

**MOZAMBIQUE  
UNDERFUNDED EMERGENCIES  
ROUND I  
DISPLACEMENT  
2021**

**21-UF-MOZ-48903**

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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 HNO and HRP documents, the arrival of the rainy/cyclonic season, the deterioration of the conflict in northern Mozambique, and the COVID-19 outbreak. 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 September 2021, CERF allocated a total of US\$ 5.5 million to Mozambique from its Underfunded Emergencies window to support the provision of urgent life-saving assistance to a total of 214,686 people in need, affected by both escalating violence and covid-19 pandemic in Cabo Delgado province.

This CERF allocation enabled underfunded sectors and activities to receive adequate and prioritised support from September 2021 to December 2022. 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 and 2022 Humanitarian Response Plans for northern Mozambique, addressing the most urgent escalating humanitarian needs in the province while strengthening the capacity of underfunded sectors. All the interventions were critical and time sensitive in order to prevent a further escalation of the humanitarian needs. Through these funds, sectoral coordination among a variety of partners (incl. UN agencies, government entities, and NGOs) was widely strengthened.

Finally, this CERF allocation was significantly catalytic in raising further donor contributions in line with the 2021 and 2022 Humanitarian Response Plans for northern Mozambique requirements.

## CERF's Added Value:

This CERF allocation allowed the scaling up of response activities in those sectors of the humanitarian operation in Mozambique that were facing serious challenges related to underfunding. Limited resources - including staff and supplies - were heavily hindering the operative capacity of the humanitarian organizations to respond to the crisis in northern Mozambique. With the funding received from CERF, underfunded sectors were able to reduce gaps and promptly scale up their activities, assisting the people affected by both violence and covid-19 in Cabo Delgado, in line with the 2021 and 2022 Humanitarian Response Plans. Through the approval of the application, agencies were able to increase emergency staff and aid supplies, including emergency shelter, food, health, nutrition, education, and protection assistance to alleviate the suffering of the affected population.

For example, UNFPA and its partners in Cabo Delgado were able to provide life-saving Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) assistance to a total of 117,872 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. IOM reached 19,726 people in Montepuez and Metuge through daily camp management and community engagement, 37,091 people in Ibo, Chiure, Metuge, and Montepuez with primary health care through mobile brigades, and 8,740 people with MHPSS services. Moreover, over 35,000 people received shelter and NFI emergency assistance across Cabo Delgado. Still, the CERF allocation was crucial to ensure the provision of life-saving food assistance to conflict affected communities, as thanks to these fund WFP was able to assist more than 82,573 people in northern Mozambique.

Furthermore, CERF helped to foster coordination between recipient agencies, humanitarian partners, and the Government of Mozambique, both at national and provincial level. As per coordinated structure of the submission of the CERF application, adequate consultations on priorities and funding allocation took place allowing for an agreement on sequencing of funding requests. Through this exercise, sectoral coordination among a variety of partners was strengthened. Also, CERF funding supported increased coordination at the field level, including at Inter-Cluster Coordination Group level.

Finally, CERF funds have been instrumental in scaling up the emergency response in Cabo Delgado since September 2021 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 and 2022 Humanitarian Response Plans for northern Mozambique.

### 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 Areas<sup>1</sup>:

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 67,292 people with disabilities. A situation of violence and natural disasters affects persons with disabilities (PWD) and specific measures need to be set in place to ensure their human rights are upheld and their participation in decisions affecting their own life. PwD have been facing heightened challenges in Cabo Delgado, including physical, safe and meaningful access restrictions. Inclusion of persons with disabilities was therefore prioritized in all sectors to ensure that barriers preventing their participation and enjoyment of rights could be removed to the greatest extent possible.

In terms of education in protracted crises, it was considered that schools create a safe and secure learning environment during times of insecurity and crisis in Cabo Delgado province. Through the CERF-funded activities and respecting WHO's guidelines on social distancing and hygiene procedures due to COVID-19, children learned not only how to read, write, and calculate, but also about personal hygiene, healthy behaviours and proper nutrition. In this way, children were able to play and socialize with other children which will help to cope with the difficult circumstances of the Cabo Delgado province, indirectly helping to build confidence and resilience.

Vulnerable groups, including persons with disabilities, 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\$)**

<b>Total amount required for the humanitarian response</b>	<b>254,400,000</b>
CERF	5,500,958
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	191,726,885
<b>Total funding received for the humanitarian response (by source above)</b>	<b>197,227,843</b>

<sup>1</sup> 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\$)**

<b>Agency</b>	<b>Project Code</b>	<b>Sector/Cluster</b>	<b>Amount</b>
<b>FAO</b>	21-UF-FAO-014	Food Security - Agriculture	180,000
<b>IOM</b>	21-UF-IOM-021	Shelter and Non-Food Items	895,400
<b>IOM</b>	21-UF-IOM-021	Camp Coordination and Camp Management	133,100
<b>IOM</b>	21-UF-IOM-021	Health	108,900
<b>IOM</b>	21-UF-IOM-021	Protection	72,600
<b>IOM</b>	21-UF-IOM-030	Water, Sanitation and Hygiene	50,000
<b>IOM</b>	21-UF-IOM-030	Camp Coordination and Camp Management	46,250
<b>IOM</b>	21-UF-IOM-030	Protection - Human Rights	28,750
<b>UNFPA</b>	21-UF-FPA-026	Protection - Gender-Based Violence	193,471
<b>UNFPA</b>	21-UF-FPA-026	Health - Sexual and Reproductive Health	171,569
<b>UNFPA</b>	21-UF-FPA-031	Protection - Gender-Based Violence	75,056
<b>UNHCR</b>	21-UF-HCR-017	Protection - Gender-Based Violence	196,650
<b>UNHCR</b>	21-UF-HCR-017	Camp Coordination and Camp Management	100,050
<b>UNHCR</b>	21-UF-HCR-017	Protection	48,300
<b>UNHCR</b>	21-UF-HCR-028	Protection	100,000
<b>UNICEF</b>	21-UF-CEF-038	Nutrition	563,750
<b>UNICEF</b>	21-UF-CEF-038	Protection - Child Protection	371,250
<b>UNICEF</b>	21-UF-CEF-038	Water, Sanitation and Hygiene	165,000
<b>UNICEF</b>	21-UF-CEF-038	Health	151,250
<b>UNICEF</b>	21-UF-CEF-038	Education	123,750
<b>UNICEF</b>	21-UF-CEF-051	Education	100,001
<b>UNICEF</b>	21-UF-CEF-051	Protection - Child Protection	100,000
<b>WFP</b>	21-UF-WFP-027	Food Security - Food Assistance	1,213,650
<b>WFP</b>	21-UF-WFP-027	Nutrition	125,550
<b>WFP</b>	21-UF-WFP-027	Protection	55,800
<b>WHO</b>	21-UF-WHO-025	Health	130,861
<b>Total</b>			<b>5,500,958</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>3,755,861</b>
Funds sub-granted to government partners*	290,205
Funds sub-granted to international NGO partners*	1,043,955
Funds sub-granted to national NGO partners*	410,937
Funds sub-granted to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>1,745,097</b>
<b>Total</b>	<b>5,500,958</b>

\* 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:

The violence in Cabo Delgado has escalated significantly since April 2021, including reports of killings, beheadings, abductions, and kidnappings of civilians, forced recruitment of children, and burning and looting of public and private properties and infrastructure. Over the first six months of 2021, attacks increased in scale and scope, with Palma, Mocimboa da Praia, Nangade, Muidumbe, Macomia and Quissanga districts hardest-hit. The number of internally displaced people (IDPs) rose from 172,000 in April 2020 to over 732,000 in April 2021, according to IOM/DTM, and the actual number of people displaced is estimated to be much higher. At least 9,753 people have tried to seek asylum in Tanzania and been forcibly returned to Mozambique through the Negomano border point in 2021, according to UNHCR. Some 77 per cent of people displaced in northern Mozambique are women and children, while there were 2,733 unaccompanied minors, 2,912 pregnant women, 9,541 elderly people, and 806 people with disabilities at the end of April.

### Operational Use of the CERF Allocation and Results:

In 2021, the humanitarian needs were on the increase, but international donor funding to Mozambique was erratic and key humanitarian programmes were underfunded. As a result, the RC/HC for Mozambique requested US\$5.5 million on September 2021 from CERF's Emergency Underfunded window for support to underfunded sectors and activities. The CERF funding enabled UN agencies and partners to provide life-saving assistance to 214,686 people, including 50,850 women, 50,032 men, 113,805 children, and 11,127 people with disabilities in Education, Water, Sanitation and Hygiene, Nutrition, Child Protection, Health Camp Coordination, and Camp Management, Emergency Shelter including NFRI, Health, Gender-Based Violence and Food Security sectors. The allocation contributed to save lives and alleviate suffering in "accessible" areas through the delivery of a multi-sectoral package of services in five prioritized districts (Metuge, Montepuez, Ibo, Pemba, Ancuabe) plus 4 hard to reach districts. Moreover, it also helped delivering assistance and protection in "hard-to-reach" areas through coordinated multi-sectoral adaptable, flexible and mobile response approaches, including in Palma, Quissanga, Mueda, and Macomia, and to ensure 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 September 2021 to December 2022. Overall, most of the projects have been able to reach or to exceed the initial targeted number of beneficiaries. In fact, at least 443,357 people were directly reached through CERF activities. Moreover, a total of 67,292 people living with disabilities were also directly reached through the activities.

All the project implementing agencies contributed to support the beneficiaries directly. For example, UNFPA and its partners in Cabo Delgado were able to provide life-saving Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV) assistance to a total of 117,872 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. IOM reached 19,726 people in Montepuez and Metuge through daily camp management and community engagement, 37,091 people in Ibo, Chiure, Metuge, and Montepuez with primary health care through mobile brigades, and 8,740 people with MHPSS services. Moreover, over 35,000 people received shelter and NFI emergency assistance across Cabo Delgado. Still, the CERF allocation was crucial to ensure the provision of life-saving food assistance to conflict affected communities, as thanks to these fund WFP was able to assist more than 82,573 people in northern Mozambique.



### **People Indirectly Reached:**

In addition to the more than 716,000 people who were directly reached by CERF interventions, additional community members were reached with messaging and sensitization campaigns. For instance, an estimated total of more than 152,500 community members in IDPs sites and host communities benefitted indirectly from the activities implemented by UNFPA, including GBV and SEA information dissemination as well as SRH interventions (contraceptives distributions and family planning messaging). UNICEF estimated that 26,395 children indirectly benefitted from the education project, which included teachers training and the setup of TLS, while some 3,420 people were reached with prevention of SEA and GBV interventions such as safety audits and community dialogues. Through WHO' strengthened advocacy efforts, community engagement activities, and disease surveillance in the health facilities, at least 20,000 people were indirectly reached.

**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	19,093	14,362	5,795	5,876	45,126	17,749	19,182	21,776	16,524	75,231
Education	355	395	4,364	4,536	9,650	475	614	7,100	4,800	12,989
Food Security - Agriculture	3,000	2,000	3,000	2,000	10,000	3,438	2,610	2,292	1,740	10,080
Food Security - Food Assistance	3,794	3,629	4,615	4,450	16,488	19,405	17,010	23,533	22,625	82,573
Health	45,700	42,896	39,064	37,295	164,955	51,444	47,064	39,533	35,930	173,971
Health - Sexual and Reproductive Health	25,200	0	14,800	0	40,000	30,624	2,986	6,370	3,061	43,041
Nutrition	342	0	7,863	7,282	15,487	300	0	34,527	31,871	66,698
Protection	51,500	50,682	57,870	56,835	216,887	19,741	12,063	10,014	8,395	50,213
Protection - Child Protection	1,010	740	1,600	1,600	4,950	597	373	2,753	3,077	6,800
Protection - Gender-Based Violence	18,839	6,148	11,780	7,559	44,326	49,582	10,726	26,451	4,824	91,583
Protection - Human Rights	496	256	480	368	1,600	858	602	197	142	1,799
Shelter and Non-Food Items	4,070	4,248	5,002	5,180	18,500	16,248	16,961	19,969	20,682	73,860
Water, Sanitation and Hygiene	4,014	4,340	5,230	5,416	19,000	5,048	4,669	5,520	5,674	20,911

\* 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	201,389	366,724
Host communities	13,297	76,633
Other affected people	0	0
<b>Total</b>	<b>214,686</b>	<b>443,357</b>

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

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	50,850	105,484	2,635	12,892
Men	50,032	65,595	2,593	12,828
Girls	57,420	152,342	2,976	22,192
Boys	56,385	119,936	2,922	20,798
<b>Total</b>	<b>214,687</b>	<b>443,357</b>	<b>11,126</b>	<b>68,710</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 21-UF-FAO-014

1. Project Information			
Agency:	FAO	Country:	Mozambique
Sector/cluster:	Food Security – Agriculture	CERF project code:	21-UF-FAO-014
Project title:	Emergency livelihood response to population affected by insecurity in the Cabo Delgado Province		
Start date:	06/10/2021	End date:	05/10/2022
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\$ 45,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,200,000
	Amount received from CERF:		US\$ 180,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0.0
	National NGOs		US\$ 0.0
	Red Cross/Crescent Organisation		US\$ 0.00

### 2. Project Results Summary/Overall Performance

Through this CERF grant, FAO in coordination with government authorities, including the District Services of Economic Activities (SDAE) and the Provincial Directorate of Agriculture and Fisheries (DPAP), provided timely agricultural livelihoods assistance to 2,016 households, of whom 1,149 were headed by women (57 percent), totalling 10,080 people, in the districts of Ancuabe and Montepuez in the Cabo Delgado province. The project was implemented from 6 October 2021 to 5 October 2022. Of the total households targeted by the project, 70 percent were comprised of internally displaced people (IDPs) and 30 percent were from the host community. Households were supported with a total of 2,016 agricultural kits comprised of 25 tonnes of cereal seeds (maize), 10 tonnes pulse seeds (common beans), 121 kg vegetable seeds, 4,032 hoes, 2,016 sickles, and 2,016 watering cans. Each household received 12.5 kg of cereal seeds, 60 g of vegetable seeds, 5 kg of pulse seeds, two hoes, one sickle and one watering can. The seeds per household were enough to plant half a hectare. The agricultural kit was established by the Agriculture Working Group (AWG), which is co-chaired by FAO and the Ministry of Agriculture and Rural Development (MADER) through Provincial Services of Economic Activities and DPAP.

Through the District Services of Planning and Infrastructures (SDPI) and SDAEs, FAO sensitized local authorities, enabling the establishment of three production blocks: one 300-hectare production block in Montepuez and two production blocks totalling 450 hectares in Ancuabe. The three production blocks benefited approximately 7,500 people from the targeted 10,080 of the overall project. The

production blocks were in close proximity to each other, enabling the IDP farmers to plant around the same time. This made it very timely, efficient for the SDAE to provide extension services and technical assistance. The development cycle of crops was monitored, and post-harvest techniques were newly introduced to the farmers. In working in the same physical space, a collaborative and communal atmosphere was cultivated among the IDPs.

In collaboration with the SDAEs and DPAP in Ancuabe and Montepuez, FAO provided technical assistance, monitoring and trainings. Regarding training, a total of 16 lead farmers (eight IDPs and eight host community members), six SDAE and DPAP extension workers and two community radio journalists were trained on climate-smart agricultural practices for crop production and post-harvest techniques, such as integrated pest management, row planting, plant density and preparation of organic fertilizers, as well as on basic care for small livestock farming (feeding, healthcare and husbandry).

Each district community radio is expected to broadcast the training messages in local languages to at least 500 households. In addition, it is expected that each IDP and host community lead farmer will reach a minimum of 50 households, ensuring that a minimum of 85 percent of project beneficiaries are reached. Moreover, the good quality of the seeds distributed resulted in better quality and quantity produce in comparison to the traditional seeds used locally. In addition, the trainings on good agricultural practices resulted in maximum yields with reduced post-harvest losses. Beneficiaries were able to produce enough food to sustain them from six to 12 months, according to the post-harvest survey conducted in the targeted districts.

This intervention was timely and safeguarded the food and nutrition security and livelihoods of the beneficiaries.

### **3. Changes and Amendments**

The project initially planned to utilize a cash and voucher assistance (CVA) system. However, due to the unpredictable security situation in Northern Mozambique, with increased attacks in almost all districts of the Cabo Delgado province (with the exception of Pemba), direct input distribution replaced CVA to ensure beneficiaries received distributions in time for both the winter and main agricultural seasons. Cash and Voucher Assistance (CVA) for the distribution of agriculture inputs requires a market-based system that is well established with agro-dealers to allow for competitive process and investment in the local economy. It also requires sufficient time to organize and capacitate the stakeholders to ensure systems are in place for a timely and effective delivery of the agriculture inputs in a relatively stable context. Given that the security situation in Cabo Delgado is unpredictable, direct input distribution is the most appropriate approach to ensure the beneficiaries receive their inputs on time for the main agriculture season. Furthermore, the fragile security situation is compounded by a complex context where there are IDPs in constant movement, returnees and host communities. There have been reports of insurgent attacks on IDPs and host communities after the receipt of food assistance. For this reason, the provincial government authorities are not in support of cash transfers given that it may end up in the wrong hands. Context monitoring and discussions with Government authorities will continue with a view to using CVA in the future.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security – Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	2,700	1,800	2,700	1,800	9,000	2,062	1,566	1,375	1,044	6,047
Host communities	300	200	300	200	1,000	1,376	1,044	917	696	4,033
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>3,000</b>	<b>2,000</b>	<b>3,000</b>	<b>2,000</b>	<b>10,000</b>	<b>3,438</b>	<b>2,610</b>	<b>2,292</b>	<b>1,740</b>	<b>10,080</b>
<b>People with disabilities (PwD) out of the total</b>										
	450	300	450	300	1,500	363	259	295	310	1,227

\* 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

In addition to the 10,080 beneficiaries directly reached by the project, it is estimated that other people indirectly benefited, as follows:

- Other IDP and host community farmers will benefit from trainings. The trained lead farmers, which were also considered trainers of trainers, will not only apply the acquired knowledge at their “*machambas*”, but will act as reference point to provide vital information as required. Trainings broadcast by local radios will likewise have greater reach and benefit other community members.
- Non-beneficiaries that are part of the target communities also benefit from information sharing about the rainy season, planting techniques and planting period, so that they can make better use of their seeds.

## 6. CERF Results Framework

Project objective	Provide urgent seeds and agricultural tools for the 2021/22 winter season to support livelihoods of 10,000 most vulnerable people (2,000 households) affected by insecurity in the districts of Ancuabe and Montepuez - Province of Cabo Delgado.			
Output 1	Agriculture-based livelihoods of IDPS restored			
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 – Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash.3a Number of people benefitting from conditional cash transfers	10,000	0	0
Indicator 1.2	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits) (purchased by the IDPs trough e-voucher cards)	10,000	10 080	Registration lists/data (Kobo collect)
Indicator 1.3	Cash.3b Total value of conditional cash transfers distributed in USD	63,811	0	0
Indicator 1.4	AP.5b Percentage of affected people who state that they were able to access humanitarian assistance in a safe, accessible, accountable and participatory manner	80	87	Registration data (questionnaire)
Indicator 1.5	Percentage of women reporting shared decision making on cash transfer use.	1,000	0	0
Indicator 1.6	AP.4b Percentage of affected people who state that the assistance and protection provided correspond with their needs	80	87	Registration data (questionnaire)
Explanation of output and indicators variance:		Conditional cash transfers were not applied due to volatility of the security situation in Cabo Delgado with constant and unpredictable attacks.		
Activities	Description	Implemented by		

Activity 1.1	Registration of beneficiaries (disaggregated by gender)	SDAEs and DPAP
Activity 1.2	Inputs distribution at the distribution sites	SDAE, DPAP and FAO
Activity 1.3	Monitoring of the distribution process at the distribution sites	DPAP and FAO
Activity 1.4	Guarantee beneficiaries receive their entitlements in a safe, accessible, accountable and participatory manner	DPAP and FAO
Activity 1.5	Involvement of women in decision making on e-voucher distributions	Not implemented due to unpredictable security situation

Output 2	Refresher training and monitoring of agricultural activities of the IDPS provided for production of diversified nutritious food			
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 – Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	CC.1 Number of field workers (e.g. partner personnel) who received short refresher training to support programme implementation (e.g. SDAE personnel, Government Officers)	20	20	Training report on GAP
Indicator 2.2	AP.3a Number of affected people who state that they were consulted on the humanitarian response	300	10 080	Registration data (questionnaire)
Indicator 2.3	AP.6b Percentage of issues identified in feedback processes for which solutions are in process or closed	100	100	Linha Verde (1,458) reports/Dashboard
Indicator 2.4	AP.4a Number of affected people who state that the assistance and protection provided correspond with their needs	300	8 064	PDM report
Explanation of output and indicators variance:		All the beneficiaries were consulted on the humanitarian response during the mobilization process of the communities targeted by the project. According to the PDM report, almost 80% of the beneficiaries feel that the assistance provided corresponded with their needs. This was due to scaled up and efficient outreach approaches to the beneficiaries.		
Activities	Description	Implemented by		
Activity 2.1	Refresher trainings to SDAE, SDPI, DPAP personnel to support program implementation	DPAP and FAO		
Activity 2.2	Provide refresher trainings corresponding to beneficiaries needs	DPAP and FAO		
Activity 2.3	Consultation process for the project implementation	SDAE, DPAP and FAO		
Activity 2.4	Post distribution monitoring (PDM)	SDAE, DPAP and FAO		
Activity 2.5	Rapid project assessment/valuation	SDAE, DPAP and FAO		



Activity 2.6	Follow up on the complaints received from Linha Verde and Help Desk	FAO
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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 areas<sup>2</sup> 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)<sup>3</sup>:

A participatory approach was used throughout the design, implementation and monitoring of the project activities. FAO worked closely with government counterparts – SDAEs and DPAP – and local communities, including youth and women, to identify and register the most vulnerable IDPs and host families to ensure full participation and transparency. Their vital inputs guided the improvement of the already existing vulnerability criteria. The implementation stage considered AAP during distribution. As such, priority was given to the differently abled, the distance to distribution sites was considered, and the distribution time and weight of inputs was considered. For monitoring, AAPs participated in interactive sessions that would address arising issues in a comprehensive way. To avoid conflict and prevent animosity between the targeted IDPs and host communities, FAO communicated clearly the nature and scope of the intervention, including the targeting criteria.

### b. AAP Feedback and Complaint Mechanisms:

FAO participates in the common UN platform *Linha Verde* managed by WFP, which enables beneficiaries to safely and confidentially provide feedback and through which beneficiaries can receive responses to their complaints. *Linha Verde* also provides a monthly report that is regularly shared with UN agencies, including AWG partners. To further promote AAP principals, during community mobilization and inputs distribution sessions, FAO sensitizes beneficiaries and empowers them to raise their concerns using this mechanism.

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

As part of the UN's strategy to address sexual exploitation and abuse and sexual harassment, measures are in place to prevent, detect, report and take action against personnel who may commit these acts. Some key measures include:

1. Mandatory trainings on PSEA for all FAO staff.
2. Mechanisms for redress of PSEA matters be in place and widely known.
3. PSEA issues are surveyed during all assessments and post-distribution monitoring.

All staff have practical guidance on responding to disclosures of sexual harassment. The above measures are extended to government counterparts.

<sup>2</sup> 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](#).

<sup>3</sup> 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:**

Community consultations and beneficiary identification and registration sessions always include women, large families with children under five years old, the elderly, people living with disabilities and other disadvantaged groups. These groups were given priority in the process of beneficiary identification and registration. Sensitization sessions beneficiaries on gender equality and women's empowerment and preventing gender-based violence were conducted during the project's life cycle. Disaggregated data on gender was collected in post-harvest surveys, post-distribution monitoring and other assessments.

#### **e. People with disabilities (PWD):**

Families that included disabled people were among the criteria for beneficiary selection

#### **f. Protection:**

All project officials interacting with beneficiaries were sensitized observing the rights of AAPs while preventing all forms of exploitation, violence and abuse. The distribution of agricultural inputs was inclusive of the most vulnerable populations and households headed by women. The project timings were planned to allow them to conclude their routine household chores that are critical in running their homes. Vulnerable IDPs and households without legal identity documents were included in the registration following confirmation from the local authorities and local government. The widely disseminated feedback hotline *Linha Verde* allowed stakeholders to channel any irregularity or misconduct during project implementation. The insecurity was strictly monitored to ensure security in beneficiary areas, maintain access for humanitarian actors, and minimize the potential risk of attack in villages or farming areas.

#### **g. Education:**

N/A

### **8. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
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.

Although CVA was considered in the project design, the unpredictability of the security situation with constant attacks in almost all the districts (except Pemba) deemed in-kind distribution as the most feasible modality to reach the IDPs and host community beneficiaries.

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	0	US\$ 0	Food Security - Agriculture	Restricted

## 9. Visibility of CERF-funded Activities

Title	Weblink
Changing the internally displaced persons paradigm in Mozambique	<a href="https://www.fao.org/emergencies/resources-repository/news/detail/changing-the-internally-displaced-persons-paradigm-in-mozambique/en">https://www.fao.org/emergencies/resources-repository/news/detail/changing-the-internally-displaced-persons-paradigm-in-mozambique/en</a>
Input distribution in Marrocane, Nanjua B, Ancuabe district	<a href="https://twitter.com/FAOMozambique/status/1577923188033552386?s=20&amp;t=qLbBdhg6jhjTxwslDv_kZw">https://twitter.com/FAOMozambique/status/1577923188033552386?s=20&amp;t=qLbBdhg6jhjTxwslDv_kZw</a>
Training of trainers on good Agricultural practices	<a href="https://twitter.com/FAOMozambique/status/1575049334495670272?s=20&amp;t=qLbBdhg6jhjTxwslDv_kZw">https://twitter.com/FAOMozambique/status/1575049334495670272?s=20&amp;t=qLbBdhg6jhjTxwslDv_kZw</a>
Training of IDPs and host community lead farmers on good agriculture practices for increased production	<a href="https://twitter.com/FAOMozambique/status/1567925638358597635?s=20&amp;t=qLbBdhg6jhjTxwslDv_kZw">https://twitter.com/FAOMozambique/status/1567925638358597635?s=20&amp;t=qLbBdhg6jhjTxwslDv_kZw</a>
Livelihoods restoration starting to bear fruits in Montepuez district (video part I)	<a href="https://twitter.com/FAOMozambique/status/1560980961508184064?s=20&amp;t=qLbBdhg6jhjTxwslDv_kZw">https://twitter.com/FAOMozambique/status/1560980961508184064?s=20&amp;t=qLbBdhg6jhjTxwslDv_kZw</a>
Livelihoods restoration starting to bear fruits in Montepuez district (video part II)	<a href="https://twitter.com/FAOMozambique/status/1561623870100086784?s=20&amp;t=qLbBdhg6jhjTxwslDv_kZw">https://twitter.com/FAOMozambique/status/1561623870100086784?s=20&amp;t=qLbBdhg6jhjTxwslDv_kZw</a>
Inputs distribution launch	<a href="https://twitter.com/FAOMozambique/status/1529369547492446209?ctx=HHwWgsCyiYTgtLkqAAAA">https://twitter.com/FAOMozambique/status/1529369547492446209?ctx=HHwWgsCyiYTgtLkqAAAA</a>

### 3.2 Project Report 21-UF-IOM-021

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-UF-IOM-021
Project title:	Upscaling Multisector humanitarian assistance for populations affected by insecurity in Cabo Delgado, Mozambique		
Start date:	31/08/2021	End date:	30/08/2022
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\$ 21,700,000
	Total funding received for agency's sector response to current emergency:		US\$ 7,720,000
	Amount received from CERF:		US\$ 1,210,000
	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

#### CCCM

IOM reached **19,726** people in Montepuez and Metuge through daily camp management and community engagement (10, 087 females and 9,639 males). IOM site management teams continuously referred gaps and needs to partner in these two districts. CCCM team coordinated Metuge and Montepuez sites through bilateral partner meetings and district-level service provider meetings. Decentralized coordination mechanisms helped Ngalane, Ntocota, and Nicavaco sites the most; by ensuring quick decision-making that fostered fast response and coordination. New arrivals and partner interventions were better communicated. Following CCCM assessments, IOM improved and addressed Mashinjiri communities' concerns by installing solar streetlights. IOM installed solar streetlights in Mashinjiri to reduce Gender Based Violence (GBV) risk and promote safe evening socialization.

## Health

IOM's community health activists provided continuous health education and mobilization, identification, and referral of patients in need of medical care, and support patients' treatment adherence. IOM's support helped displaced and host populations access essential health services, preventing the spread of communicable diseases, and ensured treatment continuity for chronically ill people, including HIV/TB patients. Through Integrated Health Mobile Brigades in Ibo, Chiure, Metuge, and Montepuez, IOM provided a total of **37,091** primary health care consultations to IDPs and host community (HC) members (21,606 for IDPs, 15,485 for HC members).

The expanded program for immunization provided routine vaccination, COVID-19 vaccination, family planning, adult and child screening consultations, nutrition counselling, and referral services. IOM's awareness-raising activities reached 31,099 people, including 11,607 women, 9,683 men, 5,197 girls, 4,194 boys, 68 people with disabilities (23 women, 31 men, 6 girls, 8 boys), and 350 pregnant women.

Community health activists in Ibo, Cidade de Pemba, Chiure, Metuge, and Montepuez also referred 802 HIV/TB positive patients (431 women, 304 men, 25 girls, 27 boys, 8 pregnant women, 7 people with disabilities) to nearby health facilities for treatment and follow-up. Acuabe's insecurity sent 441 people with chronic health conditions to hospitals for treatment and follow-up.

## MHPSS

A total of **4,150** people (802 girls; 1,430 women; 648 boys; 1,270 men) had their knowledge improved on GBV, child protection, trafficking, mental health, and early marriages. 1,545 people received MHPSS services such as individual and family counseling, psychological first aid, and support groups. Exactly **2,751** (1,007 girls; 450 women; 950 boys; 344 men) participated in socio-cultural activities; 294 people (90 girls, 82 women, 80 boys, and 42 men) were referred to protection, health, and specialized mental health services.

Through the above activities, this grant reached a total of **8,740** (2,226 girls, 2,531 women, 1,939 boys, and 2,044 men) due to rising needs in both districts, especially after the June 2022, Ancyabe attacks, the program exceeded its target.

## Shelter

IOM procured stock and replenished the Emergency Shelter (ES) and Non-Food Items (NFI) common pipeline with critical items such as 3,700 tarpaulins, 3,000 solar lamps, 3,000 kitchen sets, and 3,000 mid-thermal blankets (12,700 units in total). These items were used to complete kits comprising items from other donors who contributed to the pipeline as well as the partner's own pre-existing stock. As a result, Emergency Shelter and NFI Common Pipeline were able to reach over **35,000** people (7,118 households) compared to the minimum target envisioned based on the quantities budgeted at the proposal development stage. The breakdown of the beneficiaries from 7118 households are given as follows: Lyanda Resettlement site (Mueda district): 1,118 HHs received kitchen sets (part of a survival kit). Localities of Quionga, Olumbi, Patagua, Mondlane in the posto of Quitunda (Palma district): 700 tarpaulins + 1,882 kitchen sets (part of a survival kit). Matemo, Quirimba and Quirambo in Ibo district: 3,000 tarpaulins + 3,000 solar lamps and 3,000 blankets (part of an emergency shelter kit).

IOM completed the construction of 200 emergency shelters on the island of Quirimba (Ibo district), 300 on the island of Quirambo (Ibo district), 50 in Saul (Metuge district), 80 in Nicavaco (Metuge district), and 50 in Unidade (Metuge district).

Distribution of survival kits to 3,000 HHs in the Quionga, Olumbi, Patagua, and Mondlane communities in the posto of Quitunda, Palma district, was supported logistically and technically. 3,000 HH in the Ibo Islands received emergency kits thanks to logistical and technical support.

## 3. Changes and Amendments

No changes

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Camp Coordination and Camp Management									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,197	4,506	5,315	5,508	19,526	4,247	4,556	5,840	5,083	19,726
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
<b>Total</b>	<b>4,197</b>	<b>4,506</b>	<b>5,315</b>	<b>5,508</b>	<b>19,526</b>	<b>4,247</b>	<b>4,556</b>	<b>5,840</b>	<b>5,083</b>	<b>19,726</b>

People with disabilities (PwD) out of the total

	630	675	797	826	2,928	640	685	807	836	2,958
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Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	6,119	4,704	5,624	4,479	20,926	10,190	8,262	4,417	3,565	26,434
Host communities	841	648	773	617	2,879	1,799	1,457	780	629	4,665
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>6,960</b>	<b>5,352</b>	<b>6,397</b>	<b>5,096</b>	<b>23,805</b>	<b>11,989</b>	<b>9,719</b>	<b>5,197</b>	<b>4,194</b>	<b>31,099</b>

People with disabilities (PwD) out of the total

	1,044	804	960	764	3,572	96	157	56	68	377
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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.

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	850	850	725	7715	3,150	2,531	2,044	2226	1,939	8,740
Host communities	100	50	100	100	350	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>950</b>	<b>900</b>	<b>825</b>	<b>825</b>	<b>3,500</b>	<b>2,531</b>	<b>2,044</b>	<b>2226</b>	<b>1,939</b>	<b>8,740</b>

**People with disabilities (PwD) out of the total**

142	135	124	124	525	76	37	10	4	127
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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	4,070	4,248	5,002	5,180	18,500	16,248	16,961	19,969	20,682	73,860
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
<b>Total</b>	<b>4,070</b>	<b>4,248</b>	<b>5,002</b>	<b>5,180</b>	<b>18,500</b>	<b>16,248</b>	<b>16,961</b>	<b>19,969</b>	<b>20,682</b>	<b>73,860</b>

**People with disabilities (PwD) out of the total**

611	637	750	777	2,775	2,437	2,544	2,995	3,102	11,078
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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

In addition to the overall internally displaced population and host communities who benefited from the direct assistance provided through the shelter and NFI response, wider populations that indirectly benefitted from the assistance were the local authorities, including INGD,s and SDPI which benefitted from the increased capacity to respond and address the immediate and emerging shelter needs. The local communities who provided with services and local materials were also indirectly benefited from the project activities

## 6. CERF Results Framework

Project objective	Contribute to life-saving emergency shelter, health, as well as protection and camp coordination/camp management services to vulnerable displaced populations affected by violence and insecurity				
Output 1	Living conditions of vulnerable households displaced by violence and insecurity are improved through the provision of shelter 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 1.1	SN.1a Number of people benefitting from in-kind and shelter assistance	5,000	38,270 individuals	Distribution lists, distribution reports, pictures.	
Indicator 1.2	SN.2a Number of people benefitting from in-kind NFI assistance	10,000	15,000 individuals directly received NFIs from CERF Additional 19,720 individuals were reached with transport and distribution costs	Shelter cluster 5Ws, Emergency Shelter and NFI Common Pipeline System	
Indicator 1.3	SN.1b Number of in-kind shelter kits distributed	3500	3,550	Construction reports, pictures	
Explanation of output and indicators variance:		Indicator 1.1 & 1.2 IOM procured stock and replenished ES and NFI common pipeline. These items were used to complete kits comprising items from other donors who contributed to the pipeline as well as the partner's own pre-existing stock. As a result, Emergency Shelter and NFI Common Pipeline were able to reach over 35,000 people (7,118 households) compared to the minimum target envisioned based on the quantities budgeted at the proposal development stage.			
Activities	Description		Implemented by		
Activity 1.1	Identification of most vulnerable households to receive shelter kits and materials per district through HH assessments and in coordination with local authorities		IOM		
Activity 1.2	Procurement of shelter items and construction materials		IOM		
Activity 1.3	Cluster Coordination and meetings		IOM		
Activity 1.4	Support to set-up the shelter structure in selected areas by local artisans		IOM		



Activity 1.5	Conduct distribution monitoring and post-distribution monitoring	IOM
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<b>Output 2</b>	Improve living conditions and access to basic services for displaced people through camp coordination and camp management.
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**Was the planned output changed through a reprogramming after the application stage?** Yes ☐ No ☒

<b>Sector/cluster</b>	Camp Coordination and Camp Management			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	CM.1 Number of displacement sites supported with appropriate site management services	5	5	CCCM Cluster reports, Site Management Tool database, CCCM Cluster 4Ws
Indicator 2.2	CM.2 Number of displacement sites with inclusive and representative (incl. gender-responsive) governance structures	3	5	CCCM Cluster reports, Site Management Tool database, CCCM Site Committee Database
Indicator 2.3	CM.3 Number of displacement sites with physical site improvements	1	1	Pictures, Construction Reports, CCCM Cluster reports

**Explanation of output and indicators variance:**

<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Site management and maintenance teams supporting 5 sites	IOM
Activity 2.2	Women and Disability Committees set up in 3 new sites	IOM
Activity 2.3	Development of one new site	IOM

<b>Output 3</b>	Internally displaced populations and members of host communities have access to life-saving protection and MHPSS services
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**Was the planned output changed through a reprogramming after the application stage?** Yes ☐ No ☒

<b>Sector/cluster</b>	Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of individuals supported through integrated protection-MHPSS activities	3000	4,150	Distribution lists, distribution reports, pictures.
Indicator 3.2	Number of individuals referred to the protection and specialized MHPSS services	450	294	Distribution lists, distribution reports, pictures.
Indicator 3.3	Number of individuals supported with Individual Protection Assistance (excluding medical assistive devices)	50	105	Distribution lists, distribution reports, pictures.

<b>Explanation of output and indicators variance:</b>	Indicators 3.1& 3.3. The number of people in need of services in the target area increased due to the recent attacks. Indicator 3.2. People have been on the move and they did not always consent being referred as they were planning to move to other locations
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Activities	Description	Implemented by
Activity 3.1	Deployment of integrated MHPSS/Protection teams in two districts	IOM
Activity 3.2	Community-based MHPSS and protection activities for IDPs, such as awareness raising, group psychosocial support sessions, sports and recreational or art-based activities depending on community needs	IOM
Activity 3.3	Referral of vulnerable IDPs and host communities to existing services and provision of IOM Individual Protection Assistance	IOM

<b>Output 4</b>	Vulnerable displaced populations and host communities have access to life-saving primary health care services, including treatment for HIV and TB, and information to prevent communicable and non-communicable diseases
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	H.8 Number of primary healthcare consultations provided	7800	37,091	Distribution lists, distribution reports, pictures
Indicator 4.2	Number of pregnant women and children under five who receive routine vaccination	3060	5,201	Distribution lists, distribution reports, pictures
Indicator 4.3	Number of people benefitting from referral pathways (for specialized services - HIV and TB)	940	802	Distribution lists, distribution reports, pictures
Indicator 4.4	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services	23,805	31,099	Distribution lists, distribution reports, pictures

<b>Explanation of output and indicators variance:</b>	Indicator 4.1, 4.2 & 4.3, Primary health care consultations, vaccination, awareness to IDPs and host community (HC) members increased due the needs and high numbers of the affected population.  Indicator 4.3-Community health activists in Ibo, Cidade de Pemba, Chiure, Metuge, and Montepuez referred slightly less than the targets due movements of the people targeted.
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Activities	Description	Implemented by
Activity 4.1	Integrated mobile brigades to deliver comprehensive primary health care services and provide referrals to secondary care	IOM

Activity 4.2	Community-based outreach to identify new and lost-to-follow-up HIV and TB patients and link them to care and treatment	IOM
Activity 4.3	Awareness raising on COVID-19 prevention, hygiene promotion, TB and HIV, sexual and reproductive health, and access to services	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 areas<sup>4</sup> 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)<sup>5</sup>:

In all IOM implementation areas, affected populations/communities identified their immediate needs and context-specific risks, including GBV. This allowed IOM to determine the best assistance, distribution time, and location to ensure quality, access to information, and safety for beneficiaries and IDPs. IOM held several coordination meetings with government stakeholders and local chiefs and conducted HHs assessments to determine shelter needs and IDP and host community technical capacities for emergency shelter construction.

IOM has tailored the implementation modalities for vulnerable households in this action. To ensure recipient safety and dignity, distribution processes included capabilities, age, and gender. As much as possible, the project beneficiaries received assistance the closest to their damaged homes or directly on the resettlement site. Regular monitoring as well as focus group discussions within project activities allowed beneficiaries to share their opinions on the assistance received, including quality and quantity, relevance, implementation modality, and usefulness, allowing IOM to take urgent action to address any issues and inform future program planning.

### b. AAP Feedback and Complaint Mechanisms:

By utilizing the "Linha Verde" reporting mechanism, IOM made sure that displaced populations were able to express their needs and concerns regarding the assistance given. Throughout the process, there were regular monitoring and community meetings (typically every two weeks). By utilizing the "Linha Verde" reporting mechanism, IOM made sure that displaced populations were able to express their needs and concerns regarding the assistance given. Throughout the process, there were regular monitoring and community meetings (typically every two weeks).

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

All New IOM staff, as well as implementing partners and laborers, were trained on PSEA in accordance with institutional practice. IOM continues to implement its revised institutional PSEA training curriculum and reporting platform, which has received positive feedback from staff and humanitarian partners. IOM Mozambique ensured that the materials and reporting mechanism are available in Portuguese

<sup>4</sup> 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](#).

<sup>5</sup> 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](#).

and that IOM trainers and protection focal points can fully utilize them through this action. In accordance with this, the IOM ensured the follow-up of potential SEA cases and the access of potential survivors to protection and assistance with the support of IOM MHPSS-Protection teams, in coordination with the PSEA network and in line with the existing GBV referral pathways. The affected population was informed of their right to humanitarian assistance, the existence of the "Linha Verde" reporting mechanism, and the availability of referral and assistance services.

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

Age and gender were taken into account in distribution procedures in accordance with current program approaches to ensure the recipients' safety and dignity. Distributions were made directly to beneficiaries' homes as needed. Activities for groups and community outreach were sensitive to gender, age, and culture. All interventions and service delivery for the activation of the referral mechanism used a victim-centered methodology.

#### **e. People with disabilities (PwD):**

The assistance was delivered to the most vulnerable households, including people with disabilities. IOM collaborated closely with INGC and Social Welfare to identify households with disabled members. Furthermore, the IOM's referral and escort service targeted vulnerable people, such as people with disabilities and their caregivers.

#### **f. Protection:**

In addition to the specific protection component of this project, which includes outreach and protection by presence approach by ensuring a significant number of relevant staff and teams are on the ground, protection was also incorporated into training for the government, non-governmental organizations, and camp managers.

#### **g. Education:**

N/A

### **8. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
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:**

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

## 9. Visibility of CERF-funded Activities

<b>Title</b>	<b>Weblink</b>
IOM #communityhealth workers assist displaced and host communities in #CaboDelgado through referrals to health facilities	<a href="https://www.facebook.com/783558998432560/posts/pfbid0DjFe3ksJqT5vnGVM28JZSrx3P4k1hxqBtSYeuTGNFKWxk5uYwMioCVZpykti9d8rl/?sfnsn=mo&amp;mibextid=RUbZ1f">facebook.com/783558998432560/posts/pfbid0DjFe3ksJqT5vnGVM28JZSrx3P4k1hxqBtSYeuTGNFKWxk5uYwMioCVZpykti9d8rl/?sfnsn=mo&amp;mibextid=RUbZ1f</a>
With the support of USAID Mozambique and The United Nations Central Emergency Fund #UNCERF	<a href="https://www.facebook.com/783558998432560/posts/pfbid02E7CkXGfr1GsvdyjgGNpwLp5ptubrje6ioGx9n52KTBx3cifiQYT36noCgB4mZFrRI/?sfnsn=mo&amp;mibextid=RUbZ1f">facebook.com/783558998432560/posts/pfbid02E7CkXGfr1GsvdyjgGNpwLp5ptubrje6ioGx9n52KTBx3cifiQYT36noCgB4mZFrRI/?sfnsn=mo&amp;mibextid=RUbZ1f</a>

### 3.3 Project Report 21-UF-IOM-030

1. Project Information			
Agency:	IOM	Country:	Mozambique
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	21-UF-IOM-030
	Camp Coordination and Camp Management		
	Protection - Human Rights		
Project title:	Multisectoral humanitarian assistance for people with disabilities affected by insecurity in Cabo Delgado		
Start date:	01/11/2021	End date:	31/10/2022
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\$ 21,700,000
	Total funding received for agency's sector response to current emergency:		US\$ 8,930,000
	Amount received from CERF:		US\$ 125,000
	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

Under the funding, IOM Camp Coordination and Camp Management (CCCM) and **Water Sanitation and Hygiene (WASH)** sectors **intervened in five sites**, as well as **MHPSS**, which targeted **two of these sites in Montepuez**. The project helped improve the living conditions, participation, and accessibility to basic services for displaced people, including those with disabilities.

A breakdown of the results is provided below:

### CCCM

These sites (Nicavaco, Ngalane, Ntocota, Cujupan, and Marangane, and Metuge, Montepuez, and Ancuabe) hosted **26,815** displaced persons. Through the project; the living conditions, participation, and accessibility to basic services for displaced people, including those with disabilities, were improved through community consultations with disability inclusion committees. The total number of people with disabilities that were assisted is 1,720, who had been identified from the different assessments already done with and by the people within disabilities committees.

The team made house-level follow-up visits to keep people with disabilities up to date on the status of their cases.

IOM also worked with the disability inclusion committees to strengthen the governance structures at the site level and the inclusion of people with disabilities in the humanitarian response. The CCCM teams conducted site coaching and mentoring activities as well as facilitated monthly coordination meetings with the disability inclusion committees. Information, Education, and Communication (IEC) materials, developed together with the DIWG, were provided, promoting the inclusion of persons with disabilities in site activities.

## **WASH**

The project reached a total of 1,555 people with WASH services and consultations to evaluate access to the Internally Displaced Persons (IDPs) sites. There were 178 people with disabilities who benefited in total. The activities conducted were:

- Construction of latrines for People with Disabilities (PwD)  
In Pemba, Nicavaco, and Nagaland, 25 latrines were constructed in accordance with design guidelines for people with disabilities (PwD). In addition, the PwD were selected based on their protection needs and the highest vulnerabilities to accessing a latrine.
- Accessibility Audits  
The accessibility audits were conducted at 15 relocation sites along Cabo Delgado. Results are being shared with partners and CCCM colleagues to ensure their inclusivity for PwD. The audits were done through FDGs and site maintenance committees.
- Modification of water points  
The water points were modified by adapting them with a ramp and bars to make it easier for PwC and its staff to access the water. The total number of water points modified was four, which will serve on average a total of 1,200 individuals, with 15 percent of them being PwD.

## **MHPSS**

The programme provided awareness-raising sessions for the community and caregivers on disabilities, protective mechanisms for persons with disabilities, and available services. The project reached a total of 1,799 individuals (197 girls, 858 women, 142 boys, and 602 men) in cooperation with CCCM and WASH programmes. IOM supported 207 individuals (28 girls, 97 women, 23 boy, and 29 men), and 29 of this number are PWDs.

### **3. Changes and Amendments**

No Changes

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Camp Coordination and Camp Management									
	Planned					Reached				
Category	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	496	256	480	368	1,600	6,329	6,019	7,330	7,137	26,815
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
<b>Total</b>	<b>496</b>	<b>256</b>	<b>480</b>	<b>368</b>	<b>1,600</b>	<b>6,329</b>	<b>6,019</b>	<b>7,330</b>	<b>7,137</b>	<b>26,815</b>
<b>People with disabilities (PwD) out of the total</b>										
	496	257	480	368	1,601	258	430	482	550	1,720

  

Sector/cluster	Protection - Human Rights									
	Planned					Reached				
Category	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	496	256	480	368	1,600	858	602	197	142	1,799
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
<b>Total</b>	<b>496</b>	<b>256</b>	<b>480</b>	<b>368</b>	<b>1,600</b>	<b>858</b>	<b>602</b>	<b>197</b>	<b>142</b>	<b>1,799</b>
<b>People with disabilities (PwD) out of the total</b>										
	496	256	480	368	1,600	858	602	197	142	1,799

\* 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.



<b>Sector/cluster</b>	Water, Sanitation and Hygiene									
<b>Category</b>	<b>Planned</b>					<b>Reached</b>				
	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
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	496	256	480	368	1,600	498	249	560	249	1,556
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
<b>Total</b>	<b>496</b>	<b>256</b>	<b>480</b>	<b>368</b>	<b>1,600</b>	<b>498</b>	<b>249</b>	<b>560</b>	<b>249</b>	<b>1,556</b>
<b>People with disabilities (PwD) out of the total</b>										
	495	256	480	368	1,599	498	249	560	249	1,556

\* 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

In addition to the overall internally displaced population who benefited from the direct assistance provided through the CCCM, WASH and MHPSS responded to a wider populations that indirectly benefitted from the assistance were the local authorities, including INGD's and SDPI which benefitted from the increased capacity to respond and address the immediate and emerging PwD needs. The local communities who provided services and local materials also indirectly benefited from the project activities.

## 6. CERF Results Framework

Project objective	Improve living conditions and access to basic services for displaced people including those with disabilities through CCCM, WASH and MHPSS			
Output 1	Ensure equal participation and dignified access to services for displaced people in sites.			
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	CM.1 Number of displacement sites supported with appropriate site management services	5	5	Pictures, project reports.
Indicator 1.2	CM.2 Number of displacement sites with inclusive and representative (incl. gender-responsive) governance structures	5	5	Pictures, project reports.
Indicator 1.3	Number of people benefiting from site improvement projects	1,600	26,815	Pictures, project reports.
Indicator 1.4	CM.3 Number of displacement sites with physical site improvements (5 sites (Ntocota, Ngalane, Nicavaco, Cujupane, Mararange), that represents 16740 IDPs (based on the September CCCM site list overview)	5	5	Pictures, project reports.
Explanation of output and indicators variance:		Indicator 1.3: More IDPs including IDPs were hosted in Nicavaco, Ngalane, Ntocota, Cujupan, and Marangane, and Metuge, Montepuez, and Ancuabe sites rising to a total of 26,815 people. This includes 1,720 PwD.		
Activities	Description	Implemented by		
Activity 1.1	Upgrade complaint and feedback mechanisms to be accessible to all people with disabilities	IOM		
Activity 1.2	Strengthen disability inclusions committees	IOM		
Activity 1.3	Implement site upgrades to ensure accessibility for people with disability	IOM		
Output 2	Ensure accessibility of WASH services for people with disabilities through tailored upgrades			

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of accessibility audits conducted	15	15	IP agreements, Pictures, project reports, PDM reports.
Indicator 2.2	WS.2 Number of WASH structures (e.g. latrines) constructed or rehabilitated that are accessible to persons with disabilities	25	25	Pictures, project reports, construction reports.
Indicator 2.3	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms (targeting disabled persons)	1,330	1,555	Pictures, project reports.
Indicator 2.4	Number of people receiving assistive devices for water collection	20	20	Pictures, Project report.
<b>Explanation of output and indicators variance:</b>		Indicator 2.3: More people accessed WASH services.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Conduct accessibility audits and community consultations with PWDs to understand WASH barriers	IOM		
Activity 2.2	Construction of HH level latrines for PWD and most vulnerable HH	IOM		
Activity 2.3	Upgrade water points to ensure accessibility for all of population	IOM		
Activity 2.4	Provision of assistive devices for water collection	IOM		

Output 3	Improve accessibility for PWDs through provision of assistive devices to improve mobility and overall wellbeing			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Human Rights			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of PWDs receiving assistive devices and tailored support	50	17	IOM Individual Protection Assistance Database, IOM Individual Protection Assistance SOP Annex (Assistance Receipt Form)
Indicator 3.2	Number of sites with awareness raising activities on disability inclusion	5	5	Pictures, project reports
Indicator 3.3	Number of individuals targeted with awareness raising activities	1,600	1,799	Pictures, project reports

<b>Explanation of output and indicators variance:</b>		Indicator 3.1. The target is 50, but the programme was unable to meet this target because families and individuals continued to move between sites and districts in search of better living conditions and opportunities. Furthermore, the attacks and fear of attacks prompted people to flee the targeted areas after June 2022.
Activities	Description	Implemented by
Activity 3.1	Provision of assistive devices and tailored support to PWD	IOM
Activity 3.2	Improve acceptance and understanding of persons with disabilities through awareness raising	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 areas<sup>6</sup> 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)<sup>7</sup>:

IOM identified immediate needs and context-specific risks, including Gender Based violence (GBV). This allowed IOM to determine the best assistance, distribution time, and location. To ensure recipient safety and dignity, distribution processes included capabilities, age, and gender. Beneficiaries will receive distributions at home when necessary.

### b. AAP Feedback and Complaint Mechanisms:

For the Disability Inclusion grant, community committees were the core mechanism through which MHPSS support was provided and site improvements were identified. Additional measures were put in place to cater for PWDs like household visits by CCCC staff. The committees were part of the awareness-raising and information dissemination activities by planning and delivering these sessions jointly with IOM following the training(s) that were provided. CCCC also worked through site committees for women and people living with disabilities.

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

All New IOM staff, as well as implementing partners and laborers, were trained on PSEA in accordance with institutional practice. IOM continues to implement its revised institutional PSEA training curriculum and reporting platform, which has received positive feedback from staff and humanitarian partners. IOM Mozambique ensured that the materials and reporting mechanism are available in Portuguese and that IOM trainers and protection focal points can fully utilize them through this action. In accordance with this, the IOM ensured the follow-up of potential SEA cases and the access of potential survivors to protection and assistance with the support of IOM MHPSS-Protection teams, in coordination with the PSEA network and in line with the existing GBV referral pathways. The affected population was

<sup>6</sup> 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](#).

<sup>7</sup> 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](#).

informed of their right to humanitarian assistance, the existence of the "Linha Verde" reporting mechanism, and the availability of referral and assistance services.

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

Age and gender were taken into account in distribution procedures in accordance with current program approaches to ensure the recipients' safety and dignity. Distributions were made directly to beneficiaries' homes as needed. Activities for groups and community outreach were sensitive to gender, age, and culture. All interventions and service delivery for the activation of the referral mechanism used a survivor-centered methodology. In order to strengthen the inclusion of women, girls and sexual and gender minorities, IOM ensured gender balance among the core staff and community workers.

#### **e. People with disabilities (PwD):**

The assistance was delivered to the most vulnerable households, including PWDs. IOM collaborated closely with INGC and Social Welfare to identify households with disabled members. Furthermore, the IOM's referral services targeted vulnerable people, such as PWDs and their caregivers. In addition, the CERF grant focused on strengthening services for PwDs and their caregivers, including infrastructure improvements and behavioral change toward PwD to reduce the risk of discrimination.

#### **f. Protection:**

In addition to the specific protection component of this project, which includes outreach and protection by presence approach by ensuring a significant number of relevant staff and teams are on the ground, protection was also incorporated into training for the government, non-governmental organizations, and camp managers. The CCCM and WASH teams were trained on protection principles under previous grants, which contributed positively to the implementation of activities. The protection mainstreaming activities enabled all IOM teams to prioritize participation, ensure dignity and safety, and avoid further harm.

#### **g. Education:**

N/A

### **8. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
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.

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

## 9. Visibility of CERF-funded Activities

Title	Weblink
Latrine access is one of the challenges faced by people with physical disabilities. IOM WASH teams visit vulnerable families with members with disabilities in Pemba, #CaboDelgado, to make a pre-construction study of adapted latrines. Making sustainable sanitation inclusive]	<a href="https://www.instagram.com/p/Cj5c7tklb1_/?igshid=OGQ2MjdiOTE=">https://www.instagram.com/p/Cj5c7tklb1_/?igshid=OGQ2MjdiOTE=</a> <a href="https://twitter.com/IOM_Mozambique/status/1582727436500099072?s=20&amp;t=ielsLLBgRGhgil4irhacmw">https://twitter.com/IOM_Mozambique/status/1582727436500099072?s=20&amp;t=ielsLLBgRGhgil4irhacmw</a>
Persons with disabilities are estimated to represent 15% of the world's population and in humanitarian contexts, they may form a much higher percentage.  With the support of @USAID Mozambique and United Nations CERF #UNCERF, IOM is expanding accessibility of #WASH services to displacement sites besides sanitation, through the improvement of water supply structures.	<a href="https://www.instagram.com/p/Cj7Uoq-M31J/?utm_source=ig_web_copy_link">https://www.instagram.com/p/Cj7Uoq-M31J/?utm_source=ig_web_copy_link</a> <a href="https://twitter.com/IOM_Mozambique/status/1582993997710393344?s=20&amp;t=ielsLLBgRGhgil4irhacmw">https://twitter.com/IOM_Mozambique/status/1582993997710393344?s=20&amp;t=ielsLLBgRGhgil4irhacmw</a>

### 3.4 Project Report 21-UF-FPA-026

1. Project Information			
Agency:	UNFPA	Country:	Mozambique
Sector/cluster:	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	CERF project code:	21-UF-FPA-026
Project title:	Essential lifesaving SRH and GBV response services to displaced and vulnerable women and girls in IDP sites and host communities in Cabo Delgado		
Start date:	30/09/2021	End date:	29/09/2022
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\$ 12,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,949,288
	Amount received from CERF:		US\$ 365,040
	Total CERF funds sub-granted to implementing partners:		US\$ 363,963
	Government Partners		US\$ 23,027
	International NGOs		US\$ 195,578
	National NGOs US\$ 95,358		US\$ 95,358
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

In partnership with Direcção Provincial de Saúde, DKT and AMODEFA, UNFPA provided lifesaving SRH services to 43,285 displaced women and girls in Ancuabe, Ibo, Metuge, Montepuez and Mueda. A total of 25,463 women of reproductive age received modern contraceptives while 12,520 normal deliveries were attended by skilled birth attendants including 10 newly recruited maternal and newborn health (MNH) nurses. Furthermore, 5 temporary SRH facilities were established and equipped with medical supplies and furniture in Ibo, Ancuabe, Metuge and Montepuez. UNFPA also supported 48 integrated mobile health brigades holistically promoting timely access to quality emergency lifesaving SRH and maternal health services in the targeted districts.

In addition, UNFPA in partnership with AIFO (Associazione Italiana Amici di Raul Follereau), FDC (Fundo de Desenvolvimento para Comunidade) and SPS (Serviços Provinciais da Saúde), reached a total of 38,904 community members with behavioural change messages on GBV, SEA, available services and women's rights in Ancuabe, Ibo, Metuge, Montepuez and Mueda districts. UNFPA produced and distributed a total of 10,339 GBV prevention, mitigation and response-related IEC materials. In addition, 3 new Women and Girls safe spaces (WGSS) were established in Mueda, Montepuez and Metuge providing a conducive environment for women and girls to meet, rebuild their networks, seek information and access psychosocial and case management services. Through these WGSS, 691 women and girls benefitted from core GBV services (e.g. case management, psycho-social support, clinical management of rape, among others).

### 3. Changes and Amendments

During the implementation period of this project, UNFPA and partners experienced access challenges in the southern districts (which were initially considered safer) due to insecurity as a result of the continued episodes of attacks by the non-state armed groups (NSAGs). This was further aggravated by the COVID-19 pandemic. However, UNFPA provided technical support including capacity building to the implementing partners which was useful in enabling the partners to adapt new programming approaches due to the Pandemic. Measures put in place to reduce the spread of COVID-19 included:

- Provision of masks to the beneficiaries and staff visiting the WGSS as well as hand washing stations. UNFPA also distributed facemasks to health facility staff.
- Before the consultation, health education sessions and disposable markers were distributed.
- Organisation of patient queues to avoid crowding and ensure social distancing.
- Information dissemination sessions on how to prevent the spread of COVID-19 at the health facilities and WGSS.

The major access challenge was however due to the attacks by the NSAGs. For instance, towards the end of June 2022, Ancyabe districts came under attack by the NSAGs with similar attacks reported throughout 2022 in districts such as Chiure, Montepuez and Erati. Specifically, the continued attacks by the NSAGs impacted the implementation of the project in the following ways:

- Closure of the WGSS in Ancyabe for a few months to ensure the safety and security of women and girls visiting the WGSS.
- Suspension of integrated mobile brigades activities especially in Ancyabe.
- Delays in the transportation of drugs to some health facilities in all health facilities (Ancyabe, Cede, Metoro and in Chiure, Mazeze) led to stock outs.
- Temporary suspension of the mobile brigades in Nanjua by AMODEFA.



#### 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	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	14,758	5,460	8,580	6,178	34,976	37,470	4,146	21,300	3,082	65,998
Host communities	2,012	655	1,170	842	4,679	5,110	506	2,904	361	8,881
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>16,770</b>	<b>6,115</b>	<b>9,750</b>	<b>7,020</b>	<b>39,655</b>	<b>42,580</b>	<b>4,652</b>	<b>24,204</b>	<b>3,443</b>	<b>74,879</b>
<b>People with disabilities (PWD) out of the total</b>										
	436	142	254	183	1,015	1,277	140	756	103	2,276

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	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	22,176	0	13,024	0	35,200	26,950	2,628	5,606	2,651	37,835
Host communities	3,024	0	1,776	0	4,800	3,675	358	764	361	5,158
Other affected people	0	0	0	0	0					
<b>Total</b>	<b>25,200</b>	<b>0</b>	<b>14,800</b>	<b>0</b>	<b>40,000</b>	<b>30,625</b>	<b>2,986</b>	<b>6,370</b>	<b>3,061</b>	<b>42,993</b>
<b>People with disabilities (PWD) out of the total</b>										
	655	0	385	0	1,040	918	90	191	92	1,291

\* 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

A total of 152,513 community members in IDP sites and in host communities benefited indirectly through GBV information dissemination sessions. Furthermore, a total of 136,575 men benefited indirectly through the SRH interventions such as contraceptives distribution and family planning messaging.

## 6. CERF Results Framework

<b>Project objective</b>	Enhance access and strengthen capacity for provision of essential lifesaving SRH and GBV prevention and response services to women and girls in IDP sites and host communities in 5 Districts of Cabo Delgado			
<b>Output 1</b>	Displaced and vulnerable women and girls in host communities in priority districts have immediate access to essential and life-saving sexual, reproductive, maternal and newborn health services			
<b>Was the planned output changed through a reprogramming after the application stage?</b>				No
<b>Sector/cluster</b>	Health - Sexual and Reproductive Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of temporary SRH facilities Established and equipped with medical supplies and furniture in IDP sites and remote host communities for provision of emergency lifesaving SRH and maternal health services.	5	5	5W and Quarterly reports from IP
Indicator 1.2	SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits	27,695	29,583	5W and Quarterly reports from IP
Indicator 1.3	Number of Integrated Mobile Health brigades that have been conducted in selected 2 Districts	48	48	5W and Quarterly reports from IP
<b>Explanation of output and indicators variance:</b>		A higher number of people were reached than planned due to the influx of the IDPs as a result of the renewed attacks by the NSAGs in the southern part of the province		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Establish and equip (medical equipment and furniture) of temporary SRH facilities (containerised units and Tent) in IDP sites and remote host communities for provision	SPS		

	of emergency lifesaving SRH and maternal health services.	
Activity 1.2	Support provision of mobile SRH services through Integrated Mobile Health Brigades and Mobile Clinics	DPS, DKT and AMODEFA
Activity 1.3	Support warehousing capacity prepositioning, and distribution of essential SRH and GBV response services in the 5 Districts	DPS

<b>Output 2</b>	There is adequate technical and human resource capacity in the static and mobile SRH facilities in the target districts for provision of skilled SRH services to women and girls seeking these services
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	No
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<b>Sector/cluster</b>	Protection - Gender-Based Violence			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	RH.1 Number of live births assisted by a skilled health personnel	12,305	12,520	Quarterly reports from IP and 5W
Indicator 2.2	Number of Maternal and New-born Health (MNH) Nurses who have been recruited to support availability of skilled SRH services in target districts.	10	10	Quarterly reports from IP

<b>Explanation of output and indicators variance:</b>	Due to the attacks in districts such as Ancuabe and Chiure, there has been an increase in the number of people displaced in districts such as Montepuez and Chiure, which has led to an increase in the number of women assisted
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Activities	Description	Implemented by
Activity 2.1	Procurement and supply of essential emergency reproductive, maternal and new-born health medicines and equipment to replenish stocked-out critical SRH supplies in Health Facilities, and for provision of SRH services in mobile health brigades and temporary clinics in IDP sites and host communities.	UNFPA and SPS
Activity 2.2	Support engagement of Maternal and New-born Health (MNH) Nurses to reinforce availability of much-needed skilled human resources for sexual, reproductive, maternal and new-born health in the target districts.	AMODEFA

<b>Output 3</b>	GBV survivors and vulnerable women and girls in IDP sites and host communities have immediate access to life-saving and essential GBV response prevention, risk mitigation and response services.			
<b>Was the planned output changed through a reprogramming after the application stage?</b>				No
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	PS.1b Number of safe spaces and/or centres constructed or rehabilitated	3	3	Quarterly reports from IP and 5W
Indicator 3.2	PS.2 Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape, PEP, etc.)	1,500	691	Quarterly reports from IP and 5W
<b>Explanation of output and indicators variance:</b>		Due to access restrictions to the southern districts due to renewed attacks by the NSAGs there was a significant delay by the IPs to access some IDP sites such as Chiure and Montepuez sites.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Reinforce and equip existing WGSS in the target Districts as primary centres for GBV case management and psychosocial support services	FDC		
Activity 3.2	Provide Case Management and psychosocial support including counselling, consent based referral and follow-up services for GBV survivors to ensure survivors have access to timely and appropriate lifesaving response services including clinical management of rape in a coordinated manner	FDC, AIFO and SPS		

<b>Output 4</b>	Multispectral coordination mechanisms and referral pathways at District level have been reinforced for well-coordinated GBV and PSEA responses and referral.			
<b>Was the planned output changed through a reprogramming after the application stage?</b>				No
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>

Indicator 4.1	Number of District multi sectoral coordination teams that have been supported to coordinate provision of survivor-centred GBV and PSEA responses.	5	5	Quarterly reports from IP and 5W
Indicator 4.2	PP. 1a Number of referral pathways established and regularly updated (GBS and PSEA) Number of District-level GBV and PSEA referral pathways that have been supported through orientation of the referral pathway contacts on GBV survivor-centred support, and whose referral pathways have remained active, regularly updated and published.	5	5	Quarterly reports from IP and 5W

**Explanation of output and indicators variance:**

Activities	Description	Implemented by
Activity 4.1	Support the operational capacity of the District-level multi sectoral coordination mechanisms and teams that include departments of Social Affairs, Health, legal and Police for survivor-centred response through effective coordination of GBV and PSEA responses.	AIFO and FDC
Activity 4.2	Update and support the operationalization and functionality of District-level GBV and SEA referral pathways;	AIFO and FDC

**Output 5** There is increased awareness of GBV, Sexual Exploitation and Abuse (SEA), women's rights and information on available response services in IDP sites and host communities

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Number of community members reached with behavioural change messages on GBV, SEA, available services and women's rights.	30,000	38,904	Quarterly reports from IP and 5W
Indicator 5.2	Number of GBV prevention, mitigation and response information	6,000	10,339	Quarterly reports from IP

	related IEC material produced and distributed			and 5W
<b>Explanation of output and indicators variance:</b>		A higher number of people were reached than planned due to the influx of the IDPs as a result of the renewed attacks by the NSAGs in the southern part of the province		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 5.1	Conduct community-level GBV and PSEA awareness and information dissemination sessions in IDP relocation sites and host communities through community dialogues, awareness raising campaigns, group discussion sessions and community radio messages.	FDC and AIFO		
Activity 5.2	Production and dissemination of IEC materials for GBV prevention and risk mitigation	FDC and AIFO		

## 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 areas<sup>8</sup> 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)<sup>9</sup>:

Throughout the implementation of the project, UNFPA ensured women and girls, men and boys were continuously consulted through community engagements and dialogue, discussions in women and girls' safe spaces, focus group discussions as well as feedback from the AAP working group. A total of 12 dialogues and 12 focus group discussions were organized. This ensured that their concerns and suggestions were included in the implementation and monitoring and implementation of the project.

### b. AAP Feedback and Complaint Mechanisms:

UNFPA leveraged the existing feedback and complaint mechanisms such as community dialogues, camp coordination, and camp management feedback mechanisms, the Linha Verde 1458, and post-distribution monitoring to solicit feedback from the targeted communities. UNFPA also consulted women and girls at women and girls' safe spaces to solicit feedback and to provide solutions. Through these consultations, key issues such as requests for materials for skills-building activities and additional income-generating activities were raised and addressed by UNFPA.

<sup>8</sup> 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](#).

<sup>9</sup> 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):

UNFPA ensured that all the implementing and partners' employees and subcontractors complied with the ZERO tolerance policy on PSEA by ensuring the IP agreements had a section on zero tolerance on PSEA which was signed by the IPs' management.

Implementing partners' staff and volunteers were trained on PSEA and signed a pre-employment commitment against sexual exploitation and abuse. For instance, UNFPA conducted 2 trainings held in quarter 3 and 4 in Pemba for AIFO for staff mobilised from Metuge and Montapuez. Serviços Provinciais de Saúde, Direcção Provincial de Género Criança e Acção Social e Direcção Provincial da Saúde representatives were also invited to this training. A total of 12 staff were trained.

UNFPA also conducted regular awareness-raising sessions with the community on PSEA through social activists. Awareness-raising sessions were held on a monthly basis reaching a total of 2,814 community members with PSEA messages.

### 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 to 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.

### e. People with disabilities (PwD):

UNFPA organized sensitization sessions for healthcare workers and activists on the key principles for working with persons with disabilities. The sessions were organized in Pemba targeting a total of 14 participants from AIFO, FAMOD, DPGCAS, DPS, SPS and SDSMAS. During the project implementation period, UNFPA partners prioritised people living with disability when delivering services and commodities such as dignity kits delivered in Metuge, Montepuez and Ancuabe. UNFPA has also identified AIFO, a local national NGO, to spearhead disability mainstreaming efforts across its programming.

### f. Protection:

UNFPA ensured staff working at the WGSS and the health facilities have been sensitised on ethical principles for working with the most vulnerable, especially persons with disabilities. In addition, community focal points were also trained on PSEA to help minimise risks of sexual exploitation among the targeted beneficiaries.

### g. Education:

Education- related interventions were not considered in the design of this project.

## 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.	Not applicable

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

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

The CVA approach was not considered due to the nature of activities and interventions implemented under this project which focused on GBV and SRH. These types of interventions would not have benefitted from a CVA approach and in addition, UNFPA is not currently using CVA as a modality for the provision of humanitarian assistance in Northern Mozambique.

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

9. Visibility of CERF-funded Activities	
Title	Weblink
"I can now go back to school," exclaims Fatima (18) as she uses contraception for the first time	<a href="https://mozambique.unfpa.org/en/news/%E2%80%9Ci-can-now-go-back-school%E2%80%9D-exclaims-fatima-18-she-uses-contraception-first-time">https://mozambique.unfpa.org/en/news/%E2%80%9Ci-can-now-go-back-school%E2%80%9D-exclaims-fatima-18-she-uses-contraception-first-time</a>
Women-friendly space offers vital skills, information and support for conflict-affected women and girls	<a href="https://mozambique.unfpa.org/en/news/women-friendly-space-offers-vital-skills-information-and-support-conflict-affected-women-and">https://mozambique.unfpa.org/en/news/women-friendly-space-offers-vital-skills-information-and-support-conflict-affected-women-and</a>
"Agora posso voltar à escola"	<a href="https://mozambique.un.org/pt/215677-agora-posso-voltar-escola">https://mozambique.un.org/pt/215677-agora-posso-voltar-escola</a>
Twitter Posts	<a href="https://twitter.com/UNFPAMocambique/status/1618154181621342208">https://twitter.com/UNFPAMocambique/status/1618154181621342208</a> <a href="https://twitter.com/UNFPAMocambique/status/1590277985042829313">https://twitter.com/UNFPAMocambique/status/1590277985042829313</a>



### 3.5 Project Report 21-UF-FPA-031

1. Project Information			
Agency:	UNFPA	Country:	Mozambique
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	21-UF-FPA-031
Project title:	Essential GBV response services to women and girls living with disabilities in IDP sites and host communities in Cabo Delgado		
Start date:	28/10/2021	End date:	27/12/2022
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\$ 12,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 3,314,288
	Amount received from CERF:		US\$ 75,056
	Total CERF funds sub-granted to implementing partners:		US\$ 68,724
	Government Partners		US\$ 0
	International NGOs		US\$ 4,653
	National NGOs		US\$ 64,071
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

In partnership with Associação Italiana Amigos de Raoul Follereau (AIFO), UNFPA established an inclusive call-centre in Pemba in May 2022 for reporting of sexual and gender-based violence (SGBV) cases for women and young persons with disabilities that contains options to report through sign language interpretation and/or local gesture language. The call centre staff received training in disability and S/GBV, and the center is linked with two inclusive reporting and referral mechanisms located in Metuge and Montepuez districts where community officials – a pair of two in each district whereof one with – and one without a disability – are conducting community awareness raising sessions at the IDP sites and host communities. Through these sessions, a total of 11,645 community members have been reached between May and December 2022 with behavioural change messages and information on GBV and SEA, including the higher risk faced by women and girls with disabilities, and the available services to respond to GBV/SEA cases. A total number of 344 cases of S/GBV among women and girls with disabilities have been reported through the channel since it became operational in May 2022, whereof 213 adult women (over 20 years old) and 131 adolescent girls (10-19 years) with different types of disabilities including: deaf-blind women and girls; women and girls with physical or psychosocial disability and women and girls with visual or hearing impairments. Out of the 344 reported cases, 290 were referred to relevant services including health, justice and police. The 344 reported cases indicated an achievement rate of 115% of the set target (300 cases reported).

### 3. Changes and Amendments

The number of community members reached with behavioural change messages on GBV, SEA and disability in target districts was largely overachieved, with an achievement rate of 233%; 11,645 community members reached compared to the target of 5,000. With the hiring of four community officials based in the two respective target districts, it was possible to hold more frequent awareness raising sessions than initially anticipated; each session also included a larger number of participants than initially foreseen which allowed for a greater overall reach.

In terms of the case management support provided to identified and reported S/GBV cases, the achievement rate was lower than anticipated as currently, only 147 out of the 290 referred cases are receiving case management support. This is due to the fact that there is a vast lack in skilled/trained organizations available to provide S/GBV case management support in Cabo Delgado province in comparison to the large need and the existent services are not accessible for PwD. For that reason, this target was reached by 49% (147 out of target 300). Training more organizations to provide S/GBV case management support to women and girls with disabilities is a priority going forward as well as hiring dedicated staff at AIFO to provide case management support and follow up.

Lastly, the project was initially planned to take place in three districts, namely Metuge, Montepuez and Ancuabe. However, the lead implementing partner for this project, AIFO, only has presence in Metuge and Montepuez and for this reason it was decided to focus primarily on these two districts where the project could ensure better cost effectiveness and quality assurance in implementation.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	-	-	-	-	0
Returnees	0	0	0	0	0	-	-	-	-	0
Internally displaced people	2,110	422	1,735	422	4,689	2,310	700	1,352	600	4,962
Host communities	2,029	955	2,327	656	5,967	2,029	2005	2,327	666	7,027
Other affected people	0	0	0	0	-	-	-	-	-	0
<b>Total</b>	<b>4,139</b>	<b>1,377</b>	<b>4,062</b>	<b>1,078</b>	<b>10,656</b>	<b>4,339</b>	<b>2,705</b>	<b>3,679</b>	<b>1,266</b>	<b>11,989</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	1,408	666	565	174	2,813

\* 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

A total of 11,645 community members in IDP sites and in host communities benefited indirectly through GBV and SEA information dissemination sessions related to disability. The sessions addressed the special GBV risks that persons with disabilities encounter and the referral points for reporting a case of GBV.

## 6. CERF Results Framework

Project objective	Enhance access and strengthen capacity for provision of essential lifesaving GBV prevention and response services and reporting mechanisms to women and girls with disabilities in IDP sites and host communities in 2 districts of Cabo Delgado				
Output 1	Displaced women and girls with disabilities in host communities in priority districts have immediate access to essential and life-saving S/GBV services				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Gender-Based Violence				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Number of women and girls with disabilities that have benefitted from S/GBV case management support	300	147	5W and IP Report	
Explanation of output and indicators variance:		Efforts to increase awareness among community members in IDP sites and host communities through community sensitization sessions regarding available reporting mechanisms for S/GBV cases, and thereby also increase the number of identified and reported cases, were successful and the project in few months received a large number of reported cases among women and girls with disabilities. However, the response side is weak and there are few trained organizations available to provide inclusive case management support to women and girls with disabilities compared to the high demand and the existing services are not accessible for PwD. For this reason, only 147 of the reported cases are currently receiving case management support and follow up. Strengthening this component in 2023 is a key priority for UNFPA.			
Activities	Description		Implemented by		
Activity 1.1	Developing a disability-specific referral pathway for women and girls with disabilities		AIFO		
Activity 1.2	Provide S/GBV case management and referral services for women and girls with disabilities		AIFO		

<b>Output 2</b>	Prevent a culture of impunity of S/GBV offenses committed against women and young persons with disabilities and other vulnerable groups through community-based awareness raising and establishment of accessible and inclusive reporting mechanisms
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>Sector/cluster</b>	Protection - Gender-Based Violence			
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<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Inclusive call center for reporting of S/GBV for women and young persons with disabilities established and operational	1	1	IP Report
Indicator 2.2	Number of S/GBV cases reported through the call center and referrals made to essential S/GBV services	300	344	5W and IP Report
Indicator 2.3	Number of people reached in target districts through community-level awareness sessions on GBV targeting women and girls with disabilities.	5000	11,645	5W and IP Report

<b>Explanation of output and indicators variance:</b>	A higher number of people were reached than planned through a strong community-level awareness raising, for direct and indirect affected populations on GBV and accessing available services.
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<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 2.1	Establish inclusive call center for reporting of S/GBV for women and young persons with disabilities, including training of call center staff	AIFO
Activity 2.2	Conduct GBV awareness raising sessions for persons with disabilities at community level, thereby ensuring proper engagement and support for women girls with disabilities	AIFO

## 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 areas<sup>10</sup> 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)<sup>11</sup>:

UNFPA ensured women and girls, men and boys with disabilities were continuously consulted through community engagements and dialogue throughout the implementation of the project. Specifically, a total of 95 GBV awareness dialogues were organised, where communities were consulted on the information shared and how the awareness sessions could be improved. This ensured that their concerns and suggestions were included in implementation and monitoring and implementation of the project.

### b. AAP Feedback and Complaint Mechanisms:

UNFPA's partner AIFO has strong roots in the communities it serves, and has been able to earn the trust of community members to be the go-to Organization on GBV impacting persons with disabilities and their families. UNFPA through AIFO leveraged on the existing feedback and complaint mechanisms such as Linha Verde 1458 and consulted women and girls at women and girls' friendly spaces to solicit feedback and to provide solutions. Through these consultations, specific issues impacting the lives of persons with disabilities were identified. Specifically, issues noted were lack of communication methods between families and persons with visual and auditory disabilities, lack of service providers with the necessary skills to address PwDs' needs, lack of understanding by families of psychosocial disabilities, where the latter population is often kept home, "to keep them safe."

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

UNFPA ensured that all the implementing and partner's employees and subcontractors complied with the ZERO tolerance policy on PSEA by reviewing the primary implementing partner's PSEA policy. UNFPA's implementing partner, AIFO, staff and volunteers were trained on PSEA and signed a pre-employment commitment against sexual exploitation and abuse. The trainings were held in Pemba city and the participants were 11 women and 4 men. 8 Participants represented provincial and district level government-including 1 sign language interpreter-7 participants were AIFO staff (2 staff were women with disabilities) from both the community and provincial levels.

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

This project primarily targeted women, girls and youth with disabilities with protection activities aimed at reducing their vulnerability to GBV, intimate partner violence, familial violence and increased risk of GBV due to ability status.

### e. People with disabilities (PwD):

The intervention was specifically targeted at women and girls with disabilities.

<sup>10</sup> 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](#).

<sup>11</sup> 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](#).

**f. Protection:**

Several protection measures were taken into account in order to ensure the safety of the affected persons and project beneficiaries. All personal data from reported cases of S/GBV among women and girls with disabilities are stored on the Linha Verde platform but kept strictly confidential and only shared with relevant service providers following consent from the survivor, in order to ensure his or her safety and confidentiality. The community officials hired under the project that conduct home visits and follow up to support survivors that have reported cases under the inclusive reporting channel, also conduct door-to-door community sensitization visits in neighbouring houses, in order not to draw attention to the fact that one of the houses have an identified case of S/GBV. This is in order to ensure the safety of the survivor.

**g. Education:**

Education related interventions were not considered in the design of this project.

**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.

The CVA approach was not considered due to the nature of activities and interventions implemented under this project which focused on systems strengthening for GBV case management targeting women and girls with disabilities and community awareness raising/sensitisation around GBV and PwD, thus these types of interventions would not have benefitted from a CVA 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.

## 9. Visibility of CERF-funded Activities

Title	Weblink
Tweet Metuge I	<a href="https://twitter.com/grundberg_p/status/1588582727808258048">https://twitter.com/grundberg_p/status/1588582727808258048</a>
Tweet Metuge II	<a href="https://twitter.com/grundberg_p/status/1554474673664147458">https://twitter.com/grundberg_p/status/1554474673664147458</a>
Tweet Montepuez I	<a href="https://twitter.com/grundberg_p/status/1555459832618123265">https://twitter.com/grundberg_p/status/1555459832618123265</a>
Tweet Montepuez II	<a href="https://twitter.com/UNFPAMocambique/status/1555465437126819842">https://twitter.com/UNFPAMocambique/status/1555465437126819842</a>



### 3.6 Project Report 21-UF-HCR-017

1. Project Information			
Agency:	UNHCR	Country:	Mozambique
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	21-UF-HCR-017
	Camp Coordination and Camp Management		
	Protection		
Project title:	Provision of Protection and enhancement of Camp Coordination and Camp Management (CCCM), while ensuring Protection from Sexual Exploitation and Abuse (PSEA) for IDPs in Cabo Delgado, Mozambique		
Start date:	30/09/2021	End date:	29/09/2022
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\$ 21,682,759
	Total funding received for agency’s sector response to current emergency:		US\$ 2,293,580
	Amount received from CERF:		US\$ 345,000
	Total CERF funds sub-granted to implementing partners:		US\$ 276,242
	Government Partners		US\$ 0
	International NGOs		US\$ 150,236
	National NGOs		US\$ 126,005
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

UNHCR provided PSEA technical guidance to the wider humanitarian response across Cabo Delgado throughout the reporting period as the co-chair of the PSEA Network, leading the coordination of the PSEA Network work plan and ensuring coverage of PSEA activities. UNHCR supported two awareness raising campaigns, one using PSEA awareness raising materials developed in coordination with the PSEA Network to improve prevention and access to reporting, and the other on access to survivor assistance for victims of SEA using materials developed with the community, with a particular focus on access to legal support which was a gap in awareness and access through UNHCR GBV incident trends analysis in 2022. Through trained UNHCR and partner community volunteers 39,198 displaced and returnee people were reached with PSEA awareness which was more than anticipated as UNHCR partners working across different sectors integrated PSEA messaging into existing community engagement activities, including through community volunteers, committees, and during distributions. UNHCR and partners offered quality and holistic services to survivors of SEA, including case management, psychosocial support, and legal support across six districts of Cabo Delgado. UNHCR supported training for humanitarian staff and community volunteers on PSEA policy and how to report cases using adapted IASC PSEA training materials. A total of 870 people were trained.

UNHCR, and partner Catholic University of Mozambique (UCM) provided access to civil documentation to 4,716 displaced people and host community members in Pemba, Metuge, Montepuez, and Ancuabe. The acquisition of civil documentation allows them access to basic rights and services, and significantly reduces protection risks experienced by those without civil documentation. UNHCR and UCM offer the “full package” of civil documentation (birth certificates and national IDs), as Government notaries have been allocated to the UCM technical team. This was an initial challenge as it took some time to get government notaries on board.

A dedicated CCCM team was deployed in Montepuez through UNHCR partner AVSI, to support information management and gap analysis through continuous data collection in Nicuapa, Ntele, Massingiri and Campona sites. Site planning and site development activities were implemented, including site demarcation. Site management committees were supported with designing and defining roles and responsibilities, capacity building and provision of materials (e.g., refreshments, chairs, tables, stationary). 72 community awareness sessions were carried out done through the support of the above-mentioned groups. Each awareness session was done in coordination with Government authorities. Sessions included sensitization on reporting services (CFM, linha verde hotline, etc.), disease prevention, protection, services available in the site, flood awareness and prevention. The site management committee was also supported through facilitation of meetings between its members and other committees existing in the camp (water and sanitation, food, health).

### **3. Changes and Amendments**

There were delays in identifying local partners to provide legal support for SEA survivors as well as service providers to produce child friendly IEC materials locally in Cabo Delgado. UNHCR was able to engage Muleide, a local women led organization, to implement SEA survivor assistance access to justice and victim assistance capacity building initiatives. However, it was not possible to identify a partner to support the implementation of child friendly awareness raising materials in Cabo Delgado which remains a gap, however UNHCR will continue to work with the PSEA Network and child protection AoR to advocate to fill this gap. Another issue was the limited SEA survivor assistance referral capacity of other humanitarian actors, as very few cases of SEA survivors were referred to the established survivor assistance services. Thus, more capacity building and awareness is needed across the wider humanitarian community of the victim assistance protocol and how to make survivor centred referrals using established GBV AoR referral pathways.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Camp Coordination and Camp Management									
	Planned					Reached				
Category	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	14,400	9,600	0	0	24,000	7,173	8,607	8,606	4,304	28,690
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
<b>Total</b>	<b>14,400</b>	<b>9,600</b>	<b>0</b>	<b>0</b>	<b>24,000</b>	<b>7,173</b>	<b>8,607</b>	<b>8,606</b>	<b>4,304</b>	<b>28,690</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	359	431	430	215	1,435

  

Sector/cluster	Protection									
	Planned					Reached				
Category	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	47,699	46,933	53,869	52,888	201,389	12,301	8,079	6,734	5,658	32,772
Host communities	3,151	3,099	3,550	3,497	13,297	3,944	959	825	698	6,426
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>50,850</b>	<b>50,032</b>	<b>57,419</b>	<b>56,385</b>	<b>214,686</b>	<b>16,245</b>	<b>9,038</b>	<b>7,559</b>	<b>6,356</b>	<b>39,198</b>
<b>People with disabilities (PwD) out of the total</b>										
	2,635	2,593	2,976	2,922	11,126	2,635	2,593	2,976	2,922	11,126

\* 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 - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	1,200	1,000	1,200	1,000	4,400	1,188	1,443	2	802	4,155
Host communities	120	100	120	100	440	132	160	127	141	560
Other affected people	40	60	0	0	100	0	0	0	0	0
<b>Total</b>	<b>1,360</b>	<b>1,160</b>	<b>1,320</b>	<b>1,100</b>	<b>4,940</b>	<b>1,320</b>	<b>1,603</b>	<b>849</b>	<b>943</b>	<b>4,715</b>
<b>People with disabilities (PwD) out of the total</b>										
	24	20	24	20	88	26	32	17	19	94

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

## 5. People Indirectly Targeted by the Project

Through PSEA trained UNHCR and partner community volunteers 39,198 displaced people were reached with PSEA awareness which was more than anticipated as UNHCR partners working in different sectors (CCCM, Protection, Shelter, GBV) were able to integrate PSEA messaging into their existing community engagement activities, including through community volunteers, committees, and during distributions. UNHCR also shared PSEA awareness raising materials with other NGOs and government services through its work to support the PSEA Network and increase the reach of messaging.

## 6. CERF Results Framework

Project objective	Life-saving protection response for vulnerable groups			
Output 1	Increased awareness and reporting on sexual exploitation and abuse, strengthened responses and survivor centred approaches through coordinated systems of support			
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 PSEA Network campaigns on PSEA community awareness and access to complaints mechanisms implemented across Cabo Delgado	2	2	UNHCR and partner reports, awareness raising materials
Indicator 1.2	% of humanitarian staff/volunteers participating in PSEA Network sensibilization activities who demonstrated increased awareness of PSEA principles and reporting mechanisms	80%	80%	Training participation list, training pre/post
Indicator 1.3	% of SEA survivors reported to the PSEA Network from core GBV services (e.g. case management, psycho-social support, legal support, clinical management of rape, PEP, etc.)	80%	100%	Case referral form.
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	With PSEA Network and community participation design, produce and roll out PSEA IEC materials for awareness on PSEA principles and reporting mechanisms targeting children and persons with disabilities	UNHCR/CUAMM		
Activity 1.2	Through the PSEA Network conduct awareness and orientation sessions for humanitarian staff working in vulnerable and hard to reach areas to mitigate risks of SEA, promote PSEA principles and improve SEA case reporting in line with the PSEA Network SEA case reporting SOP	UNHCR/CUAMM		

Activity 1.3	Develop referral pathways and direct survivor service provision for reported cases of SEA in the context, with a focus on access to PSS and legal response services	UNHCR/CUAMM
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<b>Output 2</b>	Strengthened Community-Based Protection, enhanced access to civil documentation and increased respect of rights by law enforcement
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>Sector/cluster</b>	Protection - Gender-Based Violence			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of youth focal points and community-based protection focal points recruited and trained	150	156	AVSI reports. List of PFP trained.
Indicator 2.2	Number of internally displaced persons received legal services to obtain civil documentation	4690	4,716	UCM final reports, list of beneficiaries
Indicator 2.3	Number of law enforcement and government officials trained on human rights and protection principles	100	62	List of participants, training agendas

<b>Explanation of output and indicators variance:</b>	<p>Indicator 2.1 – target achieved is aligned with the target set. Out of the total 156 protection focal points trained and engaged, 137 were still actively engaged at the end of the intervention.</p> <p>Indicator 2.2 – Target achieved is aligned with the target set.</p> <p>Indicator 2.3 – Target lower than expected. Resources was mainly focused to provision of direct protection assistance and services.</p>			
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Activities	Description	Implemented by
Activity 2.1	Enhanced identification of Persons with Specific needs (PSN) for services and enhanced participation in all community-based protection programs	UNHCR/AVSI/Plan International
Activity 2.2	Enhance access to civil documentation of internally displaced persons to reduce statelessness and enhance effective nationality	Catholic University of Pemba
Activity 2.3	Orientation activities of law enforcement and government officials on human rights and protection principles in order to mitigate abuse and exploitation against internally displaced persons	UNHCR/CUAMM/Catholic University of Pemba

<b>Output 3</b>	Community structures and participation are strengthened
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>Sector/cluster</b>	Camp Coordination and Camp Management			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CM.2 Number of displacement sites with inclusive and representative	4	4	Sites profiles (Nicuapa, Ntele, Massingiri,

	(incl. gender-responsive) governance structures			Campona). Site management committee minutes, AVSI/UNHCR CCCM reports
Indicator 3.2	# of complaints and feedback mechanisms (CFM) established and functional	4	4	CFM reports.
Indicator 3.3	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services	24,000	28,690	Partner reports
<b>Explanation of output and indicators variance:</b>		3.3: People in sites reached with awareness raising		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Community mobilization and awareness campaigns on issues affecting the community, including sensitization on public health-related problems such as the Covid19, cholera, diarrhoeas, fire and flood safety in the sites	UNHCR/AVSI		
Activity 3.2	Through establishment of CFMs in the sites to facilitate an all-inclusive approach for Persons with Specific needs (PSN); PWDs and minority groups and promote, coordinate, and set-up forums for listening, dialogue, information, exchange, feedbacks, and complaints	UNHCR/AVSI		
Activity 3.3	Deployment of remote monitoring tools in hard to reach areas to monitor IDP and host community needs and trends	UNHCR/AVSI		

Output 4	Provision of safe and dignified site 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 4.1	CM.1 Number of displacement sites supported with appropriate site management services	4	4	CCCM site profile
Indicator 4.2	# of individuals identified and provided orientation activities	105	250	AVSI report
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 4.1	Deployment of a dedicated site management team to facilitate service delivery, and support activities and ensure global CCCM standards are contextualized and administered in the given sites	UNHCR/AVSI		
Activity 4.2	Information management and gaps analysis through data collection (that will include site population demography, evidence-based gap analysis, conducting intention surveys to analyse the protection and	UNHCR/AVSI		

	assistance needs of the IDPs in the site) and mapping all stakeholders through 5Ws (Who/What/Where/When) to facilitate a clear and agreed division of tasks in the given sites	
Activity 4.3	Support site planning and site development activities including site demarcation; undertaking boundary and topographic surveys, bush and access clearance, demarcation of community, block and plots for infrastructure development	UNHCR/AVSI
Activity 4.4	Conduct a series of awareness and orientation activities targeting the local administration, partners and the displaced population on CCCM, and protection mainstreaming	UNHCR/AVSI

## 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 areas<sup>12</sup> 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)<sup>13</sup>:

UNHCR chairs the CE/AAP Working Group at both the Cabo Delgado and national level. It is also a member of the IASC Task Team on Accountability to Affected Populations, including Protection from Sexual Exploitation and Abuse. Overall, it aims at creating a system-wide culture of accountability by institutionalizing AAP, including PSEA, in the functions and resourcing of each humanitarian organization, alongside system-level cohesion, coordination, and learning. AAP is also reflected in UNHCR's AGD Policy (2011), which aims to ensure that all sections of populations of concern have equitable and non-discriminatory access to protection and assistance programmes, and a say in decisions that affect their lives.

### b. AAP Feedback and Complaint Mechanisms:

Safe, accessible, and confidential feedback and complaints mechanisms were set up. These include complaints/suggestion boxes at sites and designation of community-based focal points to receive and respond to complaints. UNHCR involved affected communities in design and implementation of these mechanisms and organized awareness raising sessions on their functioning and established a jointly designed feedback mechanism with other sectors to streamline referral of cases. Complaints and Feedback mechanism have been established across all sites in Montepuez and regular reports and analysis have been conducted to inform programming and adjust response.

<sup>12</sup> 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](#).

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



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

UNHCR as the lead of the PSEA Network in Cabo Delgado is able to provide both dedicated PSEA activities and the integration of PSEA across all project activities ensuring humanitarian and Protection principles. UNHCR has contextually 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, confidently and timely reporting mechanisms for the community using an age, gender and diversity approach. UNHCR applies its PSEA policy across all activities, trains all staff, volunteers and project collaborators on PSEA and has expert PSEA Focal Points leading PSEA activities.

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

UNHCR has GBV technical capacity supporting the project to ensure that the safe and inclusion participation and empowerment of women and girls is mainstreamed across all project areas. Women and girls are consulted on project design and activities, age, gender and diversity data are captured through all activities, and activities target a minimum inclusion of 50% women and girls or more depending on gender equitable needs identified. UNHCR trains all project staff and volunteers on GBV core concepts and referrals and has GBV referral pathways in place as well as GBV services for any GBV survivors seeking support.

### **e. People with disabilities (PwD):**

UNHCR engages and consults with people with disabilities, adopting an AGD approach to identify the specific barriers faced by people of diverse backgrounds, ensuring disability inclusion in life-saving activities. Throughout the project cycle, people with disabilities were engaged through different modalities including community engagement activities and design and implementation of accessible communication and information channels and community-based mechanisms. The development and training of community-based mechanisms including community-based disability groups (e.g., the Mozambican Forum of the Organizations of People with Disabilities (FAMOD) through the consolidation of the Disability Working Group of Cabo Delgado took place during the implementation period. People with disability were also engaged in the CCCM activities and CCCM site management committees, enhancing their active participation in sites.

### **f. Protection:**

Protection is at the core of all of UNHCR's interventions. UNHCR seeks to first and foremost target vulnerable groups. By using AGD approach and through protection data, UNHCR integrates the strengths and address the vulnerabilities of men, women, girls and boys, and those groups such as older persons, persons with disabilities, persons belonging to minority groups, and persons of diverse sexual orientation or gender identity and adjust its protection and CCCM programming accordingly.

### **g. Education:**

n/a

## **8. Cash and Voucher Assistance (CVA)**

### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
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.

N/A

**Parameters of the used CVA modality:**

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

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
UNHCR Mozambique monthly country factsheet	<a href="https://data.unhcr.org/en/country/moz">https://data.unhcr.org/en/country/moz</a>

### 3.7 Project Report 21-UF-HCR-028

1. Project Information			
Agency:	UNHCR		Country: Mozambique
Sector/cluster:	Protection		CERF project code: 21-UF-HCR-028
Project title:	Provision of Protection Activities for Persons with Disability in Cabo Delgado, Mozambique		
Start date:	25/10/2021	End date:	24/10/2022
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\$ 21,682,759
	Total funding received for agency's sector response to current emergency:		US\$ 2,293,580
	Amount received from CERF:		US\$ 100,000
	Total CERF funds sub-granted to implementing partners:		US\$ 65,004
	Government Partners		US\$ 0
	International NGOs		US\$ 65,004
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

### 2. Project Results Summary/Overall Performance

The project enhanced the participation and engagement of vulnerable people with disabilities (PWD) through community engagement activities, participatory assessments and consultations. UNHCR partner AVSI, in collaboration with protection focal points, conducted assessments with 554 people in Pemba, Metuge, and Montepuez to better understand their needs and inform responses. The participation of vulnerable PWDs was enhanced through community engagement, and development and training of community-based mechanisms including community-based disability groups, for instance the Mozambican Forum of the Organizations of People with Disabilities (FAMOD), through the consolidation of the Disability Working Group of Cabo Delgado. The project aimed to establish five community-based projects. These took the form of in-depth consultations with PWDs to identify gaps and challenges in the inclusion of PWD in provision of services in sites. The consultations with PWDs, which also included protection focal points who are trained by UNHCR and partners, resulted in the organization of recreational activities involving older people and people in need of rehabilitation. The activities were part of the provision of psychosocial support, which was one of the main needs identified by this vulnerable group.

In Eduardo Mondlane, Josina Machel, and Mahate neighbourhoods in Pemba, AVSI carried out IDP home visits to better understand protection needs of communities, reaching a total of 191 persons. The assessment focused on MHPSS needs of older people and PwDs, but also identified needs including food security, shelter, and CRIs. Protection awareness-raising sessions with 380 IDPs were held in several sites in Montepuez. UNHCR Participatory Assessment involved 218 PwD and older people at risk with the aim of identifying specific protection risks of these groups. Discussions and consultations were used to facilitate information on existing services available and to enhance access to rehabilitation services and other referral mechanism when needed.

UNHCR, in coordination with Humanity and Inclusion, FAMOD and Health District staff, 1,634 people with disabilities were identified, screened and received information on services available. Following health assessment, 131 were supported with assistance devices and were referred to rehabilitation services as required.

UNHCR chaired the CE/AAP Working Group and the Disability Working Group at the Cabo Delgado level share relevant data and information collected during protection activities and ensure effective coordination of the response An Information Needs Assessment was conducted mainstreaming the needs of PwD and elderly people.

### **3. Changes and Amendments**

N/A

#### 4. Number of People Directly Assisted with CERF Funding\*

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	350	350	350	350	1,400	671	684	191	88	1634
Host communities	100	100	100	100	400	94	97	38	12	241
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>450</b>	<b>450</b>	<b>450</b>	<b>450</b>	<b>1,800</b>	<b>765</b>	<b>781</b>	<b>229</b>	<b>100</b>	<b>1875</b>
<b>People with disabilities (PwD) out of the total</b>										
	30	30	30	30	120	765	781	229	100	1875

\* 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

N/A

## 6. CERF Results Framework

Project objective	Enhanced Protection for Persons with Disabilities				
Output 1	Strengthened Community-Based Protection through broader participation of persons with disabilities, their enhanced access to life-saving information, and provision of assistive devices and rehabilitation 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 1.1	Number of community-based projects implemented by persons with disabilities and key stakeholders	5	5	Partner reports	
Indicator 1.2	Number of communication and information needs assessments conducted targeting persons with disabilities	5	5	Accessibility Report conducted by HI UNHCR Participatory Assessment CE/AAP Information Needs Assessment AVSI Assessment	
Indicator 1.3	Number of persons with disabilities who benefit from provision of assistive devices and rehabilitation services	120	131	HI Project Performance Report	
Explanation of output and indicators variance:					
Activities	Description	Implemented by			
Activity 1.1	Broadened participation of persons with disabilities through community-based projects designed and implemented by them	UNHCR/Humanity and Inclusion/AVSI			
Activity 1.2	Communication and information needs assessments conducted targeting persons with disabilities to facilitate their access to critical information	UNHCR//Humanity and Inclusion/AVSI			
Activity 1.3	Enhanced identification of persons with disabilities and provision of assistive devices and rehabilitation services to them	Humanity and Inclusion [HI]			

## 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 areas<sup>14</sup> 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)<sup>15</sup>:**

The CE/AAP Working Groups at the Cabo Delgado and national level are chaired by UNHCR, which is also a member of the IASC Task Team on Accountability to Affected Populations, including Protection from Sexual Exploitation and Abuse. Overall, it aims at creating a system-wide culture of accountability by institutionalizing AAP, including PSEA, in the functions and resourcing of each humanitarian organization, alongside system-level cohesion, coordination, and learning. An Information Needs Assessment was conducted mainstreaming the needs of PwD and older people. The assessment consulted 2,329 IDPs (among that 60% women) and host communities (59% of the respondents).

UNHCR actively engages the communities' strategy for Cabo Delgado, as part of a broader commitment of accountability to affected people and a core function of protection mainstreaming. Throughout the project cycle, people with disabilities were engaged through different modalities including community engagement activities and design and implementation of accessible communication and information channels and community-based mechanisms. The development and training of community-based mechanisms including community-based disability groups (e.g., the Mozambican Forum of the Organizations of People with Disabilities (FAMOD) through the consolidation of the Disability Working Group of Cabo Delgado took place during the implementation period.

#### **b. AAP Feedback and Complaint Mechanisms:**

UNHCR ensured that safe, accessible and confidential feedback and complaints mechanisms were accessible to targeted groups by referring them to existing CFMs or setting up additional ones (with the involvement of affected communities in design and implementation of these mechanisms). CFMs include accessible complaints/suggestion boxes at sites and designation of community-based focal points to receive and respond to complaints, who receive support on communicating with people with disabilities. In addition, UNHCR and partners work on a CFM based in a Kobo tool that the information collected through the system allows the establishment of trends to better providing programming needs and response.

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

UNHCR has the capacity to provide both dedicated PSEA activities and the integration of PSEA across all project activities ensuring humanitarian and protection principles. UNHCR has contextually 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 applies its PSEA policy across all activities, trains all staff, volunteers and project collaborators on PSEA and has expert PSEA Focal Points leading PSEA activities.

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<sup>14</sup> 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](#).

<sup>15</sup> 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:**

UNHCR has GBV technical capacity supporting the project to ensure that the safe and inclusive participation and empowerment of women and girls is mainstreamed across all project activities. Women and girls with and without disabilities were consulted on project design and activities together with boys, girls, people with disabilities, older and marginalised people in order to make sure that age, gender and diversity data were captured through all activities. In addition, all project staff and volunteers are trained on GBV core concepts and referrals, and in Cabo Delgado UNHCR is conducting awareness sessions on early marriage prevention, GBV and PSEA and case management and support to survivors of GBV.

**e. People with disabilities (PwD):**

As the project targeted people with disabilities in particular, its main objective was to assess and respond to the essential needs of people with disabilities and ensure accessibility and inclusion. In particular, UNHCR engaged and consulted people with disabilities through an AGD approach in order to identify the specific barriers they face and ensure disability inclusion in the provision of life-saving information and individual assistance, including assistive devices, as well as their active involvement and participation in community-based mechanisms. For instance, participatory assessments were carried out involving 218 people with disabilities and older people at risk, with the aim to identify specific protection risks that these groups face.

**f. Protection:**

Protection is at the core of all activities that UNHCR engages in. This project in particular aimed at addressing the specific needs of people with disabilities in order to directly contribute to their protection. By adopting an AGD approach and through protection data, UNHCR integrates the strengths and addresses the vulnerabilities of men, women, girls and boys, and those groups such as older people, people with disabilities, people belonging to minority groups, and people of diverse sexual orientation or gender identity. Efforts were made to raise awareness on protection among community members. For example, UNHCR in collaboration with its partner AVSI carried out protection awareness raising sessions with 380 IDPs.

**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.

N/A



**Parameters of the used CVA modality:**

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

**9. Visibility of CERF-funded Activities**

<b>Title</b>	<b>Weblink</b>
UNHCR Mozambique monthly country factsheet	<a href="https://data.unhcr.org/en/country/moz">https://data.unhcr.org/en/country/moz</a>

### 3.8 Project Report 21-UF-CEF-038

1. Project Information			
Agency:	UNICEF	Country:	Mozambique
Sector/cluster:	Nutrition Protection - Child Protection Water, Sanitation and Hygiene Health Education	CERF project code:	21-UF-CEF-038
Project title:	Multisector life-saving assistance to IDPs affected by conflict in areas fully and partially accessible in Cabo Delgado and Nampula Provinces		
Start date:	30/09/2021	End date:	29/09/2022
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\$ 55,724,383
	Total funding received for agency's sector response to current emergency:		US\$ 14,784,694
	Amount received from CERF:		US\$ 1,375,000
	Total CERF funds sub-granted to implementing partners:		US\$ 885,461
	Government Partners		US\$ 203,228
	International NGOs		US\$ 635,531
National NGOs		US\$ 46,702	
Red Cross/Crescent Organisation		US\$ 0,00	

### 2. Project Results Summary/Overall Performance

In response to the displacement due to the ongoing conflict in Cabo Delgado and attacks carried out by Non state armed groups in Nampula province, UNICEF and partners through this CERF UFE grant, provided nutritional screening of 65,709 children 6 to 59 months for acute malnutrition; referred 433 malnourished children for treatment; distributed 225 community health worker medicine kit which enabled the reach of 60,000 IDPs with health care services. In addition, 11,500 school age children displaced by the conflict received learner kits, benefited from the school in box kits distributed in nine districts of Cabo Delgado and 32 temporarily learning facilities established. Moreover, thanks to this CERF project, UNICEF and partners were able to provide to the IDPs safe access to water, appropriate sanitation facilities and over 6,000 received psychosocial support. Overall, in this project UNICEF was able to reach over 83,000 people most of them children with multiple services in Cabo Delgado and Nampula from November 2021 to September 2022. Specific output results from this project are described hereunder.

## **Health and Nutrition**

This CERF grant enabled UNICEF to partner with NGO Helpo and provincial health department (DPS) in Cabo Delgado, to screen 65,709 children 6 to 59 months for acute malnutrition, identifying and treating 433 children with severe acute malnutrition (SAM), using nutrition supplies procured with the grant. Performance indicators for management of acute malnutrition were in line with the SPHERE standards, with a 75 per cent cure rate.

Following attacks in Niassa, UNICEF used CERF grant to deploy a nutrition consultant to provide immediate support to restoration of health and nutrition services in Mecula district, having conducted rapid health and nutrition assessments, benefiting 156 children under five and trained 13 district and provincial health staff in nutrition in emergency response. Additionally, UNICEF engaged with Provincial Service for Economic Activities (SPAEE) Cabo Delgado, WFP and other partners to conduct the SMART survey in accessible areas of Cabo Delgado, generating updated evidence around nutrition indicators to inform the Humanitarian Programme Cycle.

This grant also supported iCCM, integrated Community Case Management, through the community health workers (CHWs) who can diagnose, treat and refer (as needed) children with pneumonia, malaria, diarrhoea and/or malnutrition, with trainings and supplies, i.e., Mozambique community health worker medicine kit 2016 (CHW medicine kit). UNICEF procured and distributed to the end user, 225 CHW medicine kits. These kits allowed the Cabo Delgado Provincial Health Directorate to increase access to health services through CHWs, enabling essential health care services to approximately 60,000 IDPs (10,500 children under 5).

Materials to support implementation of Mobile brigades, including tables, chairs and buckets with and without tabs, to equip nine teams, as well as essential materials to use in the preparation of therapeutic milks, in the inpatient care for treatment of children with malnutrition, targeting the nine districts hospitals in the nine selected districts of this project.

## **Education**

Distribution of supplies: 11,500 learners kits and 50 school-in-box kits were procured and distributed in 9 districts: Ancuabe, Balama, Chiure, Cidade De Pemba, Ibo, Macomia, Metuge, Montepuez, Mueda), benefiting around 11,500 vulnerable conflict-affected children. Following education cluster guidelines the distribution was planned on vulnerability criteria on a 1 IDP to 1 host communities students as a way to ensure the Do No Harm Principle. Distribution was held in formal schools, jointly with education provincial and provincial authorities.

Training on INEE TiCC (Teachers in Crisis Contexts) Package: The implementation of the teachers training on Teachers in Crisis Contexts was a joint effort between different sub-national education cluster members Norwegian Refugee Council, Save the Children International and AVSI, led by Education Provincial Directorate (DPE) and with the technical of Teacher Training Institute (ITP) delegation in Cabo Delgado. A Working Group on TiCC was set up to design a training plan that could capitalize and leverage the resources available from all organizations mentioned with plans to implement TiCC training. WG members joint efforts to go through an exhaustive process of translating and contextualizing INEE training package, including handbooks books, handouts and slide to conflict affected areas in Mozambique. As in INEE training package, the content includes 4 modules: 1) Role and well-being of the teacher; 2) Protection, well-being and inclusion of the child; 3) Pedagogy and ; 4) Curriculum planning.

The training plan was implemented through a cascade approach, including one Training of master's Trainers at provincial level; 6 Training of Trainers initiatives and the district level; and finally teacher training initiatives in 12 districts, led by district education offices (Serviço Distrital para a Educação Juventude e Desporto, SDEJT) education officials trained. The training of teachers was designed and implemented based on the existing cluster system. CERF UFE funding was used by UNICEF to ensure the implementation of the last step of the training plan, the training of teachers at school level. In many cases, particularly the so called hard to reach areas, it was the first time that teachers add access to capacity building opportunities in about three years (after the most violent attacks in the province). The training added value to the teachers competences, equipping teachers with the pedagogical tools to address the learning and psychosocial well-being needs of children affected by conflict, including violence and forced displacement.

Provision of Temporary Learning Spaces (TLS): To address the need to increase the number of learning facilities in the return areas, 32 TLS – bamboo walls and iron sheet roof - were set up in the districts of Palma, Mocimboa da Praia and Quissanga benefiting around 3,200 children, including those who are returning to their areas of origin. The TLS were built through a contractor under the supervision of UNICEF and Education Provincial Directorate Construction unit. The location was decided based on the gaps of learning facilities taking into account the number of students enrolled and the estimation of children out of school.

## **WASH**

As per plan, the CERF funds were used to deliver WASH services in a hard-to-reach district of Macomia, Cabo Delgado Province. In total, 18,325 people (IDPs and Host communities) were reached, representing 96% of the target. The selected implemented partner (ACF) was supported by UNICEF and local government to work with IDPs and returnees in various neighbourhoods of Macomia. While the situation deteriorated at some point of the implementation in Macomia District, the selected NGO managed to support the construction of temporary sanitation facilities in Xinavane Temporary site which accounted for 325 people hosted in temporary shelters, conducted hygiene education in a consistent way, as well as distributed 256 slabs for the latrine construction. As per guidance received, families constructed their own latrines using the slabs distributed. UNICEF also supplied Hygiene kits for IDPs in Macomia District which were distributed by the implementing partner. During subsequent field visits, it was confirmed that items like buckets were visible and in use in Xinavane temporary accommodation site and resettlement site as well as that the latrines built during this intervention are still in use with good hygiene. In terms of water supply, the implementing partner rehabilitated 12 water points in an area with high number of returnees and IDPs in Macomia. All water points have water committee that have been trained during this intervention and who are still active. In addition, Certeza was distributed to ensure water quality to additional beneficiaries in Xinavane collecting water for a non-protected spring.

The funds were also used to provide WASH response activities in Ibo Island and Palma District. Ibo Island receives IDPs from the districts of Macomia, Quissanga, and Mocimboa da Praia, therefore, the CERF funds were critical for life saving of these IDPs including rehabilitation of water points and provision of temporary sanitation facilities in IBO and Matemo, during the critical period of emergency in the above-mentioned districts with recurrent waves of IDPs to IBO District. In addition, early assessments were done to respond to the poor sanitation and water services in Ibo island and Palma District. Based on the findings of those assessments, solid projects have been designed and are now being implemented in both districts to ensure improved access to safe water to IDPs and host communities.

The vector control project done by MENTOR (malaria prevention) in Metuge District was completed. This project consisted in house-to-house pulverization targeting Metuge sede and surrounding areas, including 25 de Junho temporary site. This was done in coordination with the health authorities which was responsible for the distribution of mosquito nets. This project was completed and closed.

## **Child Protection (CP)**

Thanks to CERF grants, UNICEF scaled up its response to the conflict in the north by establishing partnership with Save the Children, in Cabo Delgado (Pemba City and Metuge) and Nampula (Erati and Memba). UNICEF and partners directly reached 6,063 people (5,253 children, 2,497 girls), corresponding to more than 100% of the project targets (4,450 people), through community-based mental health and psychosocial support (MHPSS) programming, focused MHPSS layer-3 support, including positive parenting sessions, in a combination of activities conducted in open spaces and in the multi-purpose canters. Regarding case management, 2,054 children (1,036 girls), were registered and individual need are being addressed through case management, including referrals to education, health, justice services. Amongst these number 113 children (56 girls), were unaccompanied and separated children, individually supported by 08 community case workers hired and trained on case management, including family tracing and reunification. In close collaboration with different humanitarian agencies and child protection community committees, family tracing process took place while the children remain in alternative care (kinship and informal foster care).

### 3. Changes and Amendments

#### **Education:**

When the proposal was designed the design of TLS used was made out tarpaulin coverings. Later UNICEF together with the Education Provincial Directorate (DPE, acronym in Portuguese) and sub-national cluster in Cabo Delgado School Construction WG members of a new design for TLS, more durable and able to be maintained by local community. The cluster model of TLS currently adopted is made out of Bamboo walls and iron sheets, which was more costly forcing to lower the target # number of TLS from 51 to 32. The adjustment to the project target was approved by CERF on 13 April 2022. It's relevant to note that despite the total number of TLS is lower, the quality is better and more durable. Additionally, the materials used are familiar to local communities and therefore possible to be updated and kept in good conditions by the school management committee with local available funds and materials. A remaining part of the budget could not be executed due to the lack of assistive devices in the market for children with disabilities. The procurement offshore took extraordinary amount of time and the materials were not delivered within the expected timeframe.

#### **WASH:**

The initial proposal by ACF for Macomia was developed during a critical period when Macomia was not accessible due to security reasons. After the improvement of the security situation, the implementing partner resumed its operations. However, some technical changes including the construction of two new water points were done without negatively affecting the expected targets of the project. These additional water points were located in a strategic area of Macomia village with many IDPs and returnees. For Palma and Ibo districts, only assessments and preparations for new WASH projects were done.

**For CP and Health and Nutrition:** No changes/adjustments were done during project implementation.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Education									
	Planned					Reached				
Category	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	110	130	1,998	2,082	4,320	107	187	3,450	2,300	6,044
Host communities	120	140	2,166	2,254	4,680	108	187	3,450	2,300	6,045
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>230</b>	<b>270</b>	<b>4,164</b>	<b>4,336</b>	<b>9,000</b>	<b>215</b>	<b>374</b>	<b>6,900</b>	<b>4,600</b>	<b>12,089</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	208	216	424	0	0	3,450	2,300	5,750

  

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	8,928	8,928	20,832	20,832	59,520	9,500	8,769	22,167	20,462	60,898
Host communities	2,232	2,232	5,208	5,208	14,880	2,375	2,192	5,542	5,115	15,224
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>11,160</b>	<b>11,160</b>	<b>26,040</b>	<b>26,040</b>	<b>74,400</b>	<b>11,875</b>	<b>10,961</b>	<b>27,709</b>	<b>25,577</b>	<b>76,122</b>
<b>People with disabilities (PwD) out of the total</b>										
	1,116	1,116	2,604	2,604	7,440	594	548	1,381	1,250	3,773

\* 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	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	1,145	1,057	2,202	0	0	13,668	12,616	26,284
Host communities	0	0	6,415	5,922	12,337	0	0	20,501	18,924	39,425
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>7,560</b>	<b>6,979</b>	<b>14,539</b>	<b>0</b>	<b>0</b>	<b>34,169</b>	<b>31,540</b>	<b>65,709</b>
<b>People with disabilities (PWD) out of the total</b>										
	0	0	378	349	727	0	0	1,708	1,577	3,285

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	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	3,275	3,541	4,267	4,418	15,501	3,900	3,800	4,100	4,530	16,330
Host communities	739	799	963	998	3,499	650	620	860	895	3,025
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>4,014</b>	<b>4,340</b>	<b>5,230</b>	<b>5,416</b>	<b>19,000</b>	<b>4,550</b>	<b>4,420</b>	<b>4,960</b>	<b>5,425</b>	<b>19,355</b>
<b>People with disabilities (PWD) out of the total</b>										
	200	217	262	271	950	7	6	0	0	13

\* 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 - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	650	350	1,300	1,300	3,600	342	198	1,665	1,837	4,042
Host communities	150	100	300	300	850	171	99	832	919	2,021
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>800</b>	<b>450</b>	<b>1,600</b>	<b>1,600</b>	<b>4,450</b>	<b>513</b>	<b>297</b>	<b>2,497</b>	<b>2,756</b>	<b>6,063</b>
<b>People with disabilities (PwD) out of the total</b>										
	40	36	80	80	236	0	0	32	33	65

\* 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

**Education:** Through teacher training the project was able to improve the teaching and learning process of around 26,395 children in schools. The setup of TLS despite being done through a contractor, followed a participatory process engaging the Schools Management Committees including parents and caregivers, as well as local traditional authorities. By improving the facilities and over safety conditions of learning spaces the project also aims to attract children out-of-school to enrol/return to school.

**Health and Nutrition:** 26 community health activists and 5 health staff trained on community management of acute malnutrition, with integration of PSEA and disability referrals pathways.

**Child protection:** As part of UNICEF's effort to prevent to SEA and Gender-based violence, 3420 people (1877 women) were reached with prevention of SEA and GBV interventions including safety audits and community dialogues on early pregnancy and child marriage. This also, includes campaign in local markets on child protection, SGBV and dissemination of pamphlets with PSEA messages and linha Verde.

**WASH:** WASH interventions included training and capacity building for government and local leaders. These actors replicate the skills and WASH hygiene practices in other areas within the district. Also, host communities are those adjacent to IDP resettlement sites but WASH interventions benefit communities beyond this limit. In Macomia District, water treatment products were provided to all community members and hygiene education campaigns were extensive to surrounding communities.

## 6. CERF Results Framework

Project objective	Provide multisector lifesaving assistance to IDPs affected by the Cabo Delgado conflict			
Output 1	By the end of this project, 14,540 children will be screened for malnutrition and 415 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	N.4 Number of people screened for acute malnutrition	14,540	65,709	SIS-MA, partners report
Indicator 1.2	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme	415	433	SIS-MA, partners report
Indicator 1.3	N.3b Percentage of people who were admitted for SAM treatment who recovered	75	75	SIS-MA
Indicator 1.4	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies	500	400	Partners report
Explanation of output and indicators variance:		The number of children screened surpassed the target due to a double strategy of conducting nutrition screenings during the integrated mobile brigades coupled with the screenings during the sessions of the community management of acute malnutrition programme.		
Activities	Description	Implemented by		

Activity 1.1	Implementation of mobile brigades with nutrition services including screening, referrals, follow-ups, supplementation, and delivery of key messages on Infant and Young Child Feeding practices.	Through a partnership with NGO Helpo, 115 mobile brigades were completed in targeted districts, with screening of 24,939 children 6 to 59 months in 6 nutrition sites, done by 26 community health activists and 5 health staff trained under the project.
Activity 1.2	Treatment of Acute Malnutrition at health facility and through Community-based platforms (TDC).	<p>UNICEF procured and distributed to the end user, 415 cartons of ready-to-use therapeutic food (RUTF), 110 cartons of therapeutic milk F-75 and 80 cartons of therapeutic milk F-100, which enabled quality treatment to 333 children aged 6 to 59 months with uncomplicated severe acute malnutrition (SAM) and an additional 100 children with complicated SAM in inpatient care.</p> <p>UNICEF also supported provincial health directorate (DPS) in piloting the treatment of acute malnutrition at community level (CMAM) covering seven districts in Cabo Delgado and three in Nampula, with a total of 40,770 children under five screened for acute malnutrition, of these 1,082 diagnosed and treated for Moderate Acute Malnutrition (MAM) and 334 for SAM, being Metuge the district that most contributed with a total of 12,332 children under five screened.</p> <p>Similarly, through the rapid response mechanism, UNICEF delivered 50 cartons of RUTF and 5 cartons of therapeutic milk F-75 to allow treatment of an estimated caseload of 50 SAM cases for two months in Mecula district. UNICEF also supported two rounds of training for supervisors and enumerators for the SMART/IPC 2022 assessments in Cabo Delgado with technical support from Action Contre la Faim (ACF), that highlighted a double burden of malnutrition, with survey showed a high prevalence of stunting (44.5%), with wasting ranging from 0.9% to 4.5%.</p>
Activity 1.3	On-the-job training of community health workers (CHWs) on mainstreaming child disability identification and referrals during implementation of mobile brigades.	Five trainings were conducted by NGO Helpo to 26 community health workers, which included key aspects on nutrition programming and sessions on gender-based violence (GBV), prevention of sexual exploitation and abuse (PSEA), HIV, and disabilities identification and referral pathways.

**Output 2** 3,200 children and 1,250 adults benefit from child protection services.

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

<b>Sector/cluster</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	H.9 Number of people provided with mental health and psycho-social support services (children and caregivers)	4,450	6,063 (5,253 children and 810 adults)	Monthly partner report

Indicator 2.2	Percentage of boys and girls receiving child protection case management support reporting satisfaction with case management services.	90%	100%	Monthly partner report
Indicator 2.3	Percentage of unaccompanied or separated children identified are assisted, including family tracing and reunification	100%	100% UASC (56 girls and 58 boys)	Monthly partner report
<b>Explanation of output and indicators variance:</b>		The volatile situation in Cabo Delgado led to an increase of children in need of child protection services, specially MHPSS services in Metuge District. Due to this situation and to scale the service the project provided mobile PSS to children in need leading to overreach the planned target.		

Activities	Description	Implemented by
Activity 2.1	Implementation of focused psychosocial support activities for children and caregivers	In partnership with Save the Children International UNICEF supported 2,230 children (1048 girls) which focused on psychosocial support (dialogue on early marriage, spots, counselling), including 810 adults (513 women) supported through parenting session.
Activity 2.2	Capacity building of case workers to identify, support and refer case of violence or abuse	19 case workers were hired by Save the children International and benefit of 05 days training on case management. Key concepts were discussed such as: child abuse, types and signs of abuse, socio-ecological model for child protection, how to communicate with children, case management principle and approach.
Activity 2.3	Screening, identification, documentation, tracing and reunification of unaccompanied or separated children with their primary caregiver/or in family care alternative care options	19 community case workers were trained on response to Unaccompanied and separated children, including family tracing and reunification process. As a result, 113 UASC were identified, documented, using the harmonized case management forms; these children are placed in alternative care arrangement (specifically kinship care and foster care), while family tracing process is taken place, in collaboration with different humanitarian agencies and child protection community committees.

**Output 3** Provide lifesaving child health services among IDPs and host community members

<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	H.8 Number of primary healthcare consultations provided (IDPs and host families)	74,400	76,122	Districts health authorities monthly reports
Indicator 3.2	Number of community health kits delivered to community health workers	250	250	DPS CD reports

Indicator 3.3	Number of additional health workers recruited to provide essential health services to IDPs	16	0	Na
<b>Explanation of output and indicators variance:</b>		The variance related with indicator 3.1 is minimal, and only observed a 2% variance. Only other indicator 3.3 that was not met was the one related with human resources support, as after discussions with health authorities this activity was reprogrammed, because other partners were already supporting this activity. Hence to avoid duplications, funds were used to purchase equipment to support the teams implementing the Integrated Mobile Brigades such as chairs, tables, buckets and bins.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Procure 250 Medicine kits for CHWs to treat common illnesses in communities	Health Provincial authorities (DPS) - UNICEF procured and distributed to DPS Cabo Delgado, 250 CHW kits which enabled essential health care services to 10,500 children under five years at resettlement centres and/or hosting families.		
Activity 3.2	Support recruitment and deployment of health staff in health facilities located in areas with IDPs in Mueda and Montepuez	DPS - This activity was agreed with health authorities to be done instead in the shape of equipment to support the integrated mobile brigades		
Activity 3.3	Distribute Medicine kits to CHWs to enhance basic health care delivery and improve health outcomes of the IDPs and members of host communities	UNICEF supported the logistics of distribution of kits from provincial health warehouse to district level, allowing all CHWs in IDP areas to have access to essential medicine kits.		

Output 4	Increased and equitable access to education services for 8,500 IDPs and vulnerable children				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Education				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 4.1	Ed.2 Number of temporary learning spaces and/or centres established and/or rehabilitated	51	32	List of selected schools per district. Pictures Report of Monitoring Visits	
Indicator 4.2	Ed.1 Number of children accessing formal or non-formal education (with adequate teaching and learning materials)	8,500	12,089	Distribution list Report of Monitoring Visits	
Indicator 4.3	Number of teachers trained in TiCC, GBV/VAC, PSEA and PSS	500	559	Trainings' attendance list and report	
Explanation of output and indicators variance:		When the proposal was designed the design of TLS used was made out of tarpaulin coverings. Later UNICEF together with the Education Provincial Directorate (DPE, acronym in Portuguese) and sub-national cluster in Cabo Delgado School Construction WG members of a new design for TLS, more durable and able to be maintained by local community. The cluster model of TLS currently adopted is made out of Bamboo walls and iron sheets, which was more costly forcing to lower the target # number of TLS. The			

		overachievement is due to the higher number of teaching and learning materials procured and distributed
Activities	Description	Implemented by
Activity 4.1	Provision of TLS	TLS Contractors under technical guidance and supervision of UNICEF and DPE
Activity 4.2	Provision of basic learning and teaching materials	DPE and SDEJT (provincial and district level authorities)
Activity 4.3	Provision of training of teachers in TiCC, PSS, including GBV, VAC and PSEA	DPE (following a consultative and collaborative cluster process)
Activity 4.4	Organization of regular monitoring visits	Jointly UNICEF and DPE (Education Provincial Directorate)

Output 5	Increased access to WASH services and items for 19,000 IDPs and host community members			
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	WS.7b Number of people who are using sufficient and safe water for drinking, cooking and personal hygiene use	9,000	9,500	NGO and District report. Programmatic visits
Indicator 5.2	WS.9b Number of people who report directly using safe and dignified toilet/latrines with functional handwashing facilities	9,000	10,500	NGO and District reports, Programmatic visits
Indicator 5.3	WS.11 Percentage of people demonstrating safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/materials	80	90	Programmatic visits, field observations and NGO reports
Indicator 5.4	WS.12 Percentage of people who are utilizing facilities and services to support environmental health as part of WASH programming (e.g., solid waste management and disposal, drainage, vector control activities etc.) ((100% (10,000 people))	100	100	Programmatic visits, field observations and NGO reports
Explanation of output and indicators variance:		NGO reports full completion of the project. When UNICEF conducted programmatic visit noticed an impressive adoption of safe hygiene practices in temporary and resettlement sites of Macomia and all water committees were active and well trained		
Activities	Description	Implemented by		
Activity 5.1	Emergency WASH response to vulnerable population (mix of returnees, recent IDPs from Palma, and former IDPs from Cyclone Kenneth) in hard-to reach district of Macomia	NGO ACF in Macomia together with the district authorities. The NGOs For Africa and OIKOS are implementing in Palma and IBO respectively]		

Activity 5.2	Emergency WASH response to IDPs from Palma in transit to Ibo Island	Emergency response in Palma is being implemented by the NGO For Afrika
Activity 5.3	Complementary WASH response and new vector control activities in Metuge transit camps	UNICEF is implementing a wide range of vector control activities in Metuge district initially through the NGO Food For the Hungry and lastly through the NGO Helpcode

## 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 areas<sup>16</sup> 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)<sup>17</sup>:

**Education:** Activities were implemented through a participatory process of decision making, namely with parents and teachers associations and school management committees, for example about the location and process of setting up the TLS, and also about the supplies distribution plan for each school targeted.

**Health and Nutrition:** AAP was considered throughout project implementation, with active engagement of community leaders, community health workers and activists on the delivery mechanisms and health platforms. This was mainly achieved through their participation in selection of sites for integrated mobile brigades and health and nutrition service delivery, identification of project beneficiaries and mothers of SAM children, community mobilization and awareness raising for increased uptake of services.

**Child protection:** Children and their caregiver are involved in the case management approach. Before registering a child, the caregiver and child are informed about the service to be provided and a consent or assent is taken; following this stage they are actively engaged in the development of the case plan and the responsibilities are shared; based on the best interest of the child the caregiver is involved in the case review. In addition, every Friday, children accessing community based psychosocial intervention are consulted and their opinions are taken in consideration when planning recreational activities for the following week and sometime caregivers are invited to facilitate sessions with children.

**WASH:** UNICEF and implementing partners involved communities, local government and stakeholders in design, planning, distribution, management, and monitoring of the WASH project. Communities were involved through existing mechanisms and collaboration with hygiene volunteers, health workers, water committees and other community structures. Community members and leaders participated in the community mobilization activities and trainings done during the implementation of the WASH emergency interventions to ensure the water distribution points and public sanitation and bathing facilities are adequately located and well maintained.

### b. AAP Feedback and Complaint Mechanisms:

<sup>16</sup> 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](#).

<sup>17</sup> 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](#).

**Education:** In collaboration with DPE and other partners from the cluster, we did the child participation survey, where children were asked to give us their feedback in terms of the material and services we did provide and the work the teachers have been doing in providing PSS to children. We also received the feedback through Linha Verde, an already existing Complaint and Feedback Mechanism for beneficiaries managed by WFP.

**Health and Nutrition:** we relied mostly on the feedback mechanism through Linha Verde, while also collecting complaint and feedback from beneficiaries during field missions and awareness raising sessions facilitated by our implementing partner Helpeo.

**Child protection:** The project uses different approach for collecting feedback and complaint from the beneficiaries. Before closing a case, the project collects feedback from the child and caregivers through an individual and confidential interview that is conducted by third part using harmonised child feedback form and caregiver feedback form. The consultation meeting with children, that takes place on Friday, is also a space for collecting feedback and complain from the beneficiaries; Linha verde that is disseminated amongst the beneficiary is another way to collect feedback.

**WASH:** UNICEF WASH partners actively promoted the use of the LV mechanism with beneficiaries. WASH-related LV complaints were sent to UNICEF as WASH cluster lead agency, who then contacted the partners working in this area for the complaints to be solved.

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

**Education:** One of the contents of the training module in TiCC is the prevention of sexual abuse and exploitation, the teachers were trained and these, in turn, replicate it to the other teachers in the same school cluster and to the students and teachers and parents associations and school management committees.

**Health and Nutrition:** PSEA training modules were included in all training packages and both implementing partners and health professionals were timely trained on PSEA. All project staff received the communication toolkit, including posters and brochures, that were placed in the nutrition sites.

**Child protection:** All staff team, including 24 community staff (case workers and facilitators) were trained on PSEA. The project conducted several awareness raising activities on Prevention of Sexual Exploitation and Abuse, dissemination of linha verde and a PSEA focal point was nominated to record and follow up cases of PSEA. In case of child sexual abuse, the case is registered by a designated case worker for case management.

**WASH:** PSEA training modules were included in all training packages of implementing partners who were timely trained on PSEA.

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

**Education:** GBV is one of the topics included in TiCC training package. During monitoring visits teachers were asked to report on activities and ways used to ensure gender sensitivity in their daily work. We also received feedback from the children on gender issues during the child participation survey. The children said that they feel safe in the schools with the presence of the teachers, noticing a change of behaviour following the teacher training.

**Health and Nutrition:** Alongside with PSEA, GBV considerations was mainstreamed in all training and orientation sessions implemented under this project.

**Child protection:** The program ensured gender balance during the recruitment of community case worker and facilitators. Group sessions only with girls carried out to discuss issues related prevention of child marriage, Sexual Reproductive and Health, risks faced in the community and how to get support. As part of MHPSS intervention, adolescent girls were engaged on playing football and local games.

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In addition, Community awareness activities to prevent child marriage, early pregnancy and to promote access to GBV services were carried out reaching approximately 3,420 people (1,877 women).

**WASH:** Emergency latrines and bathing spaces constructed were gender sensitive. Location of latrines were discussed with women's groups so they feel safe to use them. Latrines have been constructed as close to the households as space allows to ensure safety of users, especially women and girls. Survival hygiene kits, complete hygiene kits, as well as hygiene consumable refill kits included menstruation hygiene management (MHM) materials in the form of both cloths and sanitary pads that women can use depending on their situation and preference. Laundry soap, rope and pegs were also included in the complete hygiene kit for washing and drying cloths used for menstruation. Both 'survival' and 'complete' kits also include solar lights for accessing WASH facilities at night.

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#### **e. People with disabilities (PwD):**

**Education:** During the distribution of kits, inclusion is always privileged, with 5% of the beneficiary children being children with disabilities. Teachers trained with this funded were able to benefit from training in inclusive education, with other funds.

**Health and Nutrition:** The project focused on improving maternal and child health and nutrition to prevent or mitigate disability, while also strengthening the early identification of developmental delays among children, through the training sessions with health workers. The inclusion of children with disabilities was achieved through a) capacity building of UNICEF's implementing partner; b) mainstreaming disability and identification of development delays among children.

**Child protection:** In coordination with Light for the world and AIFO (disability organizations), 64 children (32 boy; 32 girls), in need of specialized services were registered and their need addressed through case management approach, including referral for different services such as health and education. In addition to that, the children received home based psychosocial support.

**WASH:** UNICEF included a specific output and related indicators on disability in the program documents signed with the different implementing partners. Partners must ensure that 10 per cent of the public emergency latrines are accessible, and that water points can also be accessed by PwD. The specific needs of PwD were identified and hygiene communication activities adapted for the different vulnerable groups.

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#### **f. Protection:**

**Health and Nutrition:** Health and Nutrition partners were trained on specific protection considerations and referrals pathways, in close collaboration with child protection services to support protection mechanisms for vulnerable children.

**Child protection:** The project supported the parents and caregivers to access services available at community and district level by promoting the available services and explaining how to access them. Service mapping and referral pathway developed by protection cluster and CP AoR is being used for referral of people in need of protection services and this tool also was disseminated at community level for promoting access to services available.

**WASH:** Latrines, bathrooms and water points constructed were located and built in such a way that limits protection risks. Solar torch lamps were included in the hygiene kits distributed.

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#### **g. Education:**

Education activities targeted districts with higher number of displaced people, therefore children as well and the district with higher influx of returnees. Teacher training in TiCC also favoured the hard-to-reach areas, where some districts had not received teacher training for more than three years due to the situation of violence in those districts. The pedagogical aspects, the methodologies of working with



children in crisis context were the aspects most considered in the training. Dissemination of referrals pathways including for Education through other sectors such health and nutrition, child protection was one of the ways Education was considered in the project.

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not applicable

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 was not considered due to the typology of activities and interventions UNICEF implemented under 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	N/A	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
UNICEF, with the support of CERF, worked with local partners and government, to respond to the urgent needs of the displaced children and families in Cabo Delgado, with a strong focus on resuming the education of displaced children	<a href="https://www.unicef.org/mozambique/en/stories/unicef-and-un-cerf-work-together-support-education-displaced-children-cabo-delgado">https://www.unicef.org/mozambique/en/stories/unicef-and-un-cerf-work-together-support-education-displaced-children-cabo-delgado</a>

### 3.9 Project Report 21-UF-CEF-051

1. Project Information			
Agency:	UNICEF	Country:	Mozambique
Sector/cluster:	Education Protection - Child Protection	CERF project code:	21-UF-CEF-051
Project title:	Disability Inclusion in Cabo Delgado through Capacity Building and Improvement in Service Delivery in Child Protection and Education		
Start date:	01/11/2021	End date:	31/10/2022
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\$ 55,724,383
	Total funding received for agency's sector response to current emergency:		US\$ 25,000,000
	Amount received from CERF:		US\$ 200,001
	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

In response to the displacement due to the ongoing conflict in Cabo Delgado and the need to reinforce and strengthen the inclusion in the humanitarian assistance, UNICEF and partners through this CERF UFE grant-Disability specific allocation was able to train 500 teachers on inclusive Education, 160 technicians on inclusive social protection, disability and inclusion and 577 children with disability received several materials and support on case management and home-based psychosocial support. Overall, in this project UNICEF was able to reach over 1,000 people over 50% of them are children in Cabo Delgado from November 2021 to September 2022. Specific output results from this project are described hereunder.

### Education:

Teacher Training: 500 teachers (240 men and 260 women) from Pemba and Metuge districts were trained in inclusive education in 3 phases. Training facilitated by DPE technicians with the following contents: Inclusive education concepts and inclusive teaching strategies; Basic knowledge of Mozambican sign language and Basic knowledge of Braille System. The teachers left this training with clear strategies for working with children with disabilities in the classroom.

Devices Distribution: Joint work involving the DPE and DPS was carried out in schools to screen students with special educational needs and children with disabilities so that the materials to be purchased for the children can be planned. Several children with

disabilities were identified and various materials were purchased to support them, from wheelchairs, braille guidelines, sunglasses and other materials identified to benefit around 500 children.

**Child protection:** Thanks to CERF grant, UNICEF in close coordination with Light for the word and AIFO, strengthened the capacity of government agencies and humanitarian actors on disability and inclusion in Cabo Delgado Province. The project, also identified and provided individual support through case management to 577 children with disability (321 boys), including home based psychosocial support. Based on the need, these children were assisted with means of compensation (wheelchair, sunglasses and crutches), community-based physiotherapy with support of trained community-based activist, including referral to specialized health services, such as ophthalmology, otorhinolaryngology, psychiatry and physiotherapy. In addition, a mobile brigade composed by health and social welfare technicians was deployed at community level in Metuge, Montepuez, Pemba and Balama to assist people with disability. In addition, 160 technicians (84 women) from different department (Health, Police, Social welfare, Justice and Journalists), benefit of 03 days training on inclusive social protection, disability and inclusion.

### 3. Changes and Amendments

There were no changes or amendments in the project.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Education									
	Planned					Reached				
Category	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	30	30	150	150	360	116	104	150	150	520
Host communities	20	20	50	50	140	104	96	50	50	300
Other affected people	75	75	0	0	150	40	40	-	-	80
<b>Total</b>	<b>125</b>	<b>125</b>	<b>200</b>	<b>200</b>	<b>650</b>	<b>260</b>	<b>240</b>	<b>200</b>	<b>200</b>	<b>900</b>
<b>People with disabilities (PwD) out of the total</b>										
	50	50	200	200	500	50	50	200	200	500

  

Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	75	75	150	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	100	100	200	0	0	171	214	385
Host communities	0	0	0	0	0	0	0	85	107	192
Other affected people	210	290	0	0	500	84	76	0	0	160
<b>Total</b>	<b>210</b>	<b>290</b>	<b>175</b>	<b>175</b>	<b>850</b>	<b>84</b>	<b>76</b>	<b>256</b>	<b>321</b>	<b>737</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	172	178	350	0	0	256	321	577

\* 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

**Education:** Teacher training in inclusive education was carried out in the districts of Pemba and Metuge, involving 500 teachers, replicas were made at education cluster level to ensure that all teachers use inclusion methodologies. Awareness campaigns were also carried out for parents/guardians and leaders to take children with disabilities to school, thus breaking taboos.

**Child protection:** UNICEF in coordination with disability organization AIFO carried out several awareness raising activities on child rights, disability and inclusion, including distribution of Information Education and Communication (IEC) material reaching approximately 1,157 people (602 men), including community sessions on disability and inclusion targeting seven child protection community committees, in Metuge, Balma and Montepuez.

## 6. CERF Results Framework

**Project objective** Children with disabilities have access to schools and learn and are protected from violence, abuse, and discrimination

**Output 1** Children have increased access to child protection and CBR services

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

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of child protection actors trained	100	77 (40 men)	Partner Report
Indicator 1.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (child protection actors trained on disability inclusion)	50	45 (28 men)	Partner Report
Indicator 1.3	Number of persons receiving disability case management, CBR and other services	500	577 (321 men)	Partner Report

**Explanation of output and indicators variance:** The mobile brigade composed by health and social welfare technician, the campaign on disability, associated with active community mobilization conducted by child protection community committees increased the number of people reached, compared with the planned target.

Activities	Description	Implemented by
Activity 1.1	Build the capacity of protection actors and child protection community committee members on disability inclusion	UNICEF In partnership with AIFO and Light for the Word
Activity 1.2	Provide case management, CBR and other services to identified children and youth with disabilities	UNICEF In partnership with AIFO and Light for the Word

**Output 2** Provision of training on Inclusive Education to 500 teachers

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

<b>Sector/cluster</b>	Education			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of teachers trained through the project in Inclusive Education	500	500	Attendance list
Indicator 2.2	% of teachers with improved skills in Inclusive Education	80%	90%	Monitoring visit reports from DPE
Indicator 2.3	Ed.1 Number of children accessing formal or non-formal education (children with disabilities - in both existing schools and temporary learning spaces (TLS).	350	350	Attendance list
<b>Explanation of output and indicators variance:</b>		No variance		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Teacher training in Inclusive Education	DPE		
Activity 2.2	Monitor application of new skills in Inclusive Education and utilization of distributed equipment, materials and devices for children with disabilities in and out classrooms	UNICEF and DPE		
Activity 2.3	Monitor the enrolment and attendance rates of children with disabilities at the selected schools for the project	UNICEF and DPE		

Output 3	Provision of equipment, materials and specific devices for CWD				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Education				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 3.1	Number of children with disabilities who received support (materials, equipment, devices) to attend classes	350	350	Distribution list	
Indicator 3.2	Number of out-of-school children with disabilities who were enrolled in schools or in accelerated readiness activities with project support	350	350	Attendance list	
Explanation of output and indicators variance:		No variance in the indicators			
Activities	Description	Implemented by			
Activity 3.1	Identify and confirm schools in both districts of Pemba and Metuge participating in the project	DPE Cabo Delgado			
Activity 3.2	Identify/review the needs of the children with disabilities in selected schools based on assessments done	DPE and DPS Cabo Delgado			
Activity 3.3	Procure specific materials, equipment and devices for selected schools and children with disabilities.	UNICEF, after being identified and requested by DPE and DPS			
Activity 3.4	Distribute specific materials, equipment and devices for selected schools and children with disabilities	DPE			

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>18</sup> 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)<sup>19</sup>:

**Education:** Constant conversations with students and teachers to assess the level of satisfaction with the training and materials distributed, to make sure that they are able to participate meaningfully in decisions that affect them. We systematically involve the children with disabilities to know their concern in participatory assessments. The outcomes of assessments are reflected in the implementation of the project, as well as their priorities, programme designs, and monitoring and reporting. A remaining part of the budget could not be executed due to the lack of assistive devices in the market for children with disabilities. The procurement offshore took extraordinary amount of time and the materials were not delivered within the expected timeframe.

**Child protection:** Before entering in the case management process, all children and their caregiver are informed about the service to be provided and a consent or assent is taken; following this stage and based on the assessment a joint case plan is developed and based on the best interest of the child the caregiver or the child is involved in the case review meeting and their opinion are taken in consideration to adjust or maintain the case plan.

### b. AAP Feedback and Complaint Mechanisms:

**Education:** As the disability project was simultaneously implemented with the other CERF project, we did, in collaboration with DPE and other partners from the cluster, the child participation survey, where children were asked to give us their feedback in terms of the material and services we did provide and the work the teachers have been doing in providing PSS to children. We also received the feedback through Linha Verde, an already existing Complaint and Feedback Mechanism for beneficiaries managed by WFP.

**Child Protection:** The project uses different approach for collecting feedback and complaint; Before closing any case, the project collects feedback from the child and caregivers through an individual and confidential interview that is conducted by third part using harmonised child feedback form and caregiver feedback form. During the monitoring visit the child can share any concern with the case supervisor and linha verde also is disseminate amongst all beneficiaries for feedback and complain; The case supervisor is responsible to follow up the concern raised.

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

<sup>18</sup> 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](#).

<sup>19</sup> 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](#).

**Education:** One of the contents of the training module for teachers in inclusive education methodologies is the prevention of sexual abuse and exploitation, the teachers were trained and these, in turn, replicate it to the other teachers within the same school cluster and to the students and school management committee.

**Child Protection:** The case workers and facilitators under this project were trained on PSEA. Awareness raising sessions on Prevention of Sexual Exploitation and Abuse, including dissemination of PSEA IEC material and linha verde were carried out. In each targeted community, a case worker was assigned to record and referral cases of PSEA. In case of child sexual abuse, the case is registered by a designated case worker for case management.

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

**Education:** GBV was one of the topics included in the teacher training. During monitoring visits teachers were asked to report on activities and ways used to ensure gender sensitivity in their daily work. We also received feedback from the children on gender issues during the child participation survey. The children said that they feel safe in the schools with the presence of the teachers, as they became more friendly following the training.

**Child protection:** The program ensured gender balance during the recruitment of community case worker and facilitators. Girls with disability were referred to other service providers and integrated into girls group sessions to discuss issues related prevention of child marriage, Sexual Reproductive and Health, risks faced in the community and how to get support, as part of MHPSS.

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#### **e. People with disabilities (PwD):**

**Education:** The project was focusing on inclusive education, where teachers were in inclusion and inclusive teaching methodologies contents. Screenings were also carried out on children for the attribution of assistive devices. Awareness campaigns were also carried out for parents/caregivers and local leaders to take children with disabilities to nearby schools, thus breaking community taboos.

**Child protection:** In coordination with AIFO and Light for the world (disability organizations), children with disability were registered and their need addressed through case management approach, including referral to different services such as ophthalmology, otorhinolaryngology, psychiatry and physiotherapy. In addition, assistive devices were provided to children with disability, based on the assessment conducted.

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#### **f. Protection:**

The project promoted services available at community and district level by sharing information on services available and explaining how to access these services. The service mapping and referral pathway developed by protection cluster was disseminated at community level and is being used for referral purposes.

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#### **g. Education:**

Parents/caregivers and local leaders were mobilized in order to consider that education is for everyone, including children with disabilities. Teachers were trained in inclusive teaching methodologies, to work with children with special needs and or with disabilities, thus ensuring inclusion.



## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	Not applicable

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 approach was not considered due to the nature of activities and interventions implemented under 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	N/A	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
UNICEF and UN CERF worked together to respond to the urgent needs of the displaced children and families, with a special focus on the essential needs, accessibility, and inclusion of persons with disabilities.	<a href="https://www.unicef.org/mozambique/en/stories/unicef-and-un-cerf-help-children-disabilities-during-emergency-response-cabo-delgado">https://www.unicef.org/mozambique/en/stories/unicef-and-un-cerf-help-children-disabilities-during-emergency-response-cabo-delgado</a>

### 3.10 Project Report 21-UF-WFP-027

1. Project Information						
Agency	WFP		Country:	Mozambique		
Sector/cluster:	Food Security - Food Assistance		CERF project code:	21-UF-WFP-027		
	Nutrition					
	Protection					
Project title:	Food and Nutrition assistance to IDPs					
Start date:	01/10/2021		End date:	30/09/2022		
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\$ 116,000,000	
	Total funding received for agency's sector response to current emergency:				US\$ 52,000,000	
	Amount received from CERF:				US\$ 1,395,000	
	Total CERF funds sub-granted to implementing partners:				US\$ 142,751	
	Government Partners				US\$ 63,590	
	International NGOs				US\$ 0	
	National NGOs				US\$ 78,801	
	Red Cross/Crescent Organisation				US\$ 0	

### 2. Project Results Summary/Overall Performance

#### Food Assistance:

Support from CERF allowed WFP to provide in-kind food assistance to 82,573 people in the Northern Province of Cabo Delgado, Nampula and Niassa provinces from January to August 2022. The food basket comprised of commodities purchased through CERF funds, combined with food commodities purchased thanks to contributions from other donors. The food basket composition included 333.33 grs of cereals, 67 grs of pulses and 24.27 grs of oil per person per day. Each family received a food basket to cover 30 days ration for 5 members.

#### Nutrition:

On the nutrition emergency component, to scale up active case finding and treatment of moderate acute malnutrition and increase coverage of health and nutrition services in children under 5 years of age and pregnant and lactating women (PLW), including PLHIV/TB, the delivery of services was carried out through community outreach activities, namely integrated health and nutrition mobile brigades, to communities hosting IDPs, IDP camps, informal settlements in and out of sites. During the implementation period, 13,019 children under 5 years of age and 2,110 PLW were screened for acute malnutrition. A total of 689 children under 5 years of age and 300 PLW received nutritional supplements for the treatment of Moderate Acute Malnutrition, with a recorded recovery rate of 91.8% for children under 5

years of age, which is above the SPHERE standards for this group (>75%). In addition, 9,640 children received Vitamin A supplementation, 6,541 children were dewormed and 14,804 received immunization.

**Protection:**

The intervention focused on protection against sexual exploitation and abuse (PSEA) in humanitarian assistance, namely preventing such acts by the group representing the highest risks of SEA in the assistance, being local leaders. WFP worked closely with INGD on the strengthening of Government representative's understanding of international and national laws to protect the affected population from fraud, corruption, and SEA. CERF funding contributed to WFP the strengthened understanding on PSEA and reporting mechanisms through training of 400 local leaders and INGD focal points.

### **3. Changes and Amendments**

Under the food assistance component of this CERF grant, WFP managed to reach five times the planned number of beneficiaries. This is because the food purchased with CERF funds was combined with commodities purchased through other donors, to reach the food basket provided to beneficiaries. In other words, food purchased with this grant was used to complement stocks available by delivering one or two of the commodities to complete the food basket and therefore the high number of beneficiaries reached.

WFP managed to purchase 1,017.191 metric tons of food under this grant. The use of Global Commodity Management Facility allowed WFP to purchase food at reasonable prices. Losses of 8.061 metric tons were recorded during transportation of the food from WFP warehouses to the Partners warehouses due to harsh weather conditions during the delivery period (causing bags to get wet), and bad road conditions in some districts (causing tins and jerrycans of oil getting damaged).

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	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	342	0	303	303	948	300	0	358	331	989
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
<b>Total</b>	<b>342</b>	<b>0</b>	<b>303</b>	<b>303</b>	<b>948</b>	<b>300</b>	<b>0</b>	<b>358</b>	<b>331</b>	<b>989</b>
<b>People with disabilities (PWD) out of the total</b>										
	51	0	45	45	141	45	0	53	49	147

  

Sector/cluster	Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	200	200	0	0	400	200	200	0	0	400
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>200</b>	<b>200</b>	<b>0</b>	<b>0</b>	<b>400</b>	<b>200</b>	<b>200</b>	<b>0</b>	<b>0</b>	<b>400</b>
<b>People with disabilities (PWD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

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

<b>Sector/cluster</b>	Food Security - Food Assistance									
<b>Category</b>	<b>Planned</b>					<b>Reached</b>				
	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>	<b>Women</b>	<b>Men</b>	<b>Girls</b>	<b>Boys</b>	<b>Total</b>
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	3,794	3,629	4,615	4,450	16,488	19,405	17,010	23,533	22,625	82,573
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
<b>Total</b>	<b>3,794</b>	<b>3,629</b>	<b>4,615</b>	<b>4,450</b>	<b>16,488</b>	19,405	17,010	23,533	22,625	82,573
<b>People with disabilities (PwD) out of the total</b>										
	2,635	2,593	2,976	2,922	11,126	537	537	537	536	2,147

\* 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

Under the food assistance component of this project, indirect support included to the government's coordination structures. This was done through the provision of relevant equipment to strengthen the government's coordination capacity of humanitarian interventions across Mozambique, including the northern provinces of Cabo Delgado, Nampula, and Niassa.

Regarding nutrition interventions, the families of the children under 5 years of age and PLW were indirect beneficiaries of the counselling sessions performed during the integrated health and mobile brigades. Moreover, the health staff also benefit from supervision and on-the-job training that is provided by the provincial and district level teams.

Protection and PSEA activities focused on government stakeholders and local leaders to improve coordination and service provision to affected population. Through strengthened awareness of key government stakeholders on humanitarian principles and government laws and policies regarding the rights of and accountability to affected populations, as well as PSEA should have contributed to strengthened service delivery to affected populations with a reduction in requests for payments and favours.

## 6. CERF Results Framework

Project objective	Improved Food Security and Nutrition of Displaced families				
Output 1	IDPs receive food assistance				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Food Assistance				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	FN.1a Number of people receiving food	16,488	82,573	Output Monitoring, food dispatch reports and partners reports	
Indicator 1.2	FN.1b Quantity of food assistance distributed in MT	849	1,009.13	Output Monitoring, food dispatch reports and partners reports	
Explanation of output and indicators variance:		WFP managed to reach five times the planned number of beneficiaries. This is because the food purchased with CERF funds was combined with commodities purchased through other donors, to reach to reach the food basket provided to beneficiaries. The food purchased with this grant was used to complement stocks available by delivering one or two of the commodities to complete the food basket and therefore the high number of beneficiaries reached. The numbers reported here refer to the number of people who received commodities procured and distributed with funding directly from CERF. As such, it relates to people who benefitted from CERF funds directly. WFP managed to purchase 1,017.191 metric tons of food under this grant. The use of Global Commodity Management Facility allowed WFP to purchase food at lower than anticipated prices hence more commodities were procured. Losses of 8.061 metric tons were recorded during transportation of the food from WFP warehouses to the Partners warehouses due to harsh weather conditions during the delivery period (causing bags to get wet), and bad road conditions in some districts (causing tins and jerrycans of oil getting damaged)			
Activities	Description	Implemented by			

Activity 1.1	Food assistance provided to 3,285 IDP families, approx. 16,488 IDPs	Food assistance provided to 16,515 IDP families approx. 82,573 IDPs. Cooperating Partners: AMA- Associação do Meio Ambiente, SEPPA - Sociedade Económica de Produtores e Processadores Agrários, AVSI Foundation; ACF-Action Contre la Faim
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<b>Output 2</b>	606 children 6 – 59 months and 342 pregnant and lactating women, including those with HIV/TB, received life-saving treatment for moderate acute malnutrition in accommodation centres and host communities.
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>Sector/cluster</b>	Nutrition			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.2a Number of moderately acutely malnourished people enrolled in supplementary feeding programme (PRN programme)	606	689	[Nutrition Rehabilitation Program (PRN) registers /Monthly reports]
Indicator 2.2	Number Pregnant and Lactating Women (PLWs) admitted for treatment (SAM and MAM) in the management of acute malnutrition programme (PRN)	342	300	[Nutrition Rehabilitation Program (PRN) registers /Monthly reports]
Indicator 2.3	N.2b Percentage of people who were admitted for MAM treatment who recovered >75%	75	91.8%	[Nutrition Rehabilitation Program (PRN) registers /Monthly reports]

<b>Explanation of output and indicators variance:</b>	No significant variance was noted through the implementation of this programme.			
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Activities	Description	Implemented by
Activity 2.1	Active case finding of children 6-59 months and PLW with acute malnutrition and referral to health services provided for treatment	Community Activists and District Health Services (SDSMAS)
Activity 2.2	Support to treatment of moderate acute malnutrition.	District Health Services (SDSMAS)

<b>Output 3</b>	Training of local leaders and INGD focal points on PSEA and humanitarian principles and community outreach
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<b>Was the planned output changed through a reprogramming after the application stage?</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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<b>Sector/cluster</b>	Protection			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Strengthened understanding on PSEA and reporting mechanisms through training of local leaders and INGD COE focal points.	400	400	Attendance sheets from workshops and dialogue club sessions

Indicator 3.2	Production and dissemination of radio spots and novellas covering PSEA	3	0	N/A
<b>Explanation of output and indicators variance:</b>		WFP shifted its approach through the new Country Strategic Plan 2022-2026, which altered views on the benefit of radion communications, as only limited number of IDPs have access to radios, WFP instead focused efforts on strengthening visibility products for direct community outreach.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Training of local leaders	WFP and Rede HOPEM		
Activity 3.2	Radio communications	N/A		
Activity 3.3	PSEA coordination	WFP with RCO		

## 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 areas<sup>20</sup> 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)<sup>21</sup>:

WFP actively involved beneficiaries in the different stages of the project lifecycle while also building on community consultations undertaken by other humanitarian actors, for example intentions surveys and protection assessments. Beneficiaries' preferences in terms of assistance modality (considering security, distance from markets and food preferences) have been taken into account through the market assessments that have been conducted to inform decisions about modality selection. In the targeted locations, community committees were established to support the review of beneficiary lists and in distribution management through coordination with WFP, partners and local authorities. During distributions, distribution monitoring is undertaken, where beneficiaries are asked about the distribution process, concerns including protection, security, gender, quality and quantity of assistance. Furthermore, the Community Feedback Mechanism is designed to promote informed decision making by involving the affected communities and improving the quality of programming based on feedback from communities.

### b. AAP Feedback and Complaint Mechanisms:

WFP ensured the availability of established community feedback mechanisms, such as helpdesks and suggestion boxes at distribution sites and active involvement of community committees to support information provision while Linha Verde 1458, the tollfree inter-agency hotline was actively promoted at every opportunity. Accessible 7 days a week from 6am to 9pm the hotline service tends to the communications needs of the affected population, providing clarifications on beneficiary rights, capturing needs and gaps in assistance as well as linking the affected population to services in the case of SEA, SGBV and child protection concerns.

<sup>20</sup> 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](#).

<sup>21</sup> 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):**

WFP is committed to ensuring zero tolerance for sexual exploitation and abuse, ensured through codes of conduct, online and face-to-face training, and several reporting mechanisms (see above). As the lead agency for Linha Verde 1458, WFP works with the PSEA network to ensure awareness of the service and to determine constructive approaches to handle SEA cases in a timely manner internally and with the Government as relevant. All SEA reports are acted on within 24 hours, prioritizing the safety and well-being of the survivor, working in collaboration with WFP's ethics office and Office of the Inspector General (OIG). In 2022, WFP worked closely with INGD in Cabo Delgado to roll out provincial and district level workshops facilitated by INGD (Cabo Delgado and Maputo), district Administrators and Prosecutors, WFP, the protection cluster, OHCHR, OCHA and the PSEA Coordinator reaching key Government stakeholders and local leaders engaged in the emergency response.

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

WFP is committed to addressing gender equality and women's empowerment through all its interventions and bases the food assistance not only on targeted gender analysis but also continuous community consultations with gender and age disaggregated groups to determine assistance modalities and address potential protection risks or concerns. WFP also contributes to inter-agency understanding of the operational context, through participation in community consultations led by the protection cluster (intentions surveys) and community engagement and accountability to affected populations working group (information and communications preferences), while also working closely with GBV actors for the referral of GBV victims, where relevant, to food assistance. The results of these consultations and actions are actively reviewed and assessed to determine any necessary programme adjustments and additional communication efforts.

### **e. People with disabilities (PwD):**

WFP worked closely with the Protection cluster, CEWG, and disability inclusion working group to understand broader vulnerabilities & protection concerns of the affected population including through participation in multisectoral assessments. The communications supports were developed for people with communications or visual impairments, while more broadly seeking to ensure that tough messages such as targeting which excludes certain groups is easily understood by all, regardless of language capacity or literacy.

### **f. Protection:**

WFP engaged actively with INGDS national and provincial safeguarding teams with the aim of ensuring a shared understanding of the upholding of the humanitarian principles and the Kampala convention. These actors are key to the smooth running of the food assistance, and they are involved in WFP's actions which actively apply protection and do no harm principles. WFP continues to coordinate with the Protection Cluster on capacity building of Government actors on protection in the humanitarian response. As active members of the protection Cluster, WFP continues to share in a timely manner operational protection concerns for strategic inclusion in the cluster's engagement with government and at the inter-cluster level. WFP feeds into briefing notes on protection. Guides on communicating with communities are produced and actively updated as the response and context evolve. Guides on communicating with communities are produced and actively updated as the response and context evolve, and shared widely within WFP, with CP staff and applied in communications with government actors.

### **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.

Between October 2020 and September 2021, WFP carried out market assessments and a rapid cash feasibility assessment in Balama, Pemba and Montepuez, Cabo Delgado province, to gather updated information on the market functionality and inform decisions about the most suitable transfer modality.

The assessment results confirmed that the main markets in these districts are mid-mature with availability of essential goods and good capacity of retailers to absorb an increase of demand, but possible volatility of food prices due to the effects of the COVID-19 pandemic and the conflict. Although the technical assessments pointed to the feasibility of cash-based transfers (vouchers and cash), the main constraint that prevents WFP to provide life-saving assistance through cash is the Government's reluctance about the use of unconditional cash in both large humanitarian and social protection programmes, which are usually accepted and implemented by the government. Although advocacy efforts are ongoing, including high level missions involving the donor community as well as UN agencies, the government's concerns about potential diversion of cash to Non-State Armed Groups (NSAGs) still remain and this has led to a firm refusal of any large cash operations in Cabo Delgado.

Mindful of this constraint, WFP has continued to engage with beneficiaries and community leaders to assess the acceptability of the value voucher modality, which – compared to in-kind or commodity vouchers – offers more flexibility and choice to the beneficiaries to cover their needs through the local markets. Therefore, as part of the market assessments mentioned above, consultations with the population and with community leaders were held in the form of Focus Group Discussions. Findings are documented in the Market Functionality Index (MFI) reports and revealed that value vouchers are a suitable modality that meets beneficiary preferences either because they do not have access to IDs (which prevents them from opening a bank or mobile money account) or due to low financial literacy or because cash is still perceived as a modality that can induce expenditures on “temptation” goods (including alcohol and cigarettes) that do not benefit the household as a whole.

Moving forward, WFP is planning to continue and scale up assistance through value vouchers, based on the findings of ongoing market assessments. With the above in mind, any future allocations from CERF to WFP Mozambique would include a cash-based component, as and when appropriate.

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	N/A	Choose an item.	Choose an item.

## 9. Visibility of CERF-funded Activities

Title	Weblink
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World Humanitarian Day: The EU supports WFP's response in Northern Mozambique a region experiencing food insecurity and malnutrition. Thanks to EU and partners WFP is delivering life-saving food assistance to +900K conflict affected people.  
@EUinMoz @eu\_echo @EU\_Commission

[https://twitter.com/wfp\\_mozambique/status/1560591088603107328](https://twitter.com/wfp_mozambique/status/1560591088603107328)

With the support of @eu\_echo, WFP delivers emergency assistance to newly-arrived internally displaced people in the Ntokota camp, Cabo Delgado.

[https://twitter.com/wfp\\_mozambique/status/1445338888780791808](https://twitter.com/wfp_mozambique/status/1445338888780791808)

### 3.11 Project Report 21-UF-WHO-025

1. Project Information			
Agency:	WHO	Country:	Mozambique
Sector/cluster:	Health	CERF project code:	21-UF-WHO-025
Project title:	To strengthen the Provision of Health Services to IDPs and Host Communities in 9 districts in Cabo Delgado Province		
Start date:	04/10/2021	End date:	03/10/2022
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\$ 5,149,600
	Total funding received for agency's sector response to current emergency:		US\$ 2,336,000
	Amount received from CERF:		US\$ 130,861
	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

#### Project Results Summary/Overall Performance

Through the project, provision of health services to Internally Displaced People (IDPs) and Host Communities in nine districts (Ancuabe, Balama, Chiure, Mecufi, Mueda, Metuge, Montepuez, Namuno and Pemba City) of Cabo Delgado Province was strengthened.

The main objective of this project is to strengthen disease surveillance and enhance the early warning reporting system for early detection of notifiable diseases (cholera, malaria, acute watery diarrhoea, and measles) and the ongoing COVID-19 pandemic as a life-saving strategy. Provincial, district and community extension workers within the Ministry of Health (MoH) received capacity development on early disease detection leading to timely response to disease outbreaks.

Furthermore, the capacity of 112 health workers and lab technicians was improved through training on surveillance and rapid testing for diseases such as cholera and COVID-19, as well as sampling and safe transportation of the same for processing and further testing in the laboratory of reference. At the time of the proposal submission, 72 functional (fully & partially) health facilities were in the targeted districts.

It was calculated that an average of 50 consultations per day were taking place, translating to 3 600 consultations per day (for all the covered districts). In all nine districts, 250 community volunteers were trained in community surveillance. Lab reagents and RDTs rapid diagnostic test for cholera (200 units) were distributed to the NIOP "Núcleo de Investigação Operacional de Pemba" central laboratory in Pemba, City from where the MoH ensured stocks were available in some selected district health facilities.

#### 2. Changes and Amendments

There were no changes or amendments in the implementation of the project. The implementation was carried out as foreseen.

### 3. 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	23,860	22,865	3,929	3,774	54,428	23,860	22,865	3,929	3,774	54,428
Host communities	3,720	3,519	2,698	2,385	12,322	3,720	3,519	2,698	2,385	12,322
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>27,580</b>	<b>26,384</b>	<b>6,627</b>	<b>6,159</b>	<b>66,750</b>	<b>27,580</b>	<b>26,384</b>	<b>6,627</b>	<b>6,159</b>	<b>66,750</b>
<b>People with disabilities (PwD) out of the total</b>										
	908	873	2,874	2,762	7,417	908	873	2,874	2,762	7,417

#### 4. People Indirectly Targeted by the Project

As mentioned in the first section, on average, there are 72 functional (fully or partially) health facilities in the nine districts targeted by the project. Each of these health facilities has an average of 50 consultations per day, translating into 3 600 consultations per day across all the health facilities. In a month, the total reach would be 72 000 people.

At least 20,000 persons (of which 52% were women and girls below 18 years old) benefitted indirectly from this project. By targeting one population at a certain location, the persons established in the neighbouring villages and districts often take the opportunity to seek services where they are available. This was observed in every IDP site where temporary or mobile clinics/brigades' consultations were established.

The training was offered to the laboratory technicians and health care workers from the 11 districts of the provinces. Some participants from Meluco and Quissanga districts were invited to the training. According to the pre and post-test results placed to identify the effectivity of the training, 100% of trainees increased their knowledge on the use of rapid diagnostic tests (COVID-19 & cholera). This would unquestionably impact the quality of care in the health facilities and increase the number of people indirectly targeted.

Between the moment the proposal was written and implemented, more districts in the CD province were accessible (safety & security), leading to the opening of some of the health facilities that were closed due to the conflict. Two districts were therefore added to the training.

#### 5. CERF Results Framework

Project objective	To improve the provision of health care among IDPs and host communities in 9 districts of Cabo Delgado Province			
Output 1	Improved early disease detection and timely responding to disease outbreaks in the targeted districts			
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	H.5 Percentage of public health alerts generated through community-based or health-facility-based surveillance or alert systems investigated within 24 hours	100	100	Mission reports, situation reports, coordination meeting reports, electronic Integrated Disease Surveillance and Response (eIDSR), System of Health Information for Monitoring and Evaluation (SISMA)
Indicator 1.2	H.3 Number of people benefitting from cholera kits	74,167	74,167	Mission reports, situation reports, coordination meeting reports, electronic Integrated Disease Surveillance and Response (eIDSR), System of health Information for Monitoring and Evaluation (SISMA)
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		

Activity 1.1	Distribution of emergency kits and lab reagents	Lab reagents and RDTs rapid diagnostic test for cholera (200 units) were distributed to the NIOP laboratory in Pemba, City from where the MoH ensured stocks were available in some selected district health facilities. WHO – MoH - INGOs There was no cholera outbreak in CD during the year of implementation. But as the WHO office is covering north Mozambique, it has responded to one cholera outbreak in Nampula and one in Niassa.
Activity 1.2	Alerts reported and investigated within 24 hrs	Overall, in the year of implementation, a total number of 8 alerts were reported and investigated within 24 hours. The rest 17 could not be investigated within 24 hours due to the unavailability of trained personnel to be deployed (transport, security & access issues) or when samples were collected, difficulties faced in transportation to the laboratory of reference.

**Output 2** Improved capacity for health workers and lab technicians

**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	Number of Health workers trained	70	89	Mission reports, participants training attendance lists.
Indicator 2.2	Number of Lab technicians trained	30	23	Mission reports, participants training attendance lists.
Indicator 2.3	H.6 Proportion of functional health facilities sharing timely reports	72	72	SISMA
<b>Explanation of output and indicators variance:</b>		19 more health workers were trained to reach 89 due to high interest through the awareness campaigns. Only 23 out of 30 planned lab technicians were trained, as 7 participants dropped out of the training at the last minute due to other commitments or difficulties to get transportation from their localities to the training site.		

Activities	Description	Implemented by
Activity 2.1	Health workers training Health workers were trained on disease surveillance and enhanced the early warning reporting system for early detection of notifiable diseases (cholera, malaria, acute watery diarrhoea, and measles) and COVID-19. They did benefit from the training on rapid testing for diseases like cholera, and COVID-19 as well as sampling and safe transportation of the same and other diseases (measles) for processing and further testing in the laboratory of reference.	MoH, NIOP & WHO
Activity 2.2	Training of lab technicians They did benefit from the training on rapid testing for diseases like cholera, and COVID-19 as well as sampling and safe transportation of the same and other diseases (measles) for processing and further testing in the laboratory of reference.	MoH, NIOP & WHO

## 6. 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 areas<sup>22</sup> 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)<sup>23</sup>:

Local communities were engaged in the project implementation through community-based surveillance and field visits by WHO surveillance staff and government provincial technical officers (DPS/SPS) to ensure feedback received from the communities, their leaders and community health workers were incorporated in the project document during the design phase.

This continued during project implementation of the project to ensure the communities were not only informed about the interventions, but their feedback was useful for the project implementation team for real-time corrective measures to ensure project activities were implemented as planned. The Health Cluster offered a platform where feedback from partners within the health sector was received, information about the project was shared and lessons learnt were documented to inform the project implementation.

Provincial and district government authorities were involved throughout the project cycle through field visits. Concerns and feedback from the local communities informed not only the project implementation but have been documented to inform future project/programme planning, development and implementation. Regarding the rapid tests (cholera) they were primarily distributed in a small number of health facilities (as at that time many HF were not accessible) and a small number of lab technicians were trained.

Progress and feedback on the project accomplishments and implementation are still provided to communities and crisis-affected populations on a regular basis during meetings with community leaders in the area. Feedback from their experiences and needs is also received during these sessions to improve the intervention on the ground. The number of meetings were completed during the project implementation time and WHO followed up with the MoH on the data and use of those tests.

### b. AAP Feedback and Complaint Mechanisms

Through the Hotline (Linha Verde) – a monthly report is regularly shared with UN agencies including WHO. The system online is accessible to all UN agencies, enabling access to complaints from communities, with the possibility to request further information and manage information received. WHO sensitizes beneficiaries and empowers them to raise their concerns using the existing mechanisms.

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

All the WHO staff are trained on PSEA, including the drivers of rented companies (9 persons). Sexual harassment measures are in place to prevent, detect, report, and take action against personnel who commit these acts, including:

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<sup>22</sup> 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](#).

<sup>23</sup> 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](#).



1. All staff are expected to sign a code of conduct on PSEA before taking on an assignment and before the training of participants;
2. A reporting mechanism is in place for suspected SEA. The staff are made aware of the process to report cases;
3. The above-mentioned measures are also extended to government counterparts.

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

The project is not specifically targeting women, girls and sexual and gender minorities, but ensures every community member in need of health services has access. However, extra efforts are made to ensure women, girls and gender minorities are not marginalized and have access to information with regards to their rights to access available health services as well as reach health facilities.

Gender equality, women's and girls' empowerment and protection were our concerns during the project implementation. Only one woman attended the lab technician training (1/23). On the other hand, the healthcare providers training on surveillance, and rapid testing (cholera and C19), and case management, 30% were women.

#### **e. People with disabilities (PwD):**

The project is not specifically targeting PwD, however, extra effort is made to reach PwD who have no means to reach the health facilities and receive services. One of the implementing strategies of the project is access to rapid diagnostic tests (cholera) at the primary healthcare level, this will certainly allow many people with disabilities to access them as they will not have to travel a long distance.

#### **f. Protection:**

Protection is streamlined throughout the whole project to ensure minimum standards for communities to live with dignity are in place, and if this is not the case WHO makes efforts to work with other agencies such as UNHCR and IOM to address the situation.

#### **g. Education:**

N/A

### **7. Cash and Voucher Assistance (CVA)**

#### **Use of Cash and Voucher Assistance (CVA)?**

<b>Planned</b>	<b>Achieved</b>	<b>Total number of people receiving cash assistance:</b>
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.

N/A

#### **Parameters of the used CVA modality:**

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

## 8. Visibility of CERF-funded Activities

Title	Weblink
Temporary clinics Namatil e Lianda, Mueda Dsitricts	OMS Moçambique on Twitter: "@OMSMocambique faz supervisão das actividades realizadas nas clínicas temporárias de Namatil e Lianda, no distrito de Mueda na província de Cabo Delgado. @SaudeMisau <a href="https://t.co/34ZYn4XrE9">https://t.co/34ZYn4XrE9</a> " / Twitter
Distribution of emergency kits and lab reagents	OMS Moçambique on Twitter: "@OMSMocambique faz doação de mais de 30 kits com medicamentos e consumíveis a centros de saúde em vários distritos, em particular aos de difícil acesso, em #Cabodelgado Esta doação vai servir as pessoas deslocadas internamente e a reabastecer os centros #MISAU <a href="https://t.co/gSMeiTeHnF">https://t.co/gSMeiTeHnF</a> " / Twitter

## ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
21-UF-FPA-026	Gender-Based Violence	UNFPA	INGO	\$66,219
21-UF-FPA-026	Gender-Based Violence	UNFPA	NNGO	\$35,178
21-UF-FPA-026	Gender-Based Violence	UNFPA	GOV	\$23,027
21-UF-FPA-026	Gender-Based Violence	UNFPA	NNGO	\$60,180
21-UF-FPA-026	Gender-Based Violence	UNFPA	INGO	\$20,445
21-UF-FPA-026	Gender-Based Violence	UNFPA	INGO	\$108,914
21-UF-FPA-031	Gender-Based Violence	UNFPA	NNGO	\$64,071
21-UF-FPA-031	Gender-Based Violence	UNFPA	INGO	\$4,653
21-UF-HCR-017	Protection	UNHCR	NNGO	\$126,005
21-UF-HCR-017	Camp Management	UNHCR	INGO	\$150,236
21-UF-HCR-028	Protection	UNHCR	INGO	\$57,957
21-UF-CEF-038	Education	UNICEF	GOV	\$100,000
21-UF-CEF-051	Education	UNICEF	GOV	\$40,000
21-UF-CEF-038	Nutrition	UNICEF	GOV	\$14,441
21-UF-CEF-038	Nutrition	UNICEF	GOV	\$42,298
21-UF-CEF-038	Nutrition	UNICEF	GOV	\$6,489
21-UF-CEF-038	Nutrition	UNICEF	INGO	\$50,472
21-UF-CEF-038	Water, Sanitation and Hygiene	UNICEF	NNGO	\$46,702
21-UF-CEF-038	Water, Sanitation and Hygiene	UNICEF	INGO	\$92,930
21-UF-CEF-038	Water, Sanitation and Hygiene	UNICEF	INGO	\$25,189
21-UF-CEF-038	Water, Sanitation and Hygiene	UNICEF	INGO	\$3,235
21-UF-CEF-038	Water, Sanitation and Hygiene	UNICEF	INGO	\$40,335
21-UF-CEF-038	Water, Sanitation and Hygiene	UNICEF	INGO	\$156,524
21-UF-CEF-038	Child Protection	UNICEF	INGO	\$175,020
21-UF-CEF-051	Child Protection	UNICEF	INGO	\$27,650
21-UF-CEF-051	Child Protection	UNICEF	INGO	\$11,181
21-UF-CEF-051	Child Protection	UNICEF	INGO	\$52,996
21-UF-WFP-027	Food Assistance	WFP	NNGO	\$78,801
21-UF-WFP-027	Nutrition	WFP	GOV	\$63,950