their needs, gaps as well as to obtain feedback on UNFPA's lifesaving interventions, and share information on availability of services. Furthermore, UNFPA has been participating actively in the Community Engagement and Accountability to Affected People mechanism reactivated at the national level.

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 referral of SEA cases.

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

This project primarily targeted women, girls and youth with protection activities aimed at reducing their vulnerability to GBV and addressing unmet sexual and reproductive health needs that can lead to an undue burden of unintended pregnancy, intimate partner violence and an increased risk of GBV.

⁴ 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](#).

⁵ 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](#).

e. People with disabilities (PwD):

UNFPA sensitised health care workers and activists on key aspects of work with people with disabilities, with a focus on women, girls and youth. Implementing partners prioritised people living with disability when delivering services and goods so that they could more easily reach the services and receive the goods.

f. Protection:

Under the umbrella of the framework “Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action” (IASC), UNFPA mainstreamed protection and GBV, across the clusters active through participation in other coordination forums, including the National and Provincial Inter-Cluster Coordination Group (ICCG), and Protection, Health Cluster and SRH Working Groups. Thus, the UNFPA humanitarian team participated actively in the joint mission carried out during the implementation period to ensure GBV is mainstreamed across the sectors and services, as well as led the organisation of focus groups discussions and GBV safety audits in the resettlement centres. UNFPA also led the development of GBV Standard Operating Procedures (SOPs) with GBV AoR partners in Cabo Delgado. The document was approved and is being translated to be disseminated among partners at national and subnational levels.

UNFPA also provided support to strengthen existing protection mechanisms in the target districts by rolling out safe spaces for women and girls that served as entry points for access to information and referral to protection services including GBV and SEA.

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	N/A	N/A

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.

While UNFPA consider a good option employing cash vouchers beneficiaries access to essential commodities (e.g. Female dignity kits), it did not have the capacity for the administration of CVA modalities in Cabo Delgado during the period of this project.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Tweet, July, 13, 2021	https://twitter.com/UNFPAMocambique/status/1414854075833896964
Tweet, August 10, 2021	https://twitter.com/UNFPAMocambique/status/1425113276367704064
Tweet, August 10, 2021	https://twitter.com/UNFPAMocambique/status/1425060516477739029

3.3 Project Report 21-RR-HCR-009

1. Project Information			
Agency:	UNHCR	Country:	Mozambique
Sector/cluster:	Shelter and Non-Food Items Protection Protection - Gender-Based Violence	CERF project code:	21-RR-HCR-009
Project title:	Protection including community-based protection, assessment and GBV as well as shelter and non-food items for internally displaced persons in Cabo Delgado Province (Palma situation)		
Start date:	08/06/2021	End date:	07/12/2021
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\$ 13,464,492
	Total funding received for agency's sector response to current emergency:		US\$ 1,150,016
	Amount received from CERF:		US\$ 479,211
	Total CERF funds sub-granted to implementing partners:		US\$ 238,545
	Government Partners		US\$ 0
	International NGOs		US\$ 238,545
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

General Protection

Under the reporting period, two border monitoring missions to Negomano were conducted to identify protection issues and needs of persons of concern. Furthermore, UNHCR developed, piloted and reviewed protection monitoring tools, including a household survey and incident reporting form. 44 data collectors from Caritas, AVSI and HelpCode were trained on protection principles, essentials of protection monitoring/strategy and the use of protection tools and – together with UNHCR protection team – they conducted 11,826 household representatives from 72 IDP resettlement, temporary and transit sites and urban locations (in 9 districts) where they live with host populations. 11,826 household interviewees represented about 70,920 IDPs in Cabo Delgado. In addition, UNHCR conducted focal group discussions with 1,075 IDPs and 160 host populations to understand specific protection risks and issues faced by IDP communities, including displaced youth and persons with disabilities, and to monitor their needs. Through key protection messaging on general protection principles, persons with specific needs, human rights, peaceful coexistence and social cohesion, child and youth protection, and GBV that was shared during the FGDs, a total number of 7,410 affected populations were reached. 153 protection focal points were selected and trained on protection and means of conducting protection monitoring, and they reached 3,825 individuals in their communities through awareness raising and delivery of key protection messages. UNHCR developed 33 complaints and feedback mechanisms, including the tools, that were implemented throughout the protection monitoring exercises. 3,692 complaints were lodged

and UNHCR and its partners have been providing feedback and/or referred complaints to other agencies. 4 focus group discussions were conducted engaging 300 youth in Pemba neighbourhoods where many IDPs reside, including those displaced from Palma. 230 displaced youth were trained on human rights concepts, peaceful coexistence and identification and mitigation of protection risks for youth, through a 5-days training. UNHCR reached out to four detainees (2 women, 1 man, 1 boy) referred by other humanitarian agency or reached out to UNHCR by themselves to request for information and support in advocacy for their release from the arbitrary detention.

Protection – Gender-Based Violence

UNHCR established an integrated GBV-MHPSS mobile team to provide a range of GBV-MHPSS services in two sites receiving IDPs from Palma in Montepuez (Ntele and Nicuapa sites), reaching a total of 39,205 vulnerable individuals from the displaced and host communities. The services were provided in multi-purpose safe spaces constructed by UNHCR and included holistic GBV case management, allowing survivors of GBV to access PSS, health, safety and legal support as well as other services such as food assistance and shelter in a safe-survivor centred way. Also, services entailed individual and group psychological counselling, and case management for persons with mental health concerns with referral to psychiatric support and medication cost support when required. To engage the community to improve access to GBV services and reduce risk of GBV through dialogue around transforming harmful gender norms, UNHCR conducted integrated GBV and PSEA awareness raising reaching 18,619 people in IDPs sites and host community in Montepuez and Mueda districts. UNHCR also worked with communities to develop GBV and PSEA IEC materials to share key messaging on GBV risk reduction, access to live saving support, PSEA policy and how to report cases of sexual exploitation and abuse. In coordination with the Department for Gender, Children and Social Action (DPGCAS), a total of nine district-level GBV referral pathways have been developed through mapping and assessment of GBV services (health, legal, security, PSS and other essential services) to facilitate access to crucial services for GBV survivors, as well as to identify gaps and capacity building needs with service providers. UNHCR delivered training sessions on GBV core concepts and referrals to 684 humanitarian staff and volunteers (332 women and 352 men), including government officials, across different districts of Cabo Delgado.

Shelter and NFI

UNHCR and its partners supported 1,503 vulnerable households with standard NFI kits (1 tarp, 1 kitchen set, 1 bucket, 1 jerrycan, 2 blankets, 2 sleeping mats, 2 mosquito nets, and 1 solar lamp). In addition, the project supported 201 vulnerable IDP households with transitional shelter, by distributing material support to construct a two-room shelter contingent on the size of the household, the level of vulnerability and the respective phase of displacement. Two typologies of transitional shelters were provided – i.e. 18sqm for small households with 5 and below family members, and 30sqm for household size 6 and above, and two designs were included - one with gable roof and another with a hipped roof. These options were aimed at ensuring that the shelter response was tailored in line with beneficiaries' preferences, building skills and the local context. Overall, the shelter response achieved 3 key objectives: 1) improvement of walling and roofing materials similar to host communities; 2) upgrade of the living space, in line with Sphere Standards; 3) improved ventilation, security and daylighting in the shelters, that in turn enhanced protection for women and girls. This response was provided across four IDP sites in Montepuez district - Mirate, Mararange, Ujama and Massingir IDP sites. The project assisted a total of 6,244 vulnerable IDPs and enabled their access to adequate shelter and essential CRIs contributing to their safety, security, health, and well-being, and as such promoting recovery among affected households.

3. Changes and Amendments

Changes and Amendments for the Shelter & NFI Component of the Project:

With the re-opening of new sites by the local authorities in Mirate, Mararange and Massingir for permanent settlement of IDPs displaced from Palma and other surrounding districts, UNHCR adjusted the shelter response from providing an emergency shelter kit to a transitional shelter approach, in order to provide a more durable solution to the displaced populations. UNHCR supported vulnerable IDP households with adequate materials to construct a transitional shelter in line with solutions recommended in relocation sites, where IDPs have access to land for shelter and agriculture. The shelter solution constituted of: local eucalyptus poles, bamboo poles, mud daub wall for the super structure and grass fixed on local wooden trusses for the roof. The transitional shelter approach however had a higher unit cost per shelter, and this implied a reduction in the number of beneficiaries projected to benefit from the program from 800 to 201 households.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
Category	Women	Men	Planned			Reached				
			Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	2	0	0	1	3
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	466	466	697	697	2,326	21,147	21,146	21,146	21,146	84,584
Host communities	0	0	0	0	0	40	40	40	40	160
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	466	466	697	697	2,326	21,189	21,186	21,186	21,187	84,752
People with disabilities (PwD) out of the total										
	105	104	70	70	349	9,746	9,746	9,746	9,746	38,984

Sector/cluster	Protection - Gender-Based Violence									
Category	Women	Men	Planned			Reached				
			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	10,000	2,000	6,000	3,500	21,500	14,903	4,860	10,341	9,101	39,205
Host communities	1,500	500	1,000	500	3,500	1,205	787	275	266	2,533
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	11,500	2,500	7,000	4,000	25,000	16,108	5,647	10,616	9,367	41,738
People with disabilities (PwD) out of the total										
	310	260	230	200	1,000	1,610	565	1,062	937	4,174

* 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	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	3,100	2,600	2,300	2,000	10,000	1,936	1,623	1,436	1,249	6,244
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	3,100	2,600	2,300	2,000	10,000	1,936	1,623	1,436	1,249	6,244
People with disabilities (PwD) out of the total										
	310	260	230	200	1,000	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

The different project activities implemented under this CERF RR grant have targeted indirectly other affected individuals (approximately more than 200 000 individuals), including those that are affected by violence but have not been displaced, family members of the persons who benefitted directly from awareness/information campaigns on GBV, PSEA and protection (who can be agents of change that cascade down the relevant information to family/community members), and also host communities.

Following the trainings delivered on GBV core concepts and referrals to government services and officials, the entire community will benefit from the enhanced service delivery and organizational capacity, as well as multi-sectoral coordinated assistance between the authorities and the different service providers. Furthermore, the trainings delivered to protection focal points and also the youth will be beneficial for the entire community in terms of community engagement and strengthening social cohesion activities.

6. CERF Results Framework

Project objective	Life-saving protection response for the vulnerable groups			
Output 1	Protection monitoring is strengthened in accessible and hard-to-reach areas			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of protection monitoring and assessment conducted	4	72	Partner reports
Indicator 1.2	Number of protection monitoring report produced and shared	4	5	UNHCR protection monitoring reports, incident reports and complaints reports
Indicator 1.3	Number of border monitoring mission conducted	2	2	Partner reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Protection monitoring and assessment tools developed and data collectors trained	UNHCR, CARITAS, AVSI		
Activity 1.2	Protection data collected and reports produced	UNHCR		
Activity 1.3	Border monitoring missions to Negomano are conducted	UNHCR, HelpCode		

Output 2	Community-based protection response is strengthened			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of Community-Based Protection focal points identified.	30	85	PFP presence map

	*CB Protection focal points do not constitute part of the target of the direct project beneficiaries			
Indicator 2.2	Number of affected individuals that will receive information and possible referral of services.	2326	5,183	UNHCR incident and complaints reports
Indicator 2.3	Number of Community-based complaints mechanisms established and effectively operationalized.	5	33	PFP presence map, PFP annual report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Community-based protection focal points identified and provided with all the necessary guidance to orient them on the principles and procedures of conducting CBP and life-saving information. (activities/services).	UNHCR, CARITAS, AVSI		
Activity 2.2	Vulnerable persons identified and provided with individual protection assistance, including assistive devices for persons with disabilities	UNHCR, CARITAS, AVSI, Helpcode, H&I		
Activity 2.3	Community consultations and engagement are conducted to establish community-based complaints mechanisms and become effectively operational to meet varied needs of PoCs	UNHCR, CARITAS, AVSI		

Output 3	Shelter and infrastructure established, improved, maintained and core relief items provided				
Was the planned output changed through a reprogramming after the application stage?				Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster					
Indicators	Description	Target	Achieved	Source of verification	
Indicator 3.1	Number of households receiving in kind NFI assistance	1200	1503	UNHCR distribution reports	
Indicator 3.2	Number of households reached with emergency shelters (type A and B)	800	201	UNHCR weekly monitoring reports; Shelter mapping exercise	
Indicator 3.3	Number of persons reached with shelter and NFI assistance	10,000	6244	UNHCR distribution reports; Weekly monitoring reports	
Explanation of output and indicators variance:		As mentioned above in Section 3, there is a variance in the households reached under indicators 3.2. and 3.3. – and the lower number is due to reprogramming on the shelter intervention, from emergency shelter to transitional shelter, which implied a higher unit cost per shelter.			
Activities	Description		Implemented by		
Activity 3.1	Conduct assessments, beneficiary selection & targeting Procurement of minimum NFI Kits		UNHCR and CARITAS		
Activity 3.2	Targeted distribution of essential non-food items to individuals with heightened vulnerability (1 tarp, 1 kitchen set, 2 blankets, 2 sleeping mats, 1 solar light)		UNHCR and CARITAS		

	Regular activity monitoring	
Activity 3.3	Conduct post-distribution monitoring	UNHCR and CARITAS
Activity 3.4	Conduct assessments, beneficiary selection & targeting Procurement of emergency shelter kits (type A & B)	UNHCR and AVSI
Activity 3.5	Targeted distribution of construction kits to IDPs recently displaced in relocation sites and in host community settings Provision of technical guidance to selected beneficiaries	UNHCR and AVSI
Activity 3.6	Regular activity monitoring Conduct post-distribution monitoring	UNHCR and AVSI

Output 4 GBV and MHPSS Emergency Response Services

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of vulnerable IDP and host community population with access to integrated MHPSS and GBV mobile emergency response services	20,000	39,205	CCCM Cluster report from October 2021 of target site (Ntele and Nicuapa) population data
Indicator 4.2	Number of persons reached with awareness raising on GBV and MHPSS concerns and access to life-saving services	5,000	18,619	UNHCR and partner community volunteers awareness data from Montepuez and Metuge districts
Indicator 4.3	Number of district level GBV and MHPSS referral pathways reinforced and shared	4	9	UNHCR GBV referral pathways documents
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 4.1	Direct case management and psychological counselling services provided	UNHCR and GBV partners mobile GBV-MHPSS service provision		
Activity 4.2	Awareness raising on GBV and MHPSS concerns and access to life-saving services conducted	UNHCR and GBV partners staff and community outreach volunteers		
Activity 4.3	Referral pathways reinforced and shared	UNHCR GBV technical unit staff (in coordination with the Department for Gender, Children and Social Action)		

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 areas⁶ 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)⁷:

As the chair of the CE/AAP Working Group at the provincial and national level, and also a member of the IASC Task Team on Accountability to Affected Populations, UNHCR is committed to ensuring that all crisis-affected people, including women, men, boys, girls, persons with disability, older persons and marginalized groups, can access protection and assistance programmes in an equitable and non-discriminatory manner and have a say in decisions that affect their lives. In the design of project proposal to respond to the crisis in Palma, UNHCR reflected this commitment and aimed at responding to the most urgent protection needs of the populations in the Southern districts of Cabo Delgado.

Throughout the planning and implementation phases, protection monitoring and community consultations were conducted to incorporate inputs and suggestions of women, men, girls and boys of diverse backgrounds based on an AGD approach. Furthermore, community-based protection focal points were key to ensure community engagement and to identify solutions to the protection needs identified.

b. AAP Feedback and Complaint Mechanisms:

Under this CERF RR grant, UNHCR worked closely with its implementing partners to set up 33 safe, accessible and confidential feedback and complaints mechanism, including establishment of protection desks, feedback surveys distributed along with NFI kits and training of protection focal points on the identification of protection risks, referral of cases in need of assistance, and provision of feedback to complaints raised by the persons of concern. The affected populations were involved in the design and implementation of CFMs, and UNHCR also organized community sessions to raise awareness on the access to and functioning of CFMs.

UNHCR, also in its role as chair of the CE/AAP Working Group, continued promoting an inter-cluster commitment to ensure a two-way and efficient communication with communities and active community empowerment. In order to ensure inclusion of persons of concern in the response and a quality service delivery - whenever relevant - feedback from affected populations was shared and promoted among clusters and other stakeholders.

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

UNHCR prioritized the integration of PSEA across all project activities ensuring humanitarian and protection principles, as well as at coordination level in UNHCR's role as co-chair of the PSEA Network Cabo Delgado.

UNHCR also adapted PSEA IEC materials for community engagement across all project activities, as well as internal and PSEA Network level (Linha Verde) community complaints and feedback mechanisms to ensure access to safe, confidential and timely reporting mechanisms for the community using an age, gender and diversity approach.

UNHCR applied its PSEA policy across all activities and had expert PSEA Focal Points leading PSEA activities. A total of 546 (308 men, 238 women) people were trained on and PSEA, including UNHCR staff, partners, government services, NGOs and UNHCR community protection focal points. Protection focal points were trained on PSEA, so that they could identify and refer cases of PSEA to the appropriate complaint mechanisms, and specific protocols for the safe and timely referral of cases were adopted.

⁶ 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](#).

⁷ 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](#).

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

Under this CERF RR grant, UNHCR provided a wide range of GBV and MHPSS services to 39,205 vulnerable individuals from the displaced and host communities. UNHCR also conducted integrated GBV and PSEA sensitization activities with IDPs and host communities, and developed GBV and PSEA IEC materials to raise awareness on GBV risk reduction, access to life saving support, PSEA policy and how to report cases. The materials were developed in consultation with the community, using survivor centred messages, in local languages and with visual aids.

Furthermore, UNHCR developed nine district-level GBV referral pathways that were shared with the GBV AoR, UNHCR and partners community volunteers and staff as well as government services and local authorities.

UNHCR also trained humanitarian staff and government services staff (332 women and 352 men) on prevention of and response to GBV/Sexual Exploitation and Abuse, including through addressing gender inequality, discrimination and unequal power relations.

UNHCR ensured that the safe and inclusion participation and empowerment of women and girls was mainstreamed across all project areas.

e. People with disabilities (PwD):

Throughout all protection and assistance activities implemented under this CERF RR grant, UNHCR applied the vulnerability Guidelines adopted by the Protection Cluster. In the Guidelines, persons with disabilities are included among the main priority groups, due to their multiple vulnerabilities.

UNHCR has engaged with persons with specific needs and/or disabilities through an AGD approach in order to identify their needs and the main barriers faced in accessing services, and provide appropriate life-saving protection assistance. UNHCR also distributed assistive devices (such as wheelchairs and shoulder clutches) to 294 persons with disabilities in Pemba, Metuge and Montepuez.

Furthermore, during shelter constructions and NFI distributions, UNHCR and its implementing partner have made special arrangements to assist and support persons with specific needs and/or disabilities through either home/mobile distributions or community mobilization.

f. Protection:

Under this CERF RR grant, UNHCR ensured provision of much needed life-saving protection services and also protection mainstreaming in all activities implemented under the Shelter/NFI Sector.

Protection data was collected through protection monitoring and border monitoring missions, and it was disaggregated to reflect the diversity of the population. Through the adoption of an AGD approach, UNHCR could integrate the strengths and vulnerabilities of men, women, girls and boys, and those groups such as older persons, persons with disabilities, and adjust the response by targeting first and foremost vulnerable groups, including persons with special needs and/or disabilities and GBV survivors, in both its protection and shelter programming.

Furthermore, additional protection risks were identified through outreach activities in the communities, complaint and feedback mechanisms and newly established community-based protection desks that provided holistic protection services.

Shelter and NFI distributions were carried out based on the vulnerability criteria from the Guidelines produced by the Protection Cluster, as part of the strategy for the identification and targeting of assistance to households with acute needs and vulnerabilities.

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	Choose an item.	N/A

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.

CVA Programs were not considered for this RR project for the typology of interventions foreseen.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.
N/A	N/A	US\$ 0	Choose an item.	Choose an item.
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Social media posts tagging @UNCERF (UNHCR Mozambique Twitter account)	https://twitter.com/UNHCRMozambique/status/1474615405297688576 https://twitter.com/UNHCRMozambique/status/1450022303673241606 https://twitter.com/UNHCRMozambique/status/1369610811057057796 https://twitter.com/UNHCRMozambique/status/1348602042386964480
Factsheets/operational updates thanking contributions from UN CERF (published in UNHCR Operational Data Portal, Focus Publications and ReliefWeb)	file:///C:/Users/GHAZI/Downloads/Factsheet_Mozambique_September%202021%20(1).pdf file:///C:/Users/GHAZI/Downloads/UNHCR%20Mozambique%20IDP%20response%20External%20Update_November_2021.pdf

3.4 Project Report 21-RR-CEF-017

1. Project Information			
Agency:	UNICEF	Country:	Mozambique
Sector/cluster:	Water, Sanitation and Hygiene Protection - Child Protection Health Nutrition	CERF project code:	21-RR-CEF-017
Project title:	Provision of an integrated and immediate lifesaving assistance to people displaced from Palma		
Start date:	04/06/2021	End date:	03/12/2021
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\$ 31,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 4,239,838
	Amount received from CERF:		US\$ 1,447,897
	Total CERF funds sub-granted to implementing partners:		US\$ 677,761
	Government Partners		US\$ 32,094
	International NGOs		US\$ 645,577
National NGOs		US\$ 0,00	
Red Cross/Crescent Organisation		US\$ 0,00	

2. Project Results Summary/Overall Performance

WASH: UNICEF worked through three NGOs to implement this project: Solidarite International (Mueda District), Helpcode (Mueda District), and Joint Aid Management (Montepuez District). To ensure good value for money, UNICEF also purchased some WASH supplies directly through its long-term agreement with suppliers such as large plastic water tanks and hygiene kits that were transported and handed over to WASH NGOs. The WASH partners provided first phase WASH emergency response for new IDPs, as well as second phase WASH response once the situation was more stabilized. The project reached 25,659 beneficiaries with multiple WASH activities in hard-to-reach environments such as Mueda District, where the security situation is still challenging.

NUTRITION: In response to the increased humanitarian needs following the attacks in Palma, UNICEF partnered with Fundação AVSI and CUAMM to expand delivery of nutrition services through integrated mobile brigades, community management of acute malnutrition (TDC), and the integrated nutrition package (PIN) in targeted districts. As a result, UNICEF reached 17,381 children aged 6 – 59 months with screenings for acute malnutrition. A total of 1,045 children aged 6 – 59 received quality care for severe wasting resulting, resulting in an 81 per cent cure rate, which is aligned with the SPHERE quality standards of at least 75 per cent cure rate for severe wasting. Through the CERF RR grant, UNICEF procured and delivered 415 cartons of ready-to-use therapeutic food, 110 cartons of therapeutic milk F-75, and 80 cartons of therapeutic milk F-100, which will provide treatment for an additional 415 children with severe wasting over a two-month period.

HEALTH: With CERF funds, health services have been strengthened at the health facility and community levels to serve displaced populations. The support has consisted of distribution of medical and hospital supplies such as: 12 Interagency Emergency Health Kits (IHEK) for Mueda and Montepuez; 15 Community Health Worker (CHW) Kits for Ancuabe, Montepuez and Mueda. The CHW kits provided and enabled access to health consultations of 3,750 people, where children aged 0 - 5 years were the priority, for the treatment of common diseases such as diarrhoea, malaria and respiratory infections.

CHILD PROTECTION: UNICEF, in partnership with AVSI and Caritas bolstered the child protection response to children affected by the Palma attacks. 280 community-based volunteers were trained to run psychosocial programmes including structured play, arts and crafts, non-formal learning, and child rights awareness raising. 4,600 children were reached with psychosocial programming and 130 caregivers with parenting sessions on how to identify distress in children and communication with children in times of stress. 87 case workers were trained to support cases of children who needed specialized services such as family tracing and reunification and increased support for children in distress due to the conflict. 65 children were identified as unaccompanied or separated and supported in spontaneous care or for other forms of informal family-based care while tracing services were provided.

3. Changes and Amendments

WASH: The WASH activities were implemented as planned, except for the hygiene voucher that could not be implemented jointly with WFP as because the number of food and WASH beneficiaries were not equal.

NUTRITION: Delays in arrivals of ready-to-use therapeutic food (RUTF) and therapeutic milk, coupled with the escalation of the conflict to parts of Niassa, constrained the capacity to respond and delayed distribution of nutrition supplies. In order to mitigate the negative impacts of the late arrival of nutrition supplies procured through the CERF RR grant, UNICEF delivered RUTF and therapeutic milk procured through internal emergency grants allowing us to meet the planned targets of SAM admissions. However, limited humanitarian presence in the northern provinces of Cabo Delgado due to escalation of the conflict impaired the capacity to reach the planned number of children to be screened for acute malnutrition. As a result of the conflict and insecurity, UNICEF and partners could not expand interventions to cover the northern districts of Cabo Delgado Province.

HEALTH: The existing challenges on transporting supplies to hard to reach areas such as Mueda district, as well as the deficient access, either by insecurity or by the state of the roads impacted the allocation of supplies to affected districts. Some materials were sent to reinforce the health care in the Rural Hospital of Mueda, and other areas of the Mueda district did not benefit from mobile brigades.

CHILD PROTECTION: The inception phase of the programme relied on training of personnel on the basic principles related to MHPSS programming and case management and family tracing and reunification. Due to weak existing structures in Cabo Delgado, it was necessary to set up a system of family tracing and reunification from scratch including the process of harmonizing forms and standard operating procedures at district level. Time was taken to ensure that there was a satisfactory level of understanding on definitions of unaccompanied or separated children to start the identification process. Many of the unaccompanied children were in spontaneous family care when identified, this reduced the need to move children to trained foster families as it was decided that in many of these situations it was better to leave the children where they were to limit the distress, and in favour provide regular follow up with the families on a weekly basis. The disaggregation did not include IDP v host community so unfortunately this was not recorded.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Women	Men	Planned			Women	Men	Reached		
			Girls	Boys	Total			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	13,484	12,744	6,673	6,376	39,277	8,103	4,887	5,229	4,573	22,792
Host communities	1,516	1,256	8,327	7,624	18,723	910	549	588	514	2,561
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	15,000	14,000	15,000	14,000	58,000	9,013	5,436	5,817	5,087	25,353
People with disabilities (PwD) out of the total										
	1,500	1,400	1,500	1,400	5,800	901	544	582	509	2,536

Sector/cluster	Nutrition									
Category	Women	Men	Planned			Women	Men	Reached		
			Girls	Boys	Total			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	4,961	4,579	9,540	0	0	6,025	5,562	11,587
Host communities	0	0	15,473	14,283	29,756	0	0	3,013	2,781	5,794
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	20,434	18,862	39,296	0	0	9,038	8,343	17,381
People with disabilities (PwD) out of the total										
	0	0	71	29	100	0	0	90	83	174

* 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 and Hygiene									
Category	Women	Men	Planned			Women	Men	Reached		
			Girls	Boys	Total			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	7,256	5,669	5,473	4,277	22,675	2,134	1,963	2,322	2,134	8,553
Host communities	0	0	0	0	0	4,268	3,926	4,644	4,268	17,106
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,256	5,669	5,473	4,277	22,675	6,402	5,889	6,966	6,402	25,659
People with disabilities (PwD) out of the total										
	726	567	547	428	2,268	640	589	697	640	2,566

Sector/cluster	Protection - Child Protection									
Category	Women	Men	Planned			Women	Men	Reached		
			Girls	Boys	Total			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	100	1,000	1,000	2,250	53	82	2,352	2,248	4,735
Host communities	80	50	1,000	1,000	2,130	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	230	150	2,000	2,000	4,380	53	82	2,352	2,248	4,735
People with disabilities (PwD) out of the total										
	12	8	10	10	40	[Fill in]	[Fill in]	100	45	145

* 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

WASH: The WASH activities mainly targeted IDPs due to the specific lifesaving focus of the project. Nevertheless, some activities benefited host communities as well. New water points in resettlement centres are, for example, sometimes used by nearby host communities or host families. The project also improved the urban water supply system of Mueda, which equally benefited IDPs and the local population. The number of indirect beneficiaries is estimated to be 50,000 persons, consisting of the local population living near or in the areas targeted by the project.

NUTRITION: Through the cooking demonstrations conducted as part of the community management of acute malnutrition (TDC) pilot in Cabo Delgado, approximately 30,769 caregivers of children under five were reached with education sessions on best practices of Infant and Young Child feeding.

HEALTH: In Mueda and Montepuez, districts with the highest number of IDPs from Palma, about 155,653 people including 25,527 children below five years, have indirectly benefited from health services offered with primary purpose of benefiting IDPs and hosting families.

CHILD PROTECTION: For the initiation of the project volunteers conducted community awareness about the project and its outcomes, the social services provided were understood by the full community and the services open to all who needed them. In the case of children with disabilities, there were integrated activities that promote the integration of displaced children in host communities as well as their socialisation with other local children to significantly reduce sources of discrimination and promote their social and psychological well-being. The integration of this project was not recorded in the disaggregation for host community v IDP. It is estimated a further 2,000 persons were reached indirectly.

6. CERF Results Framework

Project objective	Provide lifesaving nutrition screenings and treatment of children under five years with severe acute malnutrition.			
Output 1	By the end of this project, 39,296 children will be screened for malnutrition and 1,000 children with SAM will receive quality care as per the simplified SAM screening and treatment protocols.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of children under five years of age screened for acute malnutrition	39,296	17,381	SISMA, 2021
Indicator 1.2	Number of children under five years of age admitted for treatment of SAM	1,000	1,045	SISMA, 2021
Indicator 1.3	Proportion of SAM cases exiting cured from the program	75%	81%	SISMA, 2021
Explanation of output and indicators variance:		The humanitarian presence delivering services in Cabo Delgado remains limited. This is mainly caused by limited access to northern districts of Cabo Delgado, which impaired the capacity of delivering nutrition services and therefore impacted the low number of children screened for acute malnutrition.		
Activities	Description		Implemented by	
Activity 1.1	Procurement and distribution up to the end user of lifesaving nutrition supplies (RUTF, F-75, F-100 and ReSoMal).		UNICEF procured and delivered 415 cartons of ready-to-use therapeutic food, 110 cartons of therapeutic milk F-75 and 80 cartons of therapeutic milk F-100 which allows	

		treatment of 415 children with severe wasting for a two-month period.
Activity 1.2	Conduct mobile brigades with integrated maternal child health and nutrition services including screening, referrals, and delivery of key messages on Infant and Young Child Feeding.	This intervention aims to bring integrated health services (immunization, nutrition, child consultations, pre-natal consultations, screening, nutritional supplementation and deworming) to remote areas and resettlement centres, where the population does not have a Health Unit nearby. This activity was implemented twice a month with UNICEF-CERF funding through the Government sector (Provincial Health Directorate and district health services) as well as through implementing partners (CUAM and AVSI). Nine districts were covered reaching a total of 17,381 children aged 6 – 59 months with nutrition screenings.
Activity 1.3	Implementation of community-based treatment (TDC) of children with severe acute malnutrition at IDPs sites and host communities.	The TDC proved to be an effective approach that builds on local capacity to address acute malnutrition in the community by treating most children in their homes instead of treating them through the health facility. As part of the CERF RR grant, TDC was implemented in Ancuabe, Metuge and Mecufi, supporting the treatment of 1,045 children with severe wasting.

Output 2	Provide lifesaving health interventions to IDPs from Palma and host communities				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 2.1	Number of IDP families and host families receiving mosquito nets	5,000	4,451	Reports on Distribution of Mosquito nets	
Indicator 2.2	Number of IDPs and host families accessing health consultations	58,000	31,301	SISMA, 2021	
Explanation of output and indicators variance:		During the implementation period there was access constraint to some of the targeted districts due to insecurity and poor road conditions. This factor impacted outreach originally planned.			
Activities	Description		Implemented by		
Activity 2.1	Procure 10,000 mosquito nets and distribute to IDPs and host families (2 nets per family)		For distribution of Mosquito nets UNICEF partners with Provincial health Directorate (DPS), Provincial Health Services (SPS) and JAM		
Activity 2.2	Procure 20 interagency health emergency basic module kits: 30 renewable module kits, and 20 supplementary medicine kits		12 kits IEHK have been received and distributed to the districts of Mueda and Montepuez, to reinforce the medical supplies in the health units directly serving the displaced communities.		
Activity 2.3	Implement health consultations of common illness of children and adults in health facilities and mobile units organized to deliver health care to IDPs and host communities		Due to the high demand on the health units, the health sector has opted to strengthen the supply of health services through mobile units, through health teams from the district and provincial levels, as well as implementing partners such as CUAM]		

Output 3	Separation of children from families is prevented and responded to, and family-based care is promoted in the child's best interest
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of Unaccompanied and Separated Children UASC) Identified	100	65	Case files
Indicator 3.2	Number of identified UASC in family-based care or a suitable alternative	60	65	Case files
Indicator 3.3	Percentage of identified UASC safely reunified with primary caregivers or other family members	100%	0	Case files

Explanation of output and indicators variance:	It took time to set up the FTR system and hand over for tracing. Tracing can take some time especially if families are in locations that are unsafe for reunification. All children remained in spontaneous care.
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Activities	Description	Implemented by
Activity 3.1	In collaboration with Ministry of Gender Children and Social Action (MGCAS) and Community Child Protection Committees (CCPCs), conduct case management for all UASC	Conducted by partners AVIS and Caritas. CCPC were used to support identification of cases and received refresher training. With only 1 or 2 DPGCAS social workers per district, they were involved in data collection and follow up support where possible
Activity 3.2	Identify, pre-screened and train 10 foster carers on alternative care and place unaccompanied children or at risk separated children with them	The approach used was to support spontaneous family care.
Activity 3.3	Conduct family tracing and reunification, including provision of direct support to facilitate the reunification process	In this time frame reunifications were not possible as the system was being built, the time allowed for creating harmonized forms, training, identification and support to spontaneous family care, referral for tracing.

Output 4	Mental Health and Psychosocial Support (MHPSS) needs of children and caregivers are identified and addressed through coordinated multisectoral and community based MHPSS services
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of girls and boys provided with community-based mental health and psychosocial support, including access to child friendly spaces or multi-purpose child friendly centres with intersectoral programming interventions4,000 children (2,000 boys, 2,000 girls, of which 5% children with disabilities)	4,000	4600	Registration sheets

Indicator 4.2	Parents and primary caregivers are provided with community-based mental health and psychosocial support.380 adults (150 men, 230 women of which 5% parents of children with disabilities or parents with disabilities)	380	130	Registration sheets
Explanation of output and indicators variance:		It was difficult to gain access to caregivers, who were seeking more tangible aid in the initial phase. There was dedicated work on raising awareness on the need for child protection and discussions with parents on these issues when this was supported by community leaders the participation increased.		
Activities	Description	Implemented by		
Activity 4.1	[Provide community based MHPSS through child-friendly spaces, peer-to-peer groups for adolescents, youth clubs for cultural and leisure activities, promoting group cultural and expressive activities for children.	AVSI Caritas		
Activity 4.2	Provide community based MHPSS to distressed parents/caregivers, including psychological first aid, promoting positive parenting knowledge and skills among caregivers and child protection messaging, including stigma reduction	AVSI Caritas		

Output 5 Increased access to WASH services and items for IDPs and hosting communities

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Number of people affected by displacement with access to sufficient quantity of safe water in accommodation centres, resettlement areas and in host communities as per SPHERE standards	22,675	36,379	Partner's monthly and final reports
Indicator 5.2	Number of people affected by displacement with access to appropriate sanitation facilities in accommodation centres, resettlement areas and institutions as per SPHERE standards	7,150	12,548	Partner's monthly and final reports
Indicator 5.3	Number of people affected by displacement receiving Hygiene kits, female dignity kits and water treatment and storage kits	9,750	21,459	Partner's monthly and final reports
Indicator 5.4	Number of people affected by displacement receiving sanitation and hygiene messages	9,750	32,249	Partner's monthly and final reports

Explanation of output and indicators variance:		In general, the project managed to achieve between 60% to 200% of the planned targets in terms of numbers of beneficiaries. This was achieved thanks to the synergy with other UNICEF funding, which allowed us to set up larger and more ambitious operations. Note that only the number of beneficiaries funded by CERF were reported here.
Activities	Description	Implemented by
Activity 5.1	First line emergency WASH in arrival and transit centres. Temporary emergency WASH services will be provided to new arrivals in the form of water trucking, emergency latrines, latrine maintenance, camp cleaning service and 1-month light hygiene kits including household chlorination product.	The three WASH implementing partners of UNICEF implemented first phase response activities in the districts of Montepuez (JAM) and Mueda (Solidarite and Helpcode) in the IDP resettlement centres. Depending on the case, they provided water trucking services, gender segregated emergency communal latrines, and distribution of hygiene and water treatment kits. The district of Mueda was especially challenging because of the tense security environment, recent massive arrival of IDPs from Palma from April 2021, and general difficulties to access water in this district, leading to a lot of water trucking needs.
Activity 5.2	Second line emergency WASH in resettlement areas. In sites where IDPs are relocated for a longer period, more durable WASH services will be provided such as new or rehabilitated boreholes fitted with handpumps, extensions from existing water networks, latrines with concrete slabs with bathrooms. All IDPs will receive a complete 3-month hygiene, dignity and water treatment kit upon their arrival in the permanent relocation site, either through direct distribution or a local retailer-based hygiene commodity voucher system when feasible, in collaboration with WFP current food voucher system. A following 3-month refill of hygiene consumables will be provided.	<p>In permanent resettlement centres, second line WASH emergency activities started a few months after the arrival of the IDPs. Construction of a household latrine can start once IDPs have been allocated a plot of land to build their house. The WASH partners mobilized the community in the various resettlement centres to dig latrine pits, build latrine superstructures, and distribute a concrete slab which is the only incentive.</p> <p>Following the water trucking phase, more permanent water supply systems were built. Depending on the sites, these included hand pumps, existing pipe water system rehabilitation/extensions, or new pipe water systems. In Mueda, water trucking continued for many months because it was impossible to build a water point due to the particularly difficult hydro-geophysical environment.</p> <p>After discussion with WFP, it was not possible to piggy-back on their voucher system in Montepuez, because the WASH budget was not enough to match the number of target beneficiaries for food vouchers. Kits were distributed as in-kind. Discussions are still ongoing to use the WFP voucher system in the coming months in Balama district, where the numbers of IDPs are lower.</p>
Activity 5.3	Activity 3: WASH in urban host communities. Where the majority of IDPs have chosen not to live in camps or be relocated to resettlement areas and have settled in urban centres, either living with relatives or friends, or renting accommodation, financial support will be given by UNICEF to the local water utility (which in most cases is FIPAG[2]). This support will alleviate the additional pressure on the infrastructure and ensure adequate water supply in areas with a high density of IDPs.	This activity was done especially for IDPs and host communities located in Mueda Town and implemented by UNICEF partner Solidarite International (SI). SI rehabilitated several key infrastructures of the urban network in Mueda which is operated by the water utility FIPAG, including pipe systems, maintenance of a large generator, and repair of water reservoirs. These works benefited both IDPs and host communities. UNICEF also covered some of the fuel expenses for FIPAG to operate their network in Mueda and Nangade district capital, although this was covered by a BHA grant since the CERF grant was already expired when the documentation for payment was received by UNICEF from FIPAG.

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:

WASH: partners regularly consulted affected communities to ensure the program was well designed to respond to their needs and preferences. Communication activities included explanation of the service, costs, and practical examples. Accountability was guaranteed by a rapid and proper response feedback mechanism (Linha Verde). Partnership with INGO Humanity Inclusion guaranteed identification of persons with disabilities and other sensitive cases to be monitored and followed-up.

NUTRITION: UNICEF uses mechanism such as Linha Verde and promotes community dialogues to assess specific health and nutrition needs of different population groups and their access to quality nutrition services. Communication and active community engagement platforms stimulate demand for services and enhance the beneficiaries' knowledge to practice home-based and community behaviours that positively impact children's survival, growth and early childhood development. Key behaviours promoted during project implementation included breastfeeding, young child feeding, early childhood development, handwashing and hygiene, positive caregiving practices, signs of and how to address malnutrition, and how to recognize disabilities in young children.

HEALTH: UNICEF integrated joint needs assessment missions held prior to program implementation, from where raised issues and complaints were properly noted and discussed and monitored. Also, During the mobile brigades, the community structures were involved from the programming of the mobile brigades as well as in the evaluation of the results. This accountability platform is reinforced by the health sector structures through community involvement units.

CHILD PROTECTION: Child Protection conducted awareness on the programme at the inception and gained consent from parents for the registration and participation of the children attending the activities. The partners were trained on disability and inclusion and 145 children benefitted from inclusion in the MHPSS activities and case management. Within in the MHPSS sessions, awareness raising on PSEA, GBV was highlighted and case workers regularly attended the MHPSS session to ensure that children were aware of their role and could reach out to them for any support or self-referral.

b. AAP Feedback and Complaint Mechanisms:

All three UNICEF **WASH** partners promoted the 'Linha Verde' service and fostered its use among the beneficiaries. On top of Linha Verde, Solidarite International also installed some complaint boxes at the distribution sites. Post-distribution monitoring surveys included specific questions related to sexual abuse and harassment related to distributions.

NUTRITION: Feedback mechanisms are part of the community-based platforms and were enforced by the district level health teams during implementation of the integrated mobile brigades and the TDC. Accessibility and follow-up issues were discussed on a bi-weekly basis in the subnational cluster coordination meetings.

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](#).

HEALTH: Implementing teams were aware of the need to register beneficiaries concerns and complaints, also UNICEF regularly monitored reports from Linha Verde and discussed those with partners and provided appropriate response or referred for solution.

CHILD PROTECTION: Children were involved in the design and timing of activities and had the opportunity to give feedback on each session. Sessions were adjusted based on feedback given.

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

All three UNICEF WASH partners underwent PSEA assessment before signing the agreement with UNICEF. For the partner with medium risk, a plan of action was set up to improve their PSEA policy and protocol. UNICEF WASH section plans to organize PSEA training for private contractors in Pemba in 2022. Similarly, for nutrition, all partners were trained on PSEA and informed on the referral pathways during the Nutrition Cluster retreat in December 2021.

For health sector, in regular meetings with partners in the community, topics on prevention of sexual abuse and exploitation are addressed. Training sessions were conducted by UNICEF for implementing partners.

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

WASH: UNICEF WASH partners' teams were gender-balanced to foster gender awareness raising at all stages. Gender- and age-relevant topics were defined and discussed e.g., menstrual hygiene. Duration and timing of the activities were adapted to safety, suitability and accessible transport for women, girls and persons with disabilities. The programme promoted adaptations to latrines/bathing facilities based on partners' experience with menstrual hygiene and health management. Hygiene kit distributions include menstrual hygiene items as per WASH Cluster standards. All placement of WASH infrastructure included consultations with affected populations, including discussions with women and girls to ensure they felt safe using the facilities.

NUTRITION: The project was designed to address the different vulnerabilities girls, boys, men, and women face and experience during conflict. The UNICEF nutrition response targeted caregivers of children under five with counselling and support on optimal breastfeeding and complementary feeding practices while also conducting cooking demonstrations in hard-to-reach areas using locally available food. This empowered women and girls with knowledge and education, while also engaging female community leaders to integrate the community health workers' platform delivering community management of acute malnutrition (TDC). Psychosocial support and GBV prevention were included as part of services delivered through integrated mobile brigades.

HEALTH: Training at community level, both for CHWs and health committees, includes issues of gender-based violence in its different forms. In the selection of participants women are also prioritised to take part in the training.

CHILD PROTECTION: This programme was also matched with activities relating to GBV and sexual and reproductive health messaging. 219 persons were reached with awareness on GBV and awareness on services available. Activities were also designed by girls and boys from the community. The programme struggled to access adolescent girls at this stage and more consultation is required to ensure their attendance.

e. People with disabilities (PwD):

For **WASH**, JAM identified five persons with disabilities in Montepuez IDP sites and installed special latrines in their household, using disability add-on kits received from UNICEF. JAM is exploring alternative designs to construct latrines for persons with disabilities using local material and artisans. In Mueda, Solidarite International identified 16 persons with disabilities and provided them with access to inclusive latrines and improved water supply through enhanced community solidarity. In addition, many other persons affected by less severe forms of disabilities were also reached by the WASH intervention (estimated to be 10% of the beneficiaries).

Health and nutrition stakeholders and partners were trained on disability identification and referral pathways, and community health workers were trained to identify developmental delays in children receiving medical consultations through UNICEF-supported platforms.

Child Protection: Child Protection partners were trained by AIFO on disability and inclusion and were able to broaden the MHPSS programme to include 145 children with disabilities. Case workers were also supported to refer cases of children in need of receiving assistive devices.

f. Protection:

NUTRITION: Protection issues for nutrition mainly concern the security while accessing and utilizing nutrition services delivered at health facility and mobile brigades which are normally located and built in such a way that limits protection risks. Nutrition humanitarian partners were briefed on specific protection considerations and referrals pathways, in close collaboration with child protection services to support protection mechanisms for vulnerable children.

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	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.

WASH: The hygiene voucher could not be implemented jointly with WFP's food voucher program in Montepuez, because the number of food and WASH beneficiaries did not match. To be able to piggyback on their system, WFP insisted that all their beneficiaries of food vouchers were covered by the UNICEF hygiene voucher, which was not possible because the budget was not sufficient. Kits were distributed as in-kind. In Mueda, the voucher modality was considered as not feasible because of unreliable supply chains

Case and voucher assistance was not planned for child protection, health and nutrition service delivery given that is not yet feasible to respond in these sectors through this approach.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.
N/A	N/A	US\$ 0	Choose an item.	Choose an item.
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Complementary feeding practices and conducting cooking demonstrations for IDPs from Palma	https://twitter.com/UNICEF_Moz/status/1381977011778912259
Visit of EMOPS director and interaction with IDPs from Palma district	https://www.instagram.com/p/CNnXlgBJm-/
Access to safe water in Cabo Delgado	https://www.facebook.com/unicef.mozambique/posts/4994226213995608
Psychosocial support to children affected by conflict in Cabo Delgado	https://www.facebook.com/unicef.mozambique/posts/4994240660660830
Provision of mosquito net to families displaced in Cabo Delgado	https://www.facebook.com/unicef.mozambique/posts/4994269347324628

3.5 Project Report 21-RR-WFP-012

1. Project Information			
Agency:	WFP		Country: Mozambique
Sector/cluster:	Food Security - Food Assistance Nutrition	CERF project code:	21-RR-WFP-012
Project title:	Life-saving food and nutrition assistance to conflict-affected populations impacted by the Palma attacks, Cabo Delgado		
Start date:	20/04/2021	End date:	19/10/2021
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\$ 147,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 7,657,442
	Amount received from CERF:		US\$ 1,474,999
	Total CERF funds sub-granted to implementing partners:		US\$ 416,254
	Government Partners		US\$ 40,429
	International NGOs		
	National NGOs	US\$ 375,825	
	Red Cross/Crescent Organisation		

2. Project Results Summary/Overall Performance

The armed conflict in the north and central zone of Cabo Delgado since late 2017 has had a great impact on the food security and nutrition situation of households, especially in areas with limited humanitarian access.

For the period of April to September 2021, an estimated 128,000 IDPs and 101,000 people from host households were projected to be in high acute food insecurity (IPC Phase 3 or above) and in need of immediate action. All IDP groups and host household groups were classified in a situation of Crisis (IPC Phase 3), except for the Balama IDP group, which was classified in Stressed (IPC Phase 2). Between October 2021 and February 2022, the number of IDPs and people from host households in IPC Phase 3 or above is estimated to increase in all seven districts analyzed and is projected to reach about 197,000 IDPs and 166,000 people from host households. It is expected that if no food assistance is provided, 44,000 IDPs in Metuge district will be in Emergency (IPC Phase 4), while the remaining IDP groups and host household groups in other districts (Pemba City, Namuno, Montepuez, Balama, Ancuabe and Chiure) will remain classified in Crisis (IPC Phase 3). Important to note is that this is a period of food scarcity, characterized by depleted cereal reserves and rising prices, and households likely using crisis or emergency coping strategies.

A Rapid Nutrition SMART survey conducted in eight districts of Cabo Delgado in February 2021 revealed a combined prevalence of Global Acute Malnutrition (GAM) as high as 12.7 percent and Severe Acute Malnutrition (SAM) prevalence between 1.0 to 3.8 percent across both IDP sites and host communities. Rates of morbidity are high – between 20-50 percent of children reported to have had fever and between 20-25 percent to have had diarrhea two weeks prior to the survey contributing to vulnerability of children. Results from this assessment shows that stunting among children aged 6-59 months is very high in all surveyed areas, showing little improvement from the 2011 Mozambique DHS that indicated prevalence of stunting in Cabo Delgado to be at 52.2 percent. The province has the second highest rate of chronic malnutrition in the country compared to the national average of 43 percent.

According to recent SETSAN/IPC Acute Malnutrition analysis (February 2021 to January 2022), about 74,700 children aged 6 to 59 months are or will be affected by Acute Malnutrition of which nearly 27,400 with SAM and 47,300 with Moderate Acute Malnutrition (MAM).

Through this CERF Grant, WFP was able to provide life-saving humanitarian food assistance to 37,093 conflict-affected people (of which 27,000 were assisted through in-kind food and 10,093 through cash/vouchers) across the provinces of Cabo Delgado (Ibo, Meluco, Metuge, Chiure and Mueda) and Nampula (Meconta, Nampula city Memba and Rapale districts), Northern Mozambique, progressively scaling-up its intervention to address the most urgent and basic needs of its beneficiaries. The support to the entire humanitarian community has been facilitated by WFP leadership role in key coordination structures, such as the Food Security Cluster. WFP has also been leading inter-agency efforts for the functioning of a common Complaints and Feedback Mechanism (CFM), the Linha Verde da Resposta a Emergencia (1458).

Through this CERF contribution, WFP in collaboration with the Provincial Health Service of Cabo Delgado (SPS) and other nutrition clusters was able to scale up the lifesaving nutrition response ensured the treatment of 2,665 children 6 – 59 months with moderate acute malnutrition and 1,396 Pregnant and Lactating Women (PLW) with acute malnutrition across Cidade De Pemba, Ibo, Meluco, Ancuabe, Balama, Chiure, Metuge, Montepuez, Mueda, Nangade, Namuno districts in Cabo Delgado from April to October 2021. This achievement represents 89% of children 6 - 59 months and 95% of PLW initially planned. The programme had a performance of 92.3 % in terms of cure rate, exceeding the SPHERE minimum standards of 75%. Throughout this project period, WFP procured 44MT and deliver to health facilities, alongside with RUSF, Supercereal to support acute malnutrition treatment in pregnant and lactating women across the target districts. Delays in the procurement of specialized nutritious foods due to lack of stock of these commodities in the region coupled with funding gap, unable to fulfill the expected target.

3. Changes and Amendments

No changes or amendments were made in this project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
Category	Women	Men	Planned Girls	Boys	Total	Women	Men	Reached 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	244	0	316	292	852	237	0	272	148	657
Host communities	1,221	0	1,246	1,150	3,617	1,159	0	1,167	1,078	3,404
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,465	0	1,562	1,442	4,469	1,396	0	1,439	1,226	4,061
People with disabilities (PwD) out of the total										
	249	0	265	245	759	237	0	244	208	689

Sector/cluster	Food Security - Food Assistance									
Category	Women	Men	Planned Girls	Boys	Total	Women	Men	Reached 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	6,287	5,535	7,683	7,362	26,867	8,680	7,641	10,609	10,163	37,093
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	6,287	5,535	7,683	7,362	26,867	8,680	7,641	10,609	10,163	37,093
People with disabilities (PwD) out of the total										
	1,068	940	1,306	1,251	4,565	1,474	1,298	1,803	1,727	6,302

* 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

All the beneficiaries of food assistance were targeted directly.

Through mobile health brigades a total of 36,337 children were screened for acute malnutrition out of which 10,973 received vitamin A supplementation, 11,948 children receive deworming pills and 3,605 were immunized against measles.

6. CERF Results Framework

Project objective	Provide life-saving food assistance to conflict-affected IDPs, and prevent an increase in moderate acute malnutrition, and associated mortality for the most vulnerable groups (children under five years and PLW).			
Output 1	Provide lifesaving food assistance to 26,867 people			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women, men, boys and girls receiving food-based transfers	26,867	26,999	WFP Supply Chain – LESS System
Indicator 1.2	Quantity of IRR kits provided	5,000	20,824	WFP Wings
Indicator 1.3	Quantity of food assistance distributed in MT	578 MT	634 MT	WFP Supply Chain – LESS System
Indicator 1.4	Total CBT amount transferred to the beneficiaries through value vouchers	\$ 116,247	116,247	[Wings]
Explanation of output and indicators variance:		CERF contribution was used to complement other donor contributions to purchase 20,824 IRRs. CERF funds were used to purchase some commodities (beans, biscuits and sardines) of 20,000 IRR kits and 824 IRR kits (including all commodities). This explains the variance of indicator 1.2.		
Activities	Description		Implemented by	
Activity 1.1	Procurement and transport of food commodities and dispatch to distribution sites		WFP Mozambique procurement and Supply chain	
Activity 1.2	Distribution of IRR kits		SEPPA, MSF, WFP direct distribution team, AMA	
Activity 1.3	Distribution of food rations and delivery of voucher entitlements		SEPPA and AVSI	

Output 2	3,005 children 6 – 59 months and 1,465 pregnant and lactating women, including those with HIV/TB, received life-saving treatment for moderate acute malnutrition in accommodation centres and host communities.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of under five children admitted for treatment of MAM in the management of acute malnutrition programme (PRN)	3,005	2,665	Mozambique Nutrition Rehabilitation Program (PRN) registers

Indicator 2.2	Number Pregnant and Lactating Women (PLWs) admitted for treatment (SAM and MAM) in the management of acute malnutrition programme (PRN)	1,465	1,396	Mozambique Nutrition Rehabilitation Program (PRN) registers
Indicator 2.3	Proportion of children/PLW discharged cured from PRN for moderate acute malnutrition	>75% (Sphere standards)	92.3%	Mozambique Nutrition Rehabilitation Program (PRN) registers
Explanation of output and indicators variance:		Through this CERF contribution, WFP in collaboration with the Provincial Health Service of Cabo Delgado (SPS) and other nutrition clusters was able to scale up the lifesaving nutrition response ensured the treatment of 2,665 children 6 – 59 months with moderate acute malnutrition and 1,396 Pregnant and Lactating Women (PLW) with acute malnutrition across Cidade De Pemba, Ibo, Meluco, Ancuabe, Balama, Chiure, Metuge, Montepuez, Mueda, Nangade, Namuno districts in Cabo Delgado from April to October 2021. This achievement represents 89% of children 6 - 59 months and 95% of PLW initially planned. The programme had a performance of 92.3 % in terms of cure rate, exceeding the SPHERE minimum standards of 75%. Throughout this project period, WFP procured 44MT and deliver to health facilities, alongside with RUSF, Supercereal to support acute malnutrition treatment in pregnant and lactating women across the target districts. Delays in the procurement of specialized nutritious foods due to lack of stock of these commodities in the region coupled with funding gap, unable to fulfill the expected target.		
Activities	Description	Implemented by		
Activity 2.1	Procurement of ready-to-use supplementary food (RUSF)/fortified-blended-food (CSB) and dispatch to health facilities	WFP		
Activity 2.2	Active case finding of children 6-59 months and PLW with acute malnutrition and referral to health services provided for treatment.	District Health Services (SDSMAS)/Community Health activists		
Activity 2.3	Support to treatment of moderate acute malnutrition.	District Health Services (SDSMAS)		

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.**

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](#).

a. Accountability to Affected People (AAP) ¹¹:

Regarding cross-cutting aspects of humanitarian assistance such as protection and Accountability to Affected Populations (AAP), WFP is leading inter-agency efforts for the functioning of a common Complaints and Feedback Mechanism (CFM), Linha Verde da Resposta a Emergencia (1458). WFP is an active member in the Protection Cluster, Community Engagement Working Group (CEWG) and PSEA network at national and provincial level. Through this engagement WFP is working closely with counterparts to produce and disseminate communications materials on beneficiary rights with regard to PSEA and access to free assistance as well as supporting linkages between affected communities receiving food assistance to vital protection services, namely child protection and gender-based violence.

b. AAP Feedback and Complaint Mechanisms:

In July 2021, Linha Verde 1458 in coordination with ICRC sent out mass SMS messages to hotline users in Cabo Delgado regarding family reunification services, GBV prevention and access to survival services. Linha Verde has a database of over 74,000 contacts at the national level which are periodically reached with SMS campaigns in coordination with government and humanitarian actors. Linha Verde 1458 will continue to collaborate with INGD to send early warning SMS's during the upcoming storm season as Mozambique continues to be at risk of being affected by storms and cyclones from December 2021 to February 2022. Beside Linha Verde, WFP provides at each distribution point a help desk to facilitate the communication with the affected population on different matters, including food distribution processes, as well as complaint boxes. Linha Verde posters and banners, as well as protection related sensitization material, are displayed at distribution points and in WFP retailers' shops, as well as distributed among provincial institutions.

Sensitization material is distributed in community committees, including t-shirts with messages on Linha Verde. During the reporting period, community committees have regularly been organized among IDP groups.

In June 2021, WFP engaged with FORCOM to run a community outreach campaign over a period of one month, sending out radio spots in local languages regarding beneficiary rights and zero tolerance policies. Sem Fronteira radio and five community radios were involved, covering Montepuez, Chiure, Namuno, Mueda and Ancuabe districts in Cabo Delgado. WFP is currently working with local Cabo Delgado musicians to develop radio messages on PSEA and beneficiary rights.

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

WFP is currently working with the Protection Cluster and the PSEA network to roll out a PSEA training for local leaders, taking a more participatory, gender transformative, AAP focused approach, contextualizing the more prevalent gender and protection related concerns in the humanitarian assistance. This training will take place between the end of 2021 and early 2022. WFP has been engaging with INGD's new Safeguarding Department (launched in July 2021) on good practices, technical support and training, with one training to INGD actors taking place in December 2021 and further engagement planned for the first quarter of 2022.

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

In the overall assistance to IDPs in Cabo Delgado, WFP works closely with the Protection Cluster to ensure meaningful and equitable participation of the affected population through a set of activities, including:

- Conducting training sessions jointly with the Protection Cluster on humanitarian inclusiveness (e.g. people with disabilities) addressing field monitors, cooperating partners and community leaders;
- Sharing Information, Education and Communication (IEC) material with the cooperating partners, in order for them to raise awareness amongst the affected population on Linha Verde 1458 as well as on key messages against SEA, fraud, corruption and inclusion of disabled peoples;
- In distribution points, providing a help desk to facilitate the communication with the affected population. In this context, the elderly, disable and pregnant women are considered priority groups during distributions;
- Using a variety of channels to spread key messages on zero-tolerance against fraud, corruption and SEA as radio spots in five local languages, in order to reach the highest number among the affected population;

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](#).

- Establishing IDP committees composed of at least 9 members (5 IDPs and 4 natives). The committees are gender-balanced and represent the entire community, including the elderly, youth and disabled persons.
- Conducting cyclical verification through house-to-house visits based on affected population identified at food distribution points at help desks, via Linha Verde 1458 and by GBV actors such as UNHCR. Where house-to-house visits identified vulnerable people (with disabilities, separated children or victims of GBV), the partners were instructed to refer these cases to local protection services as well as seeking means to include them in the food assistance, in line with the targeting criteria.

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, Cooperating Partners 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:

In December 2020 - January 2021, the Pemba field office conducted trainings on cyclical beneficiary verifications, reaching also local leaders for buy-in and awareness. Recognizing the risks associated with the management of beneficiary lists in Cabo Delgado, this cyclical verification training also incorporated a briefing on zero-tolerance to PSEA. Cyclical beneficiary verifications, involving house-to-house visits to verify inclusion and exclusion errors amongst the affected population, have both served to identify some very vulnerable households who have not received assistance, and facilitated regular engagement by the partner and WFP with government on beneficiary rights and access to assistance, particularly for the most vulnerable. This engagement has furthermore strengthened inter-agency engagement on protection, enabling referral of vulnerable households to Government protection services supported by humanitarian actors, as well as enabling WFP to integrate households identified by protection actors into the food assistance. Finally, WFP has actively engaged with Government actors on issues raised by the affected population at the community level and through the different Complaints and Feedback Mechanisms, bringing into these ad hoc case by case conversations good practices around community engagement, access to assistance and the Kampala convention.

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	10,093

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.

Value vouchers (MZN 3,600 per household per month) is being used to assist IDPs in Pemba, Balama and Montepuez. The transfer value was established based on the average market prices of a reference food basket that covers approximately 81% of the daily energy requirements of a family of five (including cereals, pulses, oil and salt). Vouchers are redeemed by beneficiaries at a preselected network of WFP-contracted retailers. Beneficiaries can choose any food commodity based on their needs and preferences.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.3	10,093	US\$ 116,247	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
UN Entities Provide Humanitarian Assistance for the First Time in 6 Months to Palma District [Original title in Portuguese: Entidades da ONU Provêm Assistência Humanitária pela Primeira Vez em 6 Meses ao Distrito de Palma]	https://mozambique.un.org/pt/146652-entidades-da-onu-provem-assistencia-humanitaria-pela-primeira-vez-em-6-meses-ao-distrito-de
Cabo Delgado: A woman's struggle to raise her children in an IDP camp [Original title in Portuguese: Cabo Delgado: A batalha de uma mulher para criar seus filhos num campo de deslocados internos]	https://mozambique.un.org/pt/160696-cabo-delgado-batalha-de-uma-mulher-para-criar-seus-filhos-num-campo-de-deslocados-internos
Mozambique: WFP responds as attack on Palma displaces thousands	https://www.wfp.org/stories/mozambique-wfp-responds-attack-palma-displaces-thousands

3.6 Project Report 21-RR-WHO-014

1. Project Information			
Agency:	WHO		Country: Mozambique
Sector/cluster:	Health		CERF project code: 21-RR-WHO-014
Project title:	Provision of basic health services and trauma care		
Start date:	16/06/2021	End date:	03/03/2022
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\$ 430,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 309,979
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

With CERF funding, WHO supported the establishment of 6 temporary treatment centers in three districts and helped to improve access with provision of basic health services to the displaced population hosted in the localities of the three districts and also to the hosting community residing nearby to the temporary clinics. Provision of basic health services been offered at the temporary clinics include: screening of common health problems (Malaria, Diarrhea, DTS, TB/ HIV, and others) , prescription of medicines , maternal and child health, treatment of minor illnesses and injuries, routine examinations, among others Three of the temporary treatment centers were established in Mueda district (Lyanda, Nengomana, Namatil Localities), one in Ancuabe district (Cujupane locality) two in Mutuge district (Ntocota and Nicavaco localities). Moreover, Two trauma kits were procured to replenish for the trauma kits provided to the provincial hospital and partners which managed to people who sustained trauma injury during the Palma attack. Besides one national professional officer was deployed for six months which provided technical support and capacity building and mentoring to the health workers recruited to run the temporary clinics. There was a delay in setting up three temporary treatment center due to a change of mind by one district which opted WHO to request NCE for UNOCHA and were granted. This has contributed to delay in setting the remaining of the three temporary treatment centers. With the granted period, it was made possible to erect, furnish and equip with drugs, supplies and staff and made functional.

3. Changes and Amendments

NCE was requested for UNOCHA as there was a delay in setting up three temporary treatment center due to a change of mind by one district. WHO, with NCE period the remaining, it was made possible to erect, furnish and equip with drugs, supplies and staff and made functional.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	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	12,332	11,848	3,894	3,742	31,816	6021	3021	680	342	10,064
Host communities	609	585	192	185	1,571	582	450	217	232	1481
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	12,941	12,433	4,086	3,927	33,387	6,603	3,471	897	574	11,545
People with disabilities (PWD) out of the total										
	2,284	2,194	721	693	5,892	783	106	43	49	981

* 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

Setting up temporary treatment centers in the three districts has provided basic health services not only the IDPS of Palma but also IDPs of other districts. This also helped serving members of the hosting communities and a significant number of the hosting community started to utilize the service. Moreover, it was witnessed that these services helped to decongest the existing health facilities which provide services on these three districts. Health promotion efforts going for COVID-19 public health and social measures had benefited from the advocacy and communication and community engagement efforts on the prevention and control of COVID-19 pandemics.

6. CERF Results Framework

Project objective	To improve provision of basic health care to 33,854 of the estimated 50,000 IDPs who fled Palma and the host communities through establishment of 6 temporary treatment centres and to improve trauma care during such attacks through procurement of 2 trauma kits				
Output 1	Improved health outcomes among Palma attack IDPs and host communities				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of f temporary treatment centres established	6	6	Respective District health offices and District administrations	
Indicator 1.2	No. of people treated at the temporary treatment centres	39,746	11,779	[Monthly consultation report submitted to the respective districts	
Indicator 1.3	Number of people reached by health promotion activities	33,853	37,590		
Indicator 1.4	Number of births assisted by a skilled birth attendant	1,351	12	Post natal consultations are being followed up at the temporary clinics (these are women who were doing their prenatal consultations at the temporary clinics and referred to the health facility for delivery. currently a total of 157 pregnant women are doing pre natal consultations at the temporay clinics.	
Explanation of output and indicators variance:		Provision of services by the temporary clinics were started a bit late and NCE was granted and 3 of the temporary clinics were functional recently which will continue to provide the service.			
Activities	Description		Implemented by		
Activity 1.1	Identifying areas to set the temporary treatment centres		District health office, district administrator and members of the IDPS		
Activity 1.2	Setting up of the temporary treatment centres		WHO		

Output 2 Improved trauma care among IDPs and victims of attacks

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

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	No of trauma kits procured	2	2	Docs of hand over to the Cabo Delgado and green light permit
Indicator 2.2	No. of people benefiting from the Trauma kits	100	92	HMIS
Explanation of output and indicators variance:		Trauma kit which has basic health supplies to treat injured cases during the attack has benefited with improved outcome		
Activities	Description	Implemented by		
Activity 2.1	Procurement process of 2 trauma kits	[WHO]		
Activity 2.2	Distribution of the 2 trauma kit items	WHO and DPS		

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:

WHO has been in Pemba, Cabo Delgado following the Kenneth. WHO had been following the evolving situations in Cabo Delgado due to the increased attacks which has increased number of IDPS which require to provide basic health services by decongesting the host district health facilities. Discussion with the IDPS and hosting communities, districts and provincial officials in terms of health problems and possible causes and solutions. One among key areas identified was lack of access to basic health services in some areas of the IDPs which necessitated to set a temporary treatment center to provide basic and essential health services.

b. AAP Feedback and Complaint Mechanisms:

Affected population were engaged since the outset in setting of the temporary treatment center starting site selection which they participated clearing of the site and had shown interest for the functionality and operationalization of the service. 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 and utilization of the service. Community members were encouraged to provide feedback on the type of the service they are getting and look after the facility. Besides the community members were engaged on diseases detection and reporting and providing message to their community members on COVID-19 responses.

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](#).

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:

Established temporary treatment centers are mainly aiming to provide basic health services to the whole population of the IDPs but more to mothers and on family planning, ante natal care, HIV, TB, COVID-19, malaria and to children. Therefore, the nature of the service and different health interventions has benefited women, girls and children.

e. People with disabilities (PwD):

The project has treated all the people likely in need of basic health service including PWD. WHO in an effort to promote Convention on the Rights of Persons with Disabilities (CRPD) strategy, it has ensured that the project is people centered and the implementation of activities will promote protection and safety of beneficiaries especially Women and girls with disabilities.

f. Protection:

WHO through the health cluster in collaboration with the protection cluster supporting mental and psychosocial services. This project assisted in referral to the nearby health facility to get mental health and psychosocial services.

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	N/A

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.

WHO hasn't started Cash and Voucher Assistance (CVA) service

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	N/A	US\$ 0	Choose an item.	Choose an item.
N/A	N/A	US\$ 0	Choose an item.	Choose an item.
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
WHO Mozambique establish 6 Temporary Clinics in 3 districts (Mueda , Metuge and Ancuabe)	https://twitter.com/OMSMocambique/status/1491740693844348929
WHO-Mozambique does Supervisions to Namatil and Lyanda Temporary Clinics in Mueda District	https://twitter.com/OMSMocambique/status/1501844209023819787?s=20&t=M69j3bmj-XNf0-YJ0Q_-0w
WHO and MOH continues to provide Primary Health Care to conflict- most affected populations in Cabo Dealgado	https://twitter.com/OMSMocambique/status/1500821464475447297?s=20&t=M69j3bmj-XNf0-YJ0Q_-0w

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS:

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-IOM-010	Shelter & NFI	IOM	Ayuda en Accion	AeA	Yes	INGO	\$21,839
21-RR-IOM-010	Health	UNFPA	Serviços Provinciais de Saúde	SPS	Yes	GOV	\$25,501
21-RR-FPA-010	Gender-Based Violence	UNFPA	Fórum Mulher	FMO	Yes	NNGO	\$37,000
21-RR-FPA-010	Gender-Based Violence	UNFPA	Fundação para o Desenvolvimento para a Comunidade	FDC	Yes	NNGO	\$87,501
21-RR-HCR-009	Protection	UNHCR	CARITAS PEMBA	CARITAS	Yes	INGO	\$128,343
21-RR-HCR-009	Gender-Based Violence	UNHCR	CUAMM	CUAMM	Yes	INGO	\$97,143
21-RR-HCR-009	Shelter & NFI	UNHCR	Ayuda en Accion	AeA	Yes	INGO	\$13,059
21-RR-CEF-017	Nutrition	UNICEF	DIRECCAO PROVINCIAL DE SAUDE DE CABO DELGADO	DPS CABO DELGADO	No	GOV	\$16,047
21-RR-CEF-017	Child Protection	UNICEF	Caritas	Caritas	No	INGO	\$18,298
21-RR-CEF-017	Health	UNICEF	Servico Provincial de Saude	SPS	No	GOV	\$16,047
21-RR-CEF-017	Child Protection	UNICEF	AVSI foundation	AVSI	No	INGO	\$90,670
21-RR-CEF-017	Water, Sanitation and Hygiene	UNICEF	Solidarite international	SI	No	INGO	\$312,043
21-RR-CEF-017	Water, Sanitation and Hygiene	UNICEF	Joint Aid Management	JAM	No	INGO	\$66,476
21-RR-CEF-017	Water, Sanitation and Hygiene	UNICEF	Helpcode	Helpcode	No	INGO	\$154,301
21-RR-CEF-017	Water, Sanitation and Hygiene	UNICEF	Food for the Hungry Association	FHA	No	INGO	\$3,789
21-RR-WFP-012	Food Assistance	WFP	Sociedade Economica de Produtores e Processadores Agrarios	SEPPA	No	NNGO	\$375,825
21-RR-WFP-012	Nutrition	WFP	Direcção Provincial da Saúde de Cabo Delgado	DPS	Yes	GOV	\$40,429