

**MOZAMBIQUE
RAPID RESPONSE
STORM
2022**

22-RR-MOZ-52564

Myrta Kaulard

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

N/A

An ad-hoc AAR did not take place due to critical time constraints and concurrent humanitarian priorities. 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 March 2022, CERF allocated a total of US\$ 4,000,000 to Mozambique from its window for Rapid Response to support the provision of urgent life-saving assistance to a total of 200,000 people in need, affected by the Severe Tropical Cyclone Gombe in Nampula and Zambezia provinces.

CERF allocations enabled critical sectors to receive adequate and prioritised support to kick-start life-saving and life-sustaining activities from April to September 2022. Moreover, CERF-funded projects reinforced the coping mechanisms and livelihoods 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 rapidly implementing emergency response activities in provinces where usually there is limited or no humanitarian presence. All the interventions were critical and time sensitive in order to prevent a further escalation of the humanitarian needs in the affected areas. Through these allocations, sectoral coordination among a variety of partners was widely strengthened.

Finally, CERF allocation was significantly catalytic in raising further donor contributions in line with the Gombe Emergency Response Plan and the 2022 Humanitarian Response Plan for northern Mozambique.

CERF's Added Value:

CERF funding allowed for the immediate delivery of assistance to the populations affected by Tropical Cyclone Gombe in Zambezia and Nampula provinces, in line with the Gombe Emergency Response Plan and the 2022 Humanitarian Response Plan for northern Mozambique. Through the rapid approval of the application, agencies were able to quickly deploy emergency staff and supplies to save lives, including emergency shelter, food, health and WASH assistance to alleviate the suffering of the affected population. Moreover, CERF funds enabled agencies to reach the affected people quickly with life-saving assistance in the initial days of the crisis to the most urgent priorities.

For instance, UNFPA and its partners were able to provide life-saving Sexual and Reproductive Health (SRH) and GBV assistance to a total of 59,630 people, including women and girls of reproductive age, and other indirect beneficiaries such as boys and men in Nampula and Zambezia provinces. WHO supported 27 health facilities in affected areas, providing health supplies and limiting the risk of waterborne diseases, besides deploying mobile health brigades to reach with primary health care more than 87,000 people in need. UNHCR and IOM provided emergency shelter kits and household items as well as support to repair houses damaged by the Cyclone to more than 43,900 people. Still, UNICEF provided WASH and health services to the affected communities in Zambezia and Nampula, reaching a total of 124,000 people with safe water, hygiene kits, and rehabilitation of health units. CERF contributions were also crucial to ensure the provision of life-saving food assistance to the affected communities, as with these funds WFP was able to provide emergency in-kind food assistance and cash-based transfers (CBT) to more than 51,000 beneficiaries.

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

Finally, CERF funds have been instrumental in kick-starting the emergency response in Zambezia and Nampula provinces, where usually there is limited or no humanitarian presence, and in raising additional funds from other international donors (DFID, ECHO, World Bank, UN Member States, etc.) over the following months, in line with the Gombe Emergency Response Plan and the 2022 Humanitarian Response Plan for northern Mozambique

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

Yes Partially No

CERF funding allowed for the immediate delivery of assistance to the populations affected by Tropical Cyclone Gombe in Zambezia and Nampula provinces, in line with the Gombe Emergency Response Plan and the 2022 Humanitarian Response Plan for northern Mozambique. Through the rapid approval of the application, agencies were able to quickly deploy emergency staff and supplies to save lives, including emergency shelter, food, health and WASH assistance to alleviate the suffering of the affected population.

Did CERF funds help respond to time-critical needs?

Yes Partially No

CERF funds enabled agencies to reach the affected people quickly with life-saving assistance in the initial days of the crisis to the most urgent priorities.

Did CERF improve coordination amongst the humanitarian community?

Yes Partially No

UNFPA and its partners were able to provide life-saving Sexual and Reproductive Health (SRH) and GBV assistance to a total of 59,630 people, including women and girls of reproductive age, and other indirect beneficiaries such as boys and men in Nampula and Zambezia provinces. WHO supported 27 health facilities in affected areas, providing health supplies and limiting the risk of waterborne diseases, besides deploying mobile health brigades to reach with primary health care more than 87,000 people in need. UNHCR and IOM provided emergency shelter kits and household items as well as support to repair houses damaged by the Cyclone to more than 43,900 people.

Did CERF funds help improve resource mobilization from other sources?

Yes Partially No

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

Considerations of the ERC's Underfunded Priority Areas¹:

Through a consultative and participatory process among the Inter-Cluster Coordination Group (ICCG) and Humanitarian Country Team (HCT), the overall prioritization of the sectors and activities was carried out considering funding already requested against the 2022 Humanitarian Response Plan, the sectoral availability of stocks/pipelines, and the urgency of the interventions to respond to the escalating humanitarian needs.

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

Projects' activities reached a total of 6,734 people with disabilities (PwD), as they have been facing heightened challenges in the affected areas, 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 fulfilment of rights could be removed to the greatest extent possible. Overall, vulnerable groups including PwD, elderly, women, children, and persons with underlying medical conditions were considered a protection crisis within the humanitarian emergency and were given targeted assistance. During the project interventions, special measures were envisaged to ensure that vulnerable groups have priority access to services and their safe, meaningful and dignified participation is facilitated to the greatest extent possible. Moreover, according to the collective Accountability to Affected Populations (AAP) and Protection from Sexual Exploitation and Abuse (PSEA) commitments, the recipient UN agencies placed communities at the centre of the CERF-funded activities.

Table 1: Allocation Overview (US\$).

Total amount required for the humanitarian response	29,150,000
CERF	4,018,682
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	13,700,000
Total funding received for the humanitarian response (by source above)	17,718,682

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

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

Agency	Project Code	Sector/Cluster	Amount
IOM	22-RR-IOM-013	Shelter and Non-Food Items	822,720
UNFPA	22-RR-FPA-018	Health - Sexual and Reproductive Health	300,000
UNHCR	22-RR-HCR-013	Shelter and Non-Food Items	214,294
UNICEF	22-RR-CEF-026	Water, Sanitation and Hygiene	686,792
UNICEF	22-RR-CEF-026	Health	369,811
WFP	22-RR-WFP-023	Food Security - Food Assistance	1,303,155
WHO	22-RR-WHO-016	Health	321,910
Total			4,018,682

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

Total funds implemented directly by UN agencies including procurement of relief goods	2,943,827
Funds sub-granted to government partners*	412,295
Funds sub-granted to international NGO partners*	339,952
Funds sub-granted to national NGO partners*	322,607
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,074,855
Total	4,018,682

* 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:

When Tropical Cyclone Gombe struck on 11 March 2022, it severely deteriorated an already dire humanitarian situation in the provinces of Nampula and Zambezia. Nampula was already host to more than 100,000 people displaced by the conflict in neighbouring Cabo Delgado. The cyclone caused widespread flooding, displacements, interruption of basic services, as well as severe damages to public infrastructures and private houses throughout Mozambique. According to the Government, the cyclone has affected over 700,000 people, caused dozens of deaths and injuries, and displaced over 20,00 people. Gombe has also completely destroyed more than 50,000 houses, severely damaged 39 health centers, 1,458 classrooms (affecting 143,904 students), 2,748 electricity poles, and 934 km of roads and destroyed a total of 67,752 ha of crops. The limited overall resources (including funds, staff and sectoral supplies) had already been overstretched to address the humanitarian needs caused by the conflict in northern Mozambique and the previous climatic shocks of Tropical Storm Ana and Tropical Depression Dumako. Now, these ongoing limitations are further hindering the capacity of humanitarian organizations to support communities affected by Cyclone Gombe.

Operational Use of the CERF Allocation and Results:

In response to the crisis, the Emergency Relief Coordinator allocated \$4 million from CERF's Rapid Response window for the immediate commencement of life-saving activities. This funding enabled UN agencies and partners to provide life-saving assistance to 200,000 people in Food Security, Shelter and Non-Food Items, Health, and Water, Sanitation, and Hygiene (WASH). The allocation contributed to save lives and alleviate suffering in areas heavily affected by Cyclone Gombe, through the delivery of a multi-sectoral package of services in four prioritized sectors.

People Directly Reached:

CERF allocations enabled the implementation of rapid response interventions for the affected population from April to September 2022. Overall, most of the projects have been able to reach or to exceed the initial targeted number of beneficiaries. In fact, at least 366,000 people were directly reached through CERF activities. Moreover, a total of 6,734 people living with disabilities were also directly reached through the activities. For the estimation of the people directly reached, we took into account the highest number of people reached by sector.

All the project implementing agencies contributed to support the beneficiaries directly: UNFPA provided life-saving Sexual and Reproductive Health (SRH) and GBV assistance to a total of 59,630 people, including women and girls of reproductive age, boys and men. WHO supported 27 health facilities in affected areas, providing health supplies and limiting the risk of waterborne diseases, besides deploying mobile health brigades to reach with primary health care more than 87,000 people in need. UNHCR and IOM provided emergency shelter kits and household items as well as support to repair houses damaged by the Cyclone to more than 43,900 people. UNICEF provided WASH and health services, reaching a total of 124,000 people with safe water, hygiene kits, and the rehabilitation of health units. WFP reached more than 51,000 beneficiaries with emergency in-kind food assistance and cash-based transfers (CBT).

People Indirectly Reached:

In addition to the more than 366,000 people who were directly reached by CERF interventions, additional community members were reached indirectly, mostly through messaging and sensitization campaigns, particularly by the WASH and Health Clusters. For instance, UNFPA and its partners were able to reach indirect beneficiaries by organising awareness campaigns on GBV and SEA through hotline, radio, community sessions. UNICEF estimated that around 30,000 people were indirectly reached through health activities while an estimated 20,000 people received indirect support related to the restoring of electricity and water systems. WHO' strengthened advocacy efforts, community engagement activities, and disease surveillance in the health facilities, indirectly benefitted also host communities, besides targeted IDPs.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Food Assistance	6,581	5,793	8,043	7,706	28,123	11,124	10,205	15,210	14,495	51,034
Health	39,300	25,900	33,360	31,440	130,000	40,675	24,250	34,274	32,152	131,351
Health - Sexual and Reproductive Health	35,200	0	8,800	0	44,000	33,053	14,118	7,753	4,706	59,630
Shelter and Non-Food Items	4,750	4,038	6,455	5,507	20,750	8,543	9,977	11,833	13,781	44,134
Water, Sanitation and Hygiene	7,485	6,885	8,145	7,485	30,000	14,090	9,394	20,665	14,090	58,709

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

Category	Planned	Reached
Refugees	700	1,086
Returnees	28,123	51,034
Internally displaced people	30,800	113,297
Host communities	13,200	25,038
Other affected people	57,177	175,914
Total	130,000	366,369

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

Sex & Age	Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	50,700	107,485	599	2,553
Men	48,100	67,944	551	1,771
Girls	16,600	89,735	652	1,381
Boys	15,600	79,224	599	1,061
Total	131,000	366,369	2,401	6,734

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-IOM-013

1. Project Information			
Agency:	IOM	Country:	Mozambique
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	22-RR-IOM-013
Project title:	Provision of immediate lifesaving emergency shelter and non-food item (NFI) assistance for cyclone affected populations in Nampula and Zambezia provinces, Mozambique		
Start date:	01/04/2022	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\$ 4,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 324,770
	Amount received from CERF:	US\$ 822,720
	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

Tropical Cyclone "Gombe" hit Mozambique on March 11, 2022, with winds of 165–230 km/h. Heavy rain and strong winds hit Nampula, Zambezia, Niassa, Tete, and Sofala. Flash floods, landslides, and flooding followed the storm inland. The storm affected over 736,015 Mozambicans, according to the National Institute for Disaster Management and Risk Reduction (INGD).

IOM increased the shelter cluster partners' capacity to respond to the immediate shelter and non-food-item needs of 19,000 internally displaced persons (IDPs) and other affected communities in Nampula and Zambezia, affected by Tropical cyclone Gombe, through the following components:

- a. Common pipeline to provide emergency shelter kits and household items through Shelter Cluster partners.
- b. Provision of 400 temporary emergency shelters estimated for 2,000 people, including safe construction advice.
- c. Provision of 400 repair kits to repair damaged structures that house an estimated 2,000 people.

A breakdown of the achieved results is provided below:

Shelter/NFI

From May 2022, after assessing the needs and identifying specific gaps, the most vulnerable HHs were identified and given shelter/NFI assistance as follows:

- a) Construction of 433 emergency shelters in Namitangurine Resettlement Sites, Nicoadala District, Zambezia Province (433 HHs - 2,165 people).
- b) Shelter distribution of construction materials (tarpaulins, woods, tools, and repair kits) and technical orientation were provided to 1,582 HHs (7,910 individuals) in the Zambezia district of Namacurra (588 HHs) and the Nampula province district of Memba (994 HHs).
- c) Under this grant, funds were used to replenish the Emergency Shelter and NFI Common Pipeline with critical items such as 10,000 bags, 3000 kitchen sets, and 8000 sleeping mats (21000 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, the Emergency Shelter and NFI Common Pipeline reached 32,145 people (6,429 HH) compared to the minimum target envisioned based on the quantities budgeted at the proposal development stage

3. Changes and Amendments

Shelter/NFI

The most difficult challenges of the project were limited access to some of the affected districts of Zambezia and Memba, as the access roads to both districts were damaged by Cyclone Gombe and remained difficult to access for several weeks. During this time, IOM engaged in community outreach and procured the necessary construction materials.

To mitigate the impact and avoid unnecessary delays, IOM used several modes of transportation, including 8-10-ton trucks, which were later replaced by local 4-ton trucks and canoes, to reach distribution sites in the district of Namacurra in Zambezia. In addition, the IOM collaborated with other local organizations, providing families with other materials for hygiene support in order to optimize resources and coordinate of assistance to affected households.

On the other hand, during the construction of the emergency shelters in Namitangurine, we discovered that the market prices of construction materials were inflated, necessitating coordination with government authorities to adjust the materials to locally available sources. IOM used a dual approach, sourcing the majority of materials locally and with the help of local communities. The materials were provided by the local community from local sources agreed upon by the government, and IOM paid for them at local rates and provided transportation support for the materials. Other materials that could not be obtained locally were brought in from provincial markets.

4. Number of People Directly Assisted with CERF Funding*

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	1,550	1,320	2,230	1,900	7,000	6,466	7,591	9,318	10,935	34,310
Host communities	2,657	2,263	3,823	3,257	12,000	1,492	1,751	2,147	2,520	7,910
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,207	3,583	6,053	5,157	19,000	7,958	9342	11,465	13,455	42,220
People with disabilities (PWD) out of the total										
	13	11	18	15	57	9	20	0	0	29

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 services and local materials also indirectly benefited from the project activities.

6. CERF Results Framework

Project objective	Cyclone-affected populations in Nampula and Zambezia have improved their living conditions through shelter and non-food items assistance.				
Output 1	The most vulnerable cyclone-affected populations are provided with lifesaving emergency shelter, repairs and NFI assistance responding to their immediate needs.				
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.1b Number of in-kind shelter repair kits distributed	2,000	7,910	Distribution lists, distribution reports, pictures.	
Indicator 1.2	SN.2a Number of people receiving in-kind NFI assistance	15,000	34,310	Shelter cluster 5Ws, Emergency Shelter and NFI Common Pipeline System	
Indicator 1.3	SN.3 Number of emergency shelters and common shelter structures constructed or rehabilitated	2,000	2,165	Construction reports, pictures	
Explanation of output and indicators variance:		Other funds were used to complete the approach of intervention to help with repair kits. This allowed the project to reach a lot more people who could benefit from it. So, the tools and fixing materials in the repair kits came from other funding sources, and CERF provided the rest of the materials, like tarps and wood. Items from the pipeline were also used to finish and add to shelter cluster partner kits.			
Activities	Description	Implemented by			
Activity 1.1	Maintain the common pipeline system, making it accessible for Shelter cluster partners	IOM and Shelter Cluster pipeline partners			
Activity 1.2	Cluster Coordination and meetings with other actors to prepare the assessments and response effectively.	IOM			
Activity 1.3	Participatory identification, assessment and selection of beneficiaries based on pre-defined criteria of vulnerable affected households in close coordination with community members, local stakeholders, other agencies and related Clusters and integrated within IOM overall response plan.	IOM and Shelter Cluster pipeline partners			
Activity 1.4	Procurement and receiving of appropriately designed shelter NFIs based on needs identified, contextual	IOM			

	appropriateness and value for money in terms of transportation and speed of delivery.	
Activity 1.5	Procurement of locally available shelter construction materials (wooden poles, bamboo, tarps and fixing materials, tools, etc.).	IOM
Activity 1.6	Transportation and distribution of shelter materials as per distribution plan and following COVID-19 infection prevention and control (IPC) procedures.	IOM
Activity 1.7	Carry out distributions to families in a dignified and secure environment, accompanied by information/awareness raising on how to use materials distributed to increase the benefit they provide to the beneficiaries and the length of time the materials remain in a condition fit for use.	IOM and Shelter Cluster pipeline partners
Activity 1.8	Ensure active participation of the most vulnerable groups in distributions and beneficiary selection, and promote women related working groups and their integration in program activities.	IOM and Shelter Cluster pipeline partners
Activity 1.9	Carry-out post distribution monitoring and analysis to inform future programming	IOM and Shelter Cluster pipeline partners

7. Effective Programming

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

a. Accountability to Affected People (AAP)³:

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.

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 was 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

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

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

needs and concerns regarding the assistance given. Throughout the process, there was 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 received positive feedback from staff and humanitarian partners. IOM Mozambique ensured that the materials and reporting mechanism were available in Portuguese and that IOM and IP trainers and protection focal points could fully utilize them through this action. In accordance with this, the IOM ensured the follow-up of potential SEA cases and access of potential survivors to protection, all while coordinating within the PSEA framework. 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. In addition to the specific protection component of this project, which includes outreach and a protection by presence approach by ensuring a significant number of relevant staff and teams are on the ground, protection was also be incorporated into training for the government, non-governmental organizations, and camp managers.

f. Protection:

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

g. Education:

NA

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.

A total of 1,300 bundles of bamboo valued at MZN 250 were purchased locally using local labor. The remaining 4,000 bundles of bamboo required for the construction of 433 shelters were obtained from suppliers.

Furthermore, the 433 shelters necessitated the use of 38 local workers, who were paid a total of MZN 3,000 per completed shelter.

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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N/A

3.2 Project Report 22-RR-FPA-018

1. Project Information			
Agency:	UNFPA	Country:	Mozambique
Sector/cluster:	Health - Sexual and Reproductive Health	CERF project code:	22-RR-FPA-018
Project title:	Support ensuring the provision of lifesaving Sexual and Reproductive Health response services to Women, girls and young people affected by the Tropical Storm GOMBE in Nampula and Zambézia provinces, in Mozambique		
Start date:	14/04/2022	End date:	27/01/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,200,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 300,000
	Total CERF funds sub-granted to implementing partners:		\$269,168
	Government Partners		\$35,025
	International NGOs		\$216,410
	National NGOs		\$17,733
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

In partnership with the Direcção Provincial de Saúde (DPS) of Zambezia, SPS Nampula, DKT, and Nafeza, UNFPA provided lifesaving sexual and reproductive health (SRH) services to the displaced community in Nampula and Zambezia provinces. While the SRH/GBV Service center for the provision of Emergency Obstetric and Neonatal Care, as well as HIV/STI treatment and counselling, is re-established, a total of 59,630 (40,806 Women and 18,824 Men) were reached. Of these, a total of 31,002 (26,921 women and 4,081 men) were provided with SRH services through 280 mobile brigades deployed, while 11,680 (10,080 women and 1,662 men) accessed SRH services at the local health facilities.

14 health facilities (5 in Zambezia and 9 in Nampula) were equipped with the necessary Reproductive Health (RH) Kits to ensure the provision of timely and life-saving Emergency Obstetric and Neonatal Care. A total of 2,489 pregnant women were provided with maternal health services. Of this, 2,090 normal deliveries were attended with the assistance of 10 deployed maternal and newborn health (MNH) nurses, while 399 were referred via a 24/7 mechanism. Furthermore, to enhance the knowledge of humanitarian actors in Nampula and Zambezia on the "Do no harm" and Prevention of Sexual Exploitation and Abuse (PSEA) principles, training sessions were organized for 66 humanitarian actors on PSEA, GBV, and the availability of SRH services. The Humanitarian actors conducted awareness sessions in the affected communities, health facilities, and resettlement centers in Nampula and Zambezia reaching a total of 59,630 beneficiaries (40,806 women and 18,824 men).

3. Changes and Amendments

During the implementation period of this project, UNFPA and partners experienced challenges due to the longer effect of tropical storm Ana and cyclone Gombe. The cyclone season with tropical storms Ana and cyclone Gombe that affected Nampula province and the central region of Mozambique (where UNFPA operates) limited the humanitarian team's capacity to implement activities as per the planning. Furthermore, the need to strengthen the humanitarian response capacity of the Implementing Partners (IPs) mainly in the province of Zambezia delayed the start of interventions, forcing additional assistance from the UNFPA Country Office through staff deployment for technical assistance. Thus, to execute the planned activity, UNFPA has requested a no-cost extension in order to ensure the delivery of expected outcomes. The extended period has given UNFPA and its Partners the time to execute the planned activities without affecting the quality of delivery.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Sexual and Reproductive 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	24,640	0	6,160	0	30,800	23,798	10,165	5,582	3,388	42,933
Host communities	10,560	0	2,640	0	13,200	9,255	3,953	2,171	1,318	16,697
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	35,200	0	8,800	0	44,000	33,053	14,118	7,753	4,706	59,630
People with disabilities (PwD) out of the total										
	400	0	100	0	500	661	141	155	47	1004

* 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

- **Reestablishment of SRH/GBV Services in the affected Districts, including for the provision of Emergency Obstetric and Neonatal Care, the project achieved the following results:**

280 mobile brigades were deployed for the provision of integrated SRH and GBV response services targeting 31,002 beneficiaries (26,921 women and 4,081 men). In doing this, 10 MCH nurses (10 in Zambezia) were deployed to the Health Facilities in the target Districts of Zambezia province to support the provision of SRH Services in temporary health clinics and Health Facilities where assistance was provided to 11,680 beneficiaries (10,018 Women and 1,662 Men); also they supported the deployment of mobile brigades deployment to the affected communities.

14 Health facilities (5 in Zambezia and 9 in Nampula) were equipped with life-saving commodities including Inter-Agency Emergency Reproductive Health (IARH) kits and Emergency tents to ensure the provision of essential SRH services including emergency obstetric care services, antenatal care, post-partum care, family planning services, and clinical management of rape, where 2,489 pregnant women were assisted, of which 2,090 women delivered at Health Facilities at the local level with MHC Nurses and 399 were referred to Reference Hospitals through the reinforced 24/7 referencing system and 226 had cesarean sections.

- **Support the PSEA Network efforts in the target provinces**

66 Humanitarian actors (45 in Nampula and 21 in Zambezia) including Community Activists and Community Leaders were trained on protection mainstreaming related to assistance for “Do no harm”, PSEA principle, GBV protection including referral mechanisms in the affected areas. Furthermore, 59,630 people (40,806 Women and 18,824 Men) participated in the awareness sessions provided by the trained humanitarian actors and activists on raising awareness about SRHR, GBV, and PSEA principles and 214 cases of violation were referred to the services.

6. CERF Results Framework

Project objective	To ensure continuity and access to essential Sexual and Reproductive Health and Rights (SRHRs) in the areas affected by Tropical Storm GOMBE, with focus on women, girls, adolescents and youth in accommodation centres and host communities.			
Output 1	Sexual and Reproductive Health (SRH) needs identified in affected areas and Maternal and neonatal mortality and morbidity prevented			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of health facilities with essential SRH services re-established and fully operational;	12	14	DPS Zambezia Report SPS Nampula Report
Indicator 1.2	SP.2b Number of people accessing services enabled by inter-agency emergency reproductive health kits	37,500	36,939 (W)	DPS Zambezia Report

	(Number of persons reached with essential SRH services (Antinatal care, birth, post-partum care, family planning and clinical management of rape) and information at the health facility and through the mobile brigades.)			SPS Nampula Report DKT Report NAFEZA Report
Indicator 1.3	AP.7 Number of community-based complaints/feedback mechanisms established	8	0	

Explanation of output and indicators variance: The targets were achieved above planned (over 100%). During the implementation period, Health Facilities in target areas were identified with needs and received due assistance.

Activities	Description	Implemented by
Activity 1.1	Deployment of mobile brigades for provision of integrated SRH and GBV response services.	DPS Zambezia, SPS Nampula, DKT and Nafeza
Activity 1.2	Deployment of MCH nurses for provision of SRH services in temporary health clinics and support the mobile brigades deployed to the accommodation centres.	DPS Zambezia

Output 2 Health facilities provided with inter-agency reproductive health kits (including essential medicines and supplies) to ensure availability of lifesaving SRH services for women and girls of reproductive age.

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

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of health facilities supported with SRH kits	12	14	DPS Zambezia Report SPS Nampula Report
Indicator 2.2	RH.1 Number of births attended by skilled health personnel	1,890	2,090	DPS Zambezia Report SPS Nampula Report
Indicator 2.3	Number of cases of caesarean section managed in the referral health facilities	189	226	DPS Zambezia Report SPS Nampula Report

Indicator 2.4	Number of pregnant women reached through the clean delivery kits provided by UNFPA	3,000	2,489	DPS Zambezia Report SPS Nampula Report
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Explanation of output and indicators variance:	A higher number of people were reached than planned through an equipped health facilities and strong 24/7 referral health facilities.
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Activities	Description	Implemented by
Activity 2.1	Procurement and distribution of life-saving commodities including IARH kits and Emergency tents to ensure provision of essential SRH services, including emergency obstetric care, family planning and clinical management of rape.	UNFPA

Output 3 Humanitarian actors in Nampula and Zambezia with increased knowledge on “Do no harm” and PSEA principles.

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

Sector/cluster	Health - Sexual and Reproductive Health
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of Humanitarian actors in Nampula and Zambézia briefed on protection mainstreaming related to assistance for “Do no harm”. 30 Humanitarian actors (5 per District)	30	66	Nafeza Report Kutenga Report
Indicator 3.2	Number of Humanitarian actors in Nampula and Zambézia briefed on PSEA Principles, Mozambique Code of Conduct, case identification and referral. 30 Humanitarian actors (5 per District)	30	66	Nafeza Report Kutenga Report

Explanation of output and indicators variance:	3006E contribution
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Activities	Description	Implemented by
Activity 3.1	Conduct orientation sessions with humanitarian actors on protection mainstreaming related to assistance for “Do no harm”, including rolling out complaints and feedback mechanisms in the affected areas	Nafeza Kutenga

Activity 3.2	Conduct orientation sessions to humanitarian actors on PSEA Principles, Mozambique Code of Conduct, case identification and referral.	UNFPA Nafeza Kutenga
Activity 3.3	Support to the PSEA Network through adaptation, translation and reproduction of PSEA awareness raising materials for humanitarian actors and communities.	UNFPA

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

Throughout the implementation of the project, UNFPA ensured women and girls, men and boys were continuously consulted using community engagements and dialogue, focus group discussions as well as feedback from the AAP working group. Prior to the designing of the project, community consultation and needs assessments have been conducted with the involvement of the affected community. Besides, GBV awareness sessions were organized, where communities were consulted on the information shared, SRH service provision, and how the awareness sessions could be improved. This ensured that the concerns and suggestions were included in the implementation and monitoring of the project.

b. AAP Feedback and Complaint Mechanisms:

UNFPA through Nafeza and Kutenge leveraged the existing feedback and complaint mechanisms such as the committee established consisting of community representatives, the Justice Bureau, Police, and Health Bureau. This helped ensure the availability of accessible feedback and compliant mechanism, as well as the provision of timely solutions.

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 reviewing the primary implementing partners' PSEA policy. Partners, community representatives, activists, and humanitarian stakeholders were trained on PSEA, as well as on the establishment of case management and referral pathways at the district level. In doing this, awareness sessions were organized on PSEA, protection, and referral of violation cases.

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

This project primarily targeted women, girls, and youth and aimed at reducing their vulnerability while ensuring they have access to comprehensive and life-saving SRH services. The provided SRH services included pregnancy-related care, safe delivery through the

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

provision of emergency obstetric care services, and contraceptives to prevent unwanted pregnancies, as well as HIV/STI treatment and counselling.

e. People with disabilities (PwD):

The intervention targeted people with disabilities and reached a total of 1,004 individuals, which exceeds the total planned target number.

f. Protection:

UNFPA ensured staff working at health facilities have been sensitized 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 minimize risks of sexual exploitation among the targeted beneficiaries.

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:

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
N/A	

N/A

3.3 Project Report 22-RR-HCR-013

1. Project Information			
Agency:	UNHCR	Country:	Mozambique
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	22-RR-HCR-013
Project title:	Shelter repair support for shock affected households in Nampula Province.		
Start date:	14/04/2022	End date:	13/10/2022
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\$ 4,200,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,400,000
	Amount received from CERF:		US\$ 214,294
	Total CERF funds sub-granted to implementing partners:		US\$ 201,215
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 201,215	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

This CERF Rapid Response fund aimed to address the acute shelter repair needs for 350 vulnerable refugee and IDP households in Maratane Refugee Settlement in Nampula district and in Corrane IDP site in Meconta district that were severely affected by cyclone Gombe. The main component of this response was distribution of shelter materials and tools kits to 350 households to complement the efforts of IDPs construction through the provision of adequate shelter materials that will allow households to repair partially damaged houses and, for those whose houses were destroyed, to build a transitional shelter. To implement these activities, UNHCR partnered with local NGOs Associacao Carita Discesana de Nampula (Caritas) and Comité Ecuménico Para o Desenvolvimento Social (CEDES).

Overall, 1,914 individuals were supported with this intervention. This is higher than what was initially envisioned at proposal stage, due to estimated family size versus actual family size.

UNHCR's role also involved procurement and sourcing of the shelter materials while the partners supported the day-to-day management of the project. As at CERF interim reporting stage, UNHCR had floated the Invitation to Bid (ITB) for the establishment of a frame agreement for the delivery of shelter materials and toolkits (consisting of timber, iron sheets, nails, tools, bamboo, among others). In parallel, partners initiated the pre-distribution activities such as the identification and selection of project beneficiaries. However, due to lack of adequate bids, the ITB was extended and re-advertised for an additional two weeks to enlist more potential bidders from the county-wide market. This resulted in a slight delay in the delivery of shelter materials to the partners.

3. Changes and Amendments

N/A

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	217	182	161	140	700	330	410	183	163	1,086
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	218	182	161	140	701	122	105	90	80	397
Host communities	108	91	80	70	349	133	120	95	83	431
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	543	455	402	350	1,750	585	635	368	326	1,914
People with disabilities (PwD) out of the total										
	54	46	40	35	175	55	45	40	33	173

5. People Indirectly Targeted by the Project

Approximately 75 individuals indirectly benefitted from these shelter interventions. This includes individuals (new arrivals) who temporarily stayed with relatives during their displacement.

6. CERF Results Framework

Project objective	Shelter and Infrastructure established, improved, and maintained to improve access to safe and dignified shelter				
Output 1	POCs provided with shelter materials and maintenance tools kits				
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.3 Number of shelters and common shelter structures constructed or rehabilitated	350	350	Partner reports	
Indicator 1.2	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs (shelter assistance)	100	100%	Partner reports	
Indicator 1.3	SN.6 Number of people accessing shelter services	1750	1,914	Partner reports	
Explanation of output and indicators variance:		Overall, 1,914 individuals were supported with this intervention. This is higher than what was initially envisioned at proposal stage, due to estimated family size versus actual family size.			
Activities	Description	Implemented by			
Activity 1.1	1. UNHCR detailed shelter needs assessment 2. Discussion of needs at cluster level. 3. Implementing partner selection and sub agreement finalized. 4. Stakeholder and partner orientation. 5. Procurement plan for centrally/locally procured items.	CEDES and Caritas			
Activity 1.2	1. Partner pre-screening/verification of assessed needs 2. Beneficiary consultation 3. Constituting a beneficiary selection committee 4. Allocation of shelter kit per damage type 5. Letter of undertaking kept by UNHCR, signed by beneficiary and partner.	CEDES and Caritas			
Activity 1.3	1. Shelter material quality control 2. Distribution of shelter materials to beneficiary 3. Technical guidance, training & monitoring 4. Final verification 5. Certification and handover 6. Conduct post-distribution monitoring.	CEDES and Caritas			

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

UNHCR chairs the CE/AAP Working Group at the provincial 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. Its goal is to create 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. All of UNHCR's shelter interventions are designed based on regular context analysis and needs assessments which always includes direct consultations with communities, adopting an AGD approach, as well as Post Distribution Monitoring and end-line surveys at the end of each intervention.

b. AAP Feedback and Complaint Mechanisms:

UNHCR worked closely with the partners to set up safe, accessible, and confidential feedback and complaints mechanisms. These include anonymous place feedback surveys in shelter kits, complaints/suggestion boxes at distribution sites, phone lines 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 functionality. UNHCR developed key messages that services including shelter assistance are free and not conditioned by any sexual favour or other abusive conduct. As part of the project, UNHCR and its partners carried out two focus group discussions (FGDs). The purpose of these FGDs was to listen to the affected population to understand their needs and better incorporate them into the shelter kit design. I.e., the findings of the FGDs informed the kit content.

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

UNHCR's partners, shelter/CRI staff and volunteers involved in the distributions and/or in direct contact with beneficiaries are trained to handle sensitive complaints and on PSEA and are required to sign the Code of Conduct before implementing activities. Through the code of conduct, staff are continuously sensitized on the Prevention from Sexual Exploitation and Abuse while ensuring that any sexual exploitation and abuse complaints are channelled through the appropriate internal mechanisms within UNHCR. The partners furthermore received PSEA training prior to the initiation of the project.

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

UNHCR consulted with women, men, boys, girls, people with disabilities, older people and marginalised persons to collect accurate information about shelter requirements and preferences for distribution points and design of shelter materials. In addition, UNHCR, with the support of its partners, engaged the community volunteers to support people with specific needs in transportation the shelter kit materials from the distribution point to the construction sites/houses. This helped to mitigate potential protection risks, including the risk of gender-based violence, faced by women and girls and people with specific needs.

e. People with disabilities (PwD):

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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. UNHCR collected information about specific shelter/CRI requirements and introduced special arrangements for people who have difficulty accessing distribution points, who are unable to carry the kits nor construct shelters through supporting community mobilisation or home/mobile distribution. The project implementation involved conducting two FGDs to understand the basic needs of all groups of the targeted communities. These FGDs included people with disabilities and specific needs who actively provided their feedback in the process which later helped in the shelter kit design to subsequently address the needs of the PWDs. Similarly, and as abovementioned, through engagement with community volunteers, people with specific needs, including those with disabilities, are assisted through support in transportation of shelter materials as needed.

f. Protection:

Protection is at the core of every intervention that UNHCR carries out, including shelter support. UNHCR seeks to first and foremost target vulnerable groups. By using an AGD approach, UNHCR ensures collected data is disaggregated to reflect the diversity of the population. Through protection data, UNHCR can integrate the strengths and vulnerabilities of men, women, girls and boys, and those groups such as older people, people with disabilities, people belonging to minority groups, and persons of diverse sexual orientation or gender identity and adjust its shelter programming accordingly.

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:

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
UNHCR Mozambique monthly country factsheet	https://data.unhcr.org/en/country/moz

3.4 Project Report 22-RR-CEF-026

1. Project Information			
Agency:	UNICEF	Country:	Mozambique
Sector/cluster:	Water, Sanitation and Hygiene Health	CERF project code:	22-RR-CEF-026
Project title:	Provision of multisector lifesaving assistance to cyclone-affected people in Nampula and Zambezia provinces		
Start date:	21/03/2022	End date:	20/09/2022
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\$ 12,800,000	
	Total funding received for agency's sector response to current emergency:	US\$ 1,000,000	
	Amount received from CERF:	US\$ 1,056,603	
	Total CERF funds sub-granted to implementing partners:	US\$ 473,264	
	Government Partners	US\$ 270,052	
	International NGOs	US\$ 110,463	
National NGOs	US\$ 92,749		
Red Cross/Crescent Organisation	US\$ 0,0		

2. Project Results Summary/Overall Performance

In response to cyclone Gombe in Nampula and Zambezia provinces, UNICEF and partners through this CERF RR grant, provided safe water to nearly 59,000 people through water trucking, quick rehabilitation of water points and systems. Moreover, thanks to this CERF project, UNICEF through its partners distributed hygiene kits to over 13,000 people and promoted good hygiene and sanitation practices in affected areas. In addition, UNICEF supported the rehabilitation (quick fix) to four health facilities in Zambezia province benefiting around 86,000 people and distributed a number of supplies to enable access to primary health care in areas with health facilities destroyed. Overall, in this project UNICEF was able to reach about 124,000 people with WASH and health services in Zambezia and Nampula from March to September 2022. Specific output results from this project are described hereunder

Health & Nutrition: Through this CERF UFE grant, UNICEF and its partners supported assessment of health facilities damaged by cyclones ANA and GOMBE, in Nampula and Zambezia provinces. In Zambezia province, UNICEF supported small rehabilitation and provided equipment to four health facilities (Pebane Sede, Tomeia, Cutal and Mocubela Sede), benefiting around 65,670 people (15,000 children). UNICEF procured and distributed to the end user, 119 IEHK2017 kit, basic unit; 10 IEHK kit, suppl 1 medicine; 125 AWD community kit drug; 10 AWD periphery kit drug; 150 Mozambique community health worker medicine Kit 2016 (APE medicine kit); 19 high performance tents 72 m² ; 17 high performance tents 24 m², 200 cartons of therapeutic milk F-75 and 100 cartons of therapeutic milk F-100, which enabled essential health care services to approximately 120,000 people (21,000 children under 5).

WASH: The initial UNICEF intervention consisted of restoring electricity, allocation of generators and fuel, provision of water pumps and water trucking, which allowed immediate coverage in terms of water supply mainly in accommodation centers. While the WASH component focused on the restoration of water systems, water trucking was conducted at the early stage of the response to ensure basic needs were covered while the more medium-term interventions were completed, i.e. rehabilitation of the water systems affected by the cyclone. The response initially planned to benefit 6,000 people with access to safe water and 24,000 people using appropriate sanitation facilities. However, the project benefited 58,709 people which represents a significant overachievement of the planned target. This overachievement for the water component is a result of directing some interventions to centralized urban water supply systems rather than rural water systems which serve higher number of people than the rural water points. In addition, 40 latrines were constructed in primary schools, and 40 handwashing stations were installed. Hygiene promotion and awareness activities were conducted in the affected communities, with a focus on various prevention messages related to health and hygiene. UNICEF also provided critical WASH supplies to over 13,000 people affected by the cyclone.

3. Changes and Amendments

No changes were faced during project implementation.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	12,000	0	24,960	23,040	60,000	15,104	0	26,294	24,272	65,670
Total	12,000	0	24,960	23,040	60,000	15,104	0	26,294	24,272	65,670

People with disabilities (PwD) out of the total

0	0	52	48	100	0	0	36	24	60
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Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	2,495	2,295	2,715	2,495	10,000	1,560	1,040	2,340	1,560	6,500
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	4,990	4,590	5,430	4,990	20,000	12,540	8,354	18,325	12,530	51,749
Total	7,485	6,885	8,145	7,485	30,000	14,090	9,394	20,665	14,090	58,249

People with disabilities (PwD) out of the total

599	551	652	599	2,401	450	310	430	395	1,585
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5. People Indirectly Targeted by the Project

Health & Nutrition: Around 30,000 inhabitants belonging to nearby/adjacent health areas benefited from improved essential Health care services, due to the small rehabilitation and equipping of the health units (Pebane Sede, Tomeia, Cutal and Mocubela Sede).

WASH: the cyclone Gombe affected seven water supply systems in Nampula province. UNICEF supported the restoration of these systems by restoring electricity, allocation of generators and fuel, provision of water pumps benefiting many more people approximately 20,000 people.

6. CERF Results Framework

Project objective	Provision of multisector lifesaving assistance to cyclone GOMBE-affected people			
Output 1	Restore and improve the quality of essential healthcare and nutrition for 60,000 children and women most affected by cyclone Gombe			
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	# of children and women accessing primary health care in UNICEF-supported facilities (CCS, CPN, FP)	60,000	65,670	District health authorities report
Indicator 1.2	# of children under five provided with consultations (Sick consultation in HF and MB)	2,000	3,154	District health authorities report
Indicator 1.3	H.7 Number of functional health facilities supported	4	4	DPS reports
Indicator 1.4	H.1a Number of emergency health kits delivered to healthcare facilities (IEHK2017, kit, basic unit)	29	119	UNICEF supply report
Indicator 1.5	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding) (children under 5)	1,000	672	DHIS2 (SIS-MA)
Explanation of output and indicators variance:		The overachievement are due to the needs on the ground that were very high than expected, given that the cyclone hit two provinces namely Zambezia and Nampula.		
Activities	Description	Implemented by		
Activity 1.1	Procurement and delivery of essential supplies including emergency medical kits and nutrition therapeutic supplies (29 IEHK kits, ERHK) for stocks replenishments	UNICEF procured and distributed to the end user, 119 IEHK 2017 kit, basic unit; 10 IEHK kit, supply 1 medicine; 125 AWD community kit drug; 10 AWD periphery kit drug; 150 Mozambique community health worker medicine Kit 2016 (APE medicine kit); 200 cartons of therapeutic milk F-75 and 100 cartons of therapeutic milk F-100, which enabled essential health care services for woman and children to approximately 120,000 people (21,000 children under 5).		

		Implementing partners: SPS and DPS Zambezia and Nampula Note that while our target of 1,000 children represented an estimate of the expected children who would need treatment, only 672 children in the target area were found to have SAM and thus admitted for treatment. However, the GoM has the supplies to treat the additional children as they are identified and all children identified with SAM in the target area were treated in accordance with GoM procedures and UNICEF's technical support.
Activity 1.2	Procurement, delivery and installation of tents in health facilities that were severely damaged following the cyclone to allow services to be re-established	UNICEF procured and distributed to the health authorities, 19 high performance tents 72 m ² and 17 high performance tents 24 m ² , which supported provision of essential health care services for woman and children in the damaged health facilities and served for the installation of cholera treatment units in the cyclone affected districts/communities.
Activity 1.3	Quick fix repairs to 4 health facilities damaged by the cyclone	Through provincial health authorities, UNICEF supported small rehabilitation and provided equipment (chairs and tables) to 4 damaged health facilities (Pebane, Sede, Tomeia, Cutal and Mocubela Sede) as part of the response to cyclone Gombe and tropical storm Ana, benefiting around 86,000 people (15,000 children).

Output 2 Restore and improve access to WASH services for 30,000 persons affected by cyclone Gombe

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	6,000	58,709	Partners Reports (PCA with HELVETAS and World Vision in Nampula and DPOP Zambezia) + 5W
Indicator 2.2	# people using safe and appropriate sanitation facilities	24,000	18,969	Partners Reports (PCA with HELVETAS and World Vision in Nampula and Kukumbi in Zambézia) + 5W
Indicator 2.3	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)	5,000	13,245	Partners Reports (SPI, PCA with World Vision in Nampula and Kukumbi in Zambézia) + 5W
Indicator 2.4	AP.6b Percentage of issues identified in feedback processes for which solutions are in process or closed	90	97	Partners Reports + Linha Verde

Indicator 2.5	AP.7 Number of community-based complaints\feedback mechanisms established	2	2	Partners Reports + Linha Verde
Explanation of output and indicators variance:		WASH supplies (Hygiene Kits) - After the cyclone, families completely lost shelters and were temporarily accommodated in transit centres, requiring assistance in terms of hygiene Kits. For example, in Lunga Administrative Post, almost all families were displaced. The overachievement for the water component is a result of directing some interventions to centralized urban water supply systems rather than rural water systems which serve higher number of people than the rural water points		
Activities	Description	Implemented by		
Activity 2.1	Provision of emergency WASH services in accommodation centres and resettlement areas	The effects of the cyclone were very devastating affecting almost all families in the target areas. The initial UNICEF intervention consisted of restoring electricity, allocation of generators and fuel, provision of water pumps and water trucking, which allowed immediate coverage in terms of water supply. While the WASH component focused on the restoration of water systems, water trucking was conducted at the early stage of the response to ensure basic needs were covered while the more medium-term interventions were completed, i.e. rehabilitation of the water systems affected by the cyclone. Minimum WASH services were provided in accommodation and resettlement centres, with water trucking, emergency latrine, and distribution of hygiene kits. WASH implementing partners also worked with communities to rebuild their latrines and maintain basic hygiene practices.		
Activity 2.2	Restoration of centralized water supply systems	<p>The WASH component focused on the restoration of water systems. The response initially planned to benefit 6,000 people with access to safe water and 24,000 people using appropriate sanitation facilities. However, the project benefited 58,709 people which represents a significant overachievement of the initially planned target of 6,000 people. This overachievement for the water component is a result of directing some interventions to centralized urban water supply systems rather than rural water systems which serve higher number of people than the rural water points. This is mainly the results of the rehabilitation of 3 water supply systems in Mossuril (Ampita and Lacua) and Erati (Kutua), benefiting both host communities and IDPs. Another water supply system in Chimuara, Mopeia district was also rehabilitated. Several water supply activities were undertaken, including the payment of electricity bills, allocation of generators and fuel, and replacement of hydromechanics equipment.</p> <p>UNICEF worked closely with Government partners such as DPOPs in both Nampula and Zambezia provinces in terms of identifying the sites, defining priority areas, and deciding on technological options. UNICEF also worked with FIPAG where equipment's to restore boreholes in FIPAG intake field in Licuare and for the Mocuba water treatment plant was handed over, which will increase water quality to supply about 5,560 people.</p>		

Activity 2.3	Improve WASH services in local communities affected by the cyclone	To improve WASH services in affected communities' different initiatives were implemented in different communities. In Namitangirine resettlement, Muabuara host community, and Chire resettlement, 9 water points were constructed. Additionally, 45 hand pumps were rehabilitated and constructed in schools and households in different regions. In Mossuril district, 17 hand pumps were rehabilitated, and water committees were trained in operation and maintenance. 40 latrines were constructed in primary schools, and 40 handwashing stations were installed. Hygiene promotion and awareness activities were conducted in the affected communities, with a focus on various prevention messages related to health and hygiene.
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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 areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

Health and Nutrition: AAP was considered throughout project implementation, with active engagement of community leaders, community health workers and activists on the delivery mechanisms of health services and identification of sites for integrated mobile brigades.

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:

Health and Nutrition: The feedback mechanism mainly consisted on collecting complaints and other relevant information from beneficiaries during field missions and visits to the project sites.

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

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

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):

Health and Nutrition: Implementing partners and health professionals were timely trained on PSEA.

WASH: PSEA training modules were included in all training packages of implementing partners who were timely trained on PSEA. These trainings equipped the partners to be in position to report and take action in case of any SEA case.

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

Health and Nutrition: Alongside with PSEA, GBV considerations were mainstreamed in the training and orientation sessions for the health professionals.

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. Hygiene and dignity 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. The kits also include solar lights for accessing WASH facilities at night.

e. People with disabilities (PwD):

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.

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.

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.

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.

g. Education:

Not applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
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 nature of activities and interventions. In addition the market assessment done in the province indicated not to be feasible.

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
O UNICEF, @UNCERF e @kukumbi1 apoiam na reciclagem de activistas em boas práticas de higiene e saneamento nas comunidades dos bairros de Manhua, Incidua e Chirangano, na cidade de Quelimane, no âmbito da resposta de emergência a cólera devido ciclone Gombe.	https://twitter.com/UNICEF_Moz/status/1539954967989075975
UNICEF and CERF WASH support to children and families affected by cyclone Gombe in Nampula.	https://www.unicef.org/mozambique/en/stories/unicef-and-un-cerf-work-together-support-needs-children-and-families-affected-gombe

3.5 Project Report 22-RR-WFP-023

1. Project Information			
Agency:	WFP	Country:	Mozambique
Sector/cluster:	Food Security - Food Assistance	CERF project code:	22-RR-WFP-023
Project title:	Life-saving food assistance to cyclone-affected populations impacted by Tropical Cyclone Gombe		
Start date:	11/03/2022	End date:	10/09/2022
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\$ 0
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,303,155
	Total CERF funds sub-granted to implementing partners:		US\$ 10,910
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 10,910	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

On 11 March 2022, Tropical Cyclone Gombe hit the coast of Mozambique, with its epicenter in Nampula province, affecting Nampula and other provinces, including Zambezia, and hitting areas already affected by Tropical Storm Ana in January 2022 such as Tete province. According to government figures, the cyclone affected over 736,000 people and some 6,900 people were displaced and were hosted in transit centers.

Through this CERF grant, which was complemented by contributions from other donors, WFP provided food assistance to an overall number of 51,034 beneficiaries using different transfer modalities, including Cash Based Transfers (CBT) and in-kind food assistance.

A total of 36,034 beneficiaries were assisted in Nampula (Monapo, Meconta, Ilha de Mocambique and Mossuril), Zambezia (Maganja da Costa, Mocuba, Namacurra and Quelimane) and Tete (sede) in the form of cash-based transfers (7,492 beneficiaries), unrestricted value vouchers (19,142 beneficiaries) and commodity vouchers (9,400 beneficiaries). The assistance allowed to sustain access to food and other essential needs to the most affected populations between April and December 2022.

In locations where the market was not conducive to implement Cash Based interventions, WFP provided in kind food assistance through two distribution cycles distributed to 15,000 people (3,000 HHs) in Liupo district, indicated as one of the most affected districts, of Nampula province, within the period of October-November 2022. Each Household received a food package composed of cereals, pulses and oil (333.33 grs, 67 /person/day and 25 grs/person/day respectively). It is important to note that Liupo was not initially included in the list of

the districts prioritized by the Provincial Government considering the limited resources available to respond to the higher needs resulting from the impact of Gombe.

In the first month of the response, March 2022, WFP complemented Government stocks to assist affected people in temporary accommodation centers. From the overall 385.077 metric tons purchased under this grant, 33,237 metric tons served to complement government stocks and ensure urgent assistance within the first 72 hours after the shock to 14,860 beneficiaries (3,314 beneficiaries) in Zambezia Province, which continued to receive assistance during the recovery phase through CBT as reported above.

3. Changes and Amendments

Although the CERF's contribution was initially targeted to assist affected populations in Nampula and Zambezia provinces, WFP received a request from INGD to assist populations that had already been hit by Tropical Storm Ana in Tete. A portion of the CERF grant (USD 44,021) was therefore used to complement the limited funding from other donors in the immediate aftermath of the emergency and reach 1,937 beneficiaries in Tete for two out of the three monthly cash transfers.

The total number of beneficiaries reached through cash and voucher-based assistance exceeded the planned figures as other donor contributions materialized in June 2022, which complemented the CERF grant. Therefore, although WFP was initially planning to use the CERF grant to cover three (3) monthly transfers to 18,023 beneficiaries, the funds were eventually used to reach more beneficiaries (36,034) who still received 3 monthly cycles of assistance through multi-donor contributions.

At the proposal drafting stage, WFP equally split the CERF budget for cash and voucher-based assistance as little information about the market conditions of the most-affected areas was available at that stage. Direct observations conducted by WFP's field staff and consultations with local stakeholders, as well as the findings of the rapid market assessment carried out in Mossuril (Nampula) revealed that cash was a feasible option only in Tete sede and Quelimane (city and districts). Vouchers were therefore used in all other locations where WFP's contracted retailers were able to provide services.

Delays in the implementation were mainly due to lengthy negotiations with the provincial and district authorities in Monapo (Nampula province), where the district government requested WFP to authorize monthly rotation of beneficiary lists, instead of targeting the most vulnerable households with sustained assistance as per the response design. The outcome of these discussions entailed the reallocation of the beneficiary caseload to different affected districts from the ones initially prioritized in the operational plan. The selection and prioritization of the new districts was completed by the Government only in late August 2022, which delayed the implementation process. Therefore, a request was put forward to extend the validity of the CERF until 10 December 2022 to allow the completion of the value voucher transfers and the certification of the outstanding invoices.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	6,581	5,793	8,043	7,706	28,123	11,124	10,205	15,210	14,495	51,034
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6,581	5,793	8,043	7,706	28,123	11,124	10,205	15,210	14,495	51,034
People with disabilities (PwD) out of the total										
	165	145	201	193	704	278	255	380	362	1,275

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 in Mozambique in response to extreme weather events, including tropical storms and cyclones. As regards cash-based transfers, through the implementation of this project, local traders injected liquidity into the market, thus boosting the local economy. WFP also supported Emergency Provincial Committees to conduct Rapid Needs Assessments under the leadership of INGD.

6. CERF Results Framework

Project objective	Provide life-saving food assistance to people affected by Tropical Cyclone Gombe in Nampula and Zambezia provinces.			
Output 1	Provide lifesaving food assistance to 28,123 people			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	FN.1a Number of people receiving in-kind food assistance	28,123	29,860	Cooperating partner distribution reports
Indicator 1.2	FN.1b Quantity of food assistance distributed in MT	382	366	Cooperating partner distribution reports
Indicator 1.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	307,298	231,035.65	WFP WINGS
Indicator 1.4	Cash.2a Number of people receiving sector-specific unconditional cash transfers	9,011	7,492	WFP WINGS, Cooperating partners' distribution reports
Indicator 1.5	Cash.4b Total value of unconditional vouchers distributed in USD	307,298	373,408.74	WFP WINGS
Indicator 1.6	Cash.4a Number of people receiving unconditional vouchers	9,012	28,542	WFP WINGS, Cooperating partners' distribution report
Explanation of output and indicators variance:		WFP managed to purchase about 3,0 metric tons (of pulses -1.0 mt; and oil-2.077 mts) above the planned quantities. The use of the WFP's Global Commodity Management Facility allowed for the purchase of the food commodities at reasonable prices. The adjustments made in the plans covering new districts in substitution of Monapo to one other district (Liupo) made it possible to assist additional new beneficiaries.		
Activities	Description	Implemented by		
Activity 1.1	Procurement and transport of food commodities and dispatch to distribution sites	WFP		
Activity 1.2	Distribution of food rations and delivery of voucher entitlements	WFP's cooperating partners, i.e. SEPPA (Nampula) and WWI (Zambezia)		

7. Effective Programming

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

a. Accountability to Affected People (AAP)¹¹:

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 also 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 exist, such as help desks 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 is actively promoted at every opportunity. Accessible 7 days a week from 6am to 9pm, the hotline service tends to the communications needs of to 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 cases of SEA, SGBV and child protection concerns.

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).

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

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

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

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 works 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. Beneficiary data is disaggregated by gender & age as well as disability, which once digitized will present an overview of the make-up of the affected population reached through food assistance. WFP Mozambique has leveraged a Global agreement with Trinity College Dublin for disability inclusion to develop accessible communications supports focused on vulnerability based targeting in the food assistance. 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, 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:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	36,034

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 transfer value of the CVA provided by WFP was set by using an essential needs approach. Considering that in-depth post-shock assessments of beneficiary needs are usually not feasible immediately after a disaster and to enable a rapid emergency response, transfer values were determined prior to the beginning of the cyclone season, based on available data from the Household Budget Survey 2014-2015 (readjusted to factor in inflation). This allowed WFP to estimate the minimum amount that an average household needs to cover its essential needs (defined as the poverty line/threshold/minimum expenditure basket). Based on this analysis, the value provided to the beneficiaries on a monthly basis is expected to cover estimated economic gap of the most vulnerable populations (50% of their essential needs, which corresponds to MZN 3,552/HH/month).

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	<u>Restriction</u>
1.4	7,492	US\$ 231,035.65	Food Security - Food Assistance	Restricted
1.6	28,542	US\$ 373,408.74	Food Security - Food Assistance	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Government of Mozambique, UN and partners keep deploying personnel to Nampula and other provinces affected by Cyclone Gombe to save lives and provide humanitarian assistance. Gombe affected 450,000 people. Large areas remain flooded and inaccessible.	https://twitter.com/wfp_mozambique/status/1504850434669826048
"The devastating impact of Cyclone Gombe on the population of Mozambique is a clear example of the urgent need for Climate Action; There is no denying it, climate change is real and it is already here"- Myrta Kaulard, Head of the UN in Mozambique, in a visit to the cyclone Gombe affected areas	https://twitter.com/wfp_mozambique/status/1504458137675444225

3.6 Project Report 22-RR-WHO-016

1. Project Information			
Agency:	WHO	Country:	Mozambique
Sector/cluster:	Health	CERF project code:	22-RR-WHO-016
Project title:	Provide primary care health services and strengthen the capacity to respond to infectious disease outbreaks of cholera, acute watery diarrhoea and dysentery to affected populations of Tropical Cyclone Gombe and flood-affected population in Mozambique		
Start date:	04/04/2022	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\$ 1,200,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 321,910
	Total CERF funds sub-granted to implementing partners:		US\$ 107,218
	Government Partners		US\$ 107,218
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

With this CERF funding, WHO and its partners (Provincial Health Service and Provincial Directorate of Health) in Nampula were able to provide health care and contain infectious disease outbreaks of cholera and other diarrhoeal diseases and prevent further expansion in the areas affected by Cyclone Gombe.

HR: WHO deployed three professional staff officers for 90 days and contracted two technicians (Emergency Health Officers) based in the Nampula sub-office (opened only for response to Cyclone Gombe). These officers provided technical support and capacity building to health professionals at provincial, district and health facility levels on epidemiological surveillance, case management of diarrhoeal diseases (AWD and Cholera), monitoring of cholera response activities and other national health programmes.

Provision of essential PHC services: To deliver Primary Health Care to those highly affected communities without access to health facilities. WHO supported the implementation of Mobile Health Brigades in five previously assessed districts Mossuril, Mogincual, Monapo, Meconta and Ilha de Moçambique. With these mobile health brigades, it was possible to take primary public health care to communities in need, and it was possible to assist 87,192 people, including internally displaced people from the cyclone who were in the host communities. A total of 271 mobile health brigades were deployed to provide integrated health services.

WHO has supported 27 health facilities in cyclone-affected districts with tents, surgical supplies and medicines, enabling these health facilities to ensure the continuity of integrated and essential life-saving services.

Under this proposal, different kits were procured and distributed to strengthen the response to cholera and AWD outbreaks and support the treatment of various diseases within the mobile health brigades. Inter-agency Emergency Health Kit (IEHK 2017) (4 complete kits), peripheral cholera kits for cholera treatment (5 kits) and Cholera laboratory kits (7 kits).

Timely response to cholera and AWD disease outbreaks: As part of local capacity building, WHO has trained 70 clinicians and 47 laboratory technicians in AWD and cholera case management and local testing using rapid diagnostic tests for cholera.

WHO supported the investigation of the cholera outbreak in Nampula City and the verification of reported rumours of cholera and acute watery diarrhoea in the Monapo and Ilha de Mozambique districts. In addition to supporting the prevention of diseases with high epidemic potential (Diarrhoea, Cholera, Malaria, etc.),

WHO has supported the Ministry of Health and Provincial Health Service in reactivating the Cholera Task Force with multi-stakeholder involvement and establishing a health cluster with the participation of health partners operating in the cyclone Gombe emergency response (from coordination of health partners to technical working groups), resource allocation and implementation of response plans

3. Changes and Amendments

N/A

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	9,129	8,661	2,809	2,809	23,408	11,371	10,788	4,689	2,309	29,157
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	18,171	17,239	5,591	5,591	46,592	22,634	21,473	7,971	5,957	58,035
Total	27,300	25,900	8,400	8,400	70,000	34,005	32,261	12,660	8,266	87,192
People with disabilities (PWD) out of the total										
	1,267	1,202	390	390	3,249	1,100	1,000	340	200	2,640

5. People Indirectly Targeted by the Project

Notifiable disease surveillance was strengthened in all districts focusing on the 5 districts most affected by the cyclone (Mossuril, Mogincual, Monapo, Meconta and Ilha de Moçambique). In addition to IDPs, affected host communities benefited from advocacy efforts, risk communication and community engagement in preventing diseases such as diarrhoea, cholera, malaria and others.

Host communities benefited indirectly from the mobile health brigades offering integrated health packages. These communities have also benefited from awareness-raising activities on PSEAH through the various messages disseminated within the communities.

6. CERF Results Framework

Project objective Provide health care and contain infectious disease outbreaks of cholera and other diarrhoeal diseases and prevent further expansion in the areas affected by Cyclone Gombé and floods

Output 1 Provision of PHC services to the affected districts

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 1.1	H.8 Number of primary healthcare consultations provided	70,000	87,192	Reports of mobile brigades in different affected communities in 5 districts
Indicator 1.2	H.1a Number of emergency health kits delivered to healthcare facilities	4	4	Procurement and hand over report
Indicator 1.3	H.7 Number of functional health facilities supported	36	27	Filed activity reports
Indicator 1.4	AP.5b Percentage of affected people who state that they were able to access humanitarian assistance and services in a safe, accessible, accountable, and participatory manner	80%	90%	Filed activity reports

Explanation of output and indicators variance: With two officers recruited and with financial support, it was possible to profile the health needs of the affected districts through rapid needs assessments conducted. Planning for the implementation of mobile brigades to provide basic health care to affected communities was detailed district by district with engagement of technical staff from each of the districts.

Activities	Description	Implemented by
Activity 1.1	Procurement and distribution of Interagency Emergency Health Kits 2017 (04 Kits)	WHO
Activity 1.2	Deployment of health care workers to support PHC through MHB in the affected districts	SPS/DPS with WHO support
Activity 1.3	Deployment of mobile health brigades to provide basic health care in hard-to-reach areas in affected districts	SPS/DPS with WHO support
Activity 1.4	Undertake joint supportive supervision to the affected hospitals and health facilities	SPS/DPS with WHO support

Output 2 Timely respond to diarrheal/cholera and dysentery disease outbreaks

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 care workers and community members trained on cholera case management and infection prevention	70	70	Training Technical Report
Indicator 2.2	H.5 Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 24 hour	90%	100%	Daily BES report and Field activity reports
Indicator 2.3	All confirmed outbreaks timely responded and properly managed	100%	100%	All rumours investigated and all conformed outbreaks responded 100%. SPS and SDSMAS technical report of the investigation and response to the cholera outbreak in Nampula City.
Indicator 2.4	H.11 Number of people receiving treatment for acute watery diarrhea (incl. cholera)	100%	100%	Technical report of the investigation and response to the cholera outbreak in Nampula City.
Indicator 2.5	H.6 Proportion of functional health facilities sharing timely reports	100%	100%	BES report and Field activity reports
Indicator 2.6	H.9 Number of people provided with mental health and psycho-social support services	100% of the identified	100%	Technical Report

Explanation of output and indicators variance: The capacity to investigate cholera outbreaks and verify rumours in the province has been strengthened due to training conducted for clinicians and laboratory technicians as well as the acquisition and delivery of AWD/cholera investigation and response kits. 29 cholera cases were treated at the cholera treatment centre (CTC) in Nampula City.

Activities	Description	Implemented by
Activity 2.1	Provide training on, cholera, acute watery, dysentery, malaria surveillance, contact tracing and case management for 70 health care workers.	MOH with WHO support
Activity 2.2	Provide training for health care workers and Lab technicians on RDT testing cholera/acute watery diarrhea.	MOH with WHO support

Activity 2.3	Deployment of WHO CO staff to the affected districts to monitor disease conditions, outbreak investigations and response to potential cholera/AWD cases.	WHO
Activity 2.4	Procurement and distribution of Cholera kits (05 peripheral kits, and 07 Cholera lab kit)	WHO
Activity 2.5	Monitor disease surveillance	MOH with WHO support

7. Effective Programming

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

a. Accountability to Affected People (AAP)¹³:

WHO has a presence in the country's northern region, with a sub-office that manages the country's three northern provinces. WHO has been following the evolution of the situation with the increase in IDPS in some districts, such as Meconta and Memba in Nampula province.

Before the WHO response, Government authorities, Humanitarian partners and community-based organizations (with the involvement of affected communities) conducted rapid assessments in the affected districts, including those receiving internally displaced persons from Cabo Delgado, to identify the needs of affected populations, identify volunteers to support field interventions and conduct regular monitoring to assess progress.

There have been several discussions with IDPs and host communities where the main health problems before and after Cyclone Gombé were heard. One of the critical areas identified was water scarcity and diarrhoeal diseases.

Once rumours occurred in the communities, response actions were supported with frequent monitoring of the activities that required community members' involvement and engagement in the response.

b. AAP Feedback and Complaint Mechanisms:

The affected population is aware that the government, with the involvement of different partners, is supporting the response to the health emergencies caused by Cyclone Gombé.

Regular visits by WHO technical staff to affected communities and discussions with community members and elders on health service delivery were one of the approaches used as an open channel for community feedback.

The top leadership of the communities was encouraged to give their feedback and preferably always in the presence of the members of the communities. In addition, community members were involved in disease detection, reporting, and providing messages to their community members.

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

Protection entails activities that ensure the individual's rights following the relevant bodies of international law. WHO continued to advocate and work with partners on preventing sexual exploitation and abuse, including specialized PSEA training for all WHO staff and having a zero-tolerance policy towards any form of exploitation and abuse.

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

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

WHO provides immediate and confidential SEA reporting mechanisms to WHO staff and collaborators or any other person who may have been a victim of SEA or who may have witnessed or otherwise been informed of a case of SEA involving WHO and follow-up.

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

This project was mainly aimed at providing medical and medicinal assistance to the affected communities and responding effectively to disease outbreaks that might break out. Although diseases do not choose ages or genders, services have been provided to all individuals to stop disease transmission and reduce morbidity and mortality from disease outbreaks.

e. People with disabilities (PwD):

Populations living with disabilities are faced with a double burden of vulnerabilities. Health professionals were trained on the job to prioritize the needs of PwD and, according to them, provide the ideal response.

f. Protection:

WHO has placed a particular focus on monitoring the health situation of affected communities in temporary and resettlement sites. Surveillance training was provided to a focal point from different communities to ensure timely detection and reporting of epidemic diseases (cholera, acute watery diarrhoea, dysentery and cholera). This focal point is also responsible for reporting situations that jeopardize the protection of women and girls.

g. Education:

NA

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

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

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
-	-	US\$ -	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
O Ciclone Gombe traz a luz os verdadeiros heróis do Sector da Saúde. OMS Escritório Regional para a África	O Ciclone Gombe traz a luz os verdadeiros heróis do Sector da Saúde. OMS Escritório Regional para a África (who.int)
WHO remains on the front line supporting the populations affected by Cyclone Gombe. The organization donates supplies to the Directorate of the District Health Service of Meconta in the province of Nampula.	WHO remains on the front line supporting the populations affected by Cyclone Gombe. The organization donates supplies to the Directorate of the District Health Service of Meconta in the province of Nampula.
WHO and UNFPA co-lead the Health Cluster as part of the humanitarian response to Cyclone Gombe in Nampula province.	WHO and UNFPA co-lead the Health Cluster as part of the humanitarian response to Cyclone Gombe in Nampula province.

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-FPA-018	Gender-Based Violence	UNFPA	INGO	\$216,410
22-RR-FPA-018	Gender-Based Violence	UNFPA	NNGO	\$16,884
22-RR-FPA-018	Gender-Based Violence	UNFPA	NNGO	\$849
22-RR-FPA-018	Gender-Based Violence	UNFPA	Gov	\$23,022
22-RR-FPA-018	Gender-Based Violence	UNFPA	Gov	\$12,003
22-RR-HCR-013	Shelter and Non-Food Items	UNHCR	NNGO	\$137,549
22-RR-HCR-013	Shelter and Non-Food Items	UNHCR	NNGO	\$63,666
22-RR-HCR-013	Shelter and Non-Food Items	UNHCR	INGO	\$13,079
22-RR-CEF-026	Health	UNICEF	GOV	\$20,000
22-RR-CEF-026	Health	UNICEF	GOV	\$1,633
22-RR-CEF-026	Health	UNICEF	GOV	\$1,580
22-RR-CEF-026	Health	UNICEF	GOV	\$1,650
22-RR-CEF-026	Water, Sanitation and Hygiene	UNICEF	GOV	\$102,451
22-RR-CEF-026	Water, Sanitation and Hygiene	UNICEF	NNGO	\$55,453
22-RR-CEF-026	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,573
22-RR-CEF-026	Water, Sanitation and Hygiene	UNICEF	INGO	\$3,336
22-RR-CEF-026	Water, Sanitation and Hygiene	UNICEF	INGO	\$53,585
22-RR-CEF-026	Water, Sanitation and Hygiene	UNICEF	GOV	\$100,006
22-RR-CEF-026	Water, Sanitation and Hygiene	UNICEF	NNGO	\$37,295
22-RR-CEF-026	Water, Sanitation and Hygiene	UNICEF	GOV	\$1,634
22-RR-CEF-026	Water, Sanitation and Hygiene	UNICEF	GOV	\$39,526
22-RR-CEF-026	Water, Sanitation and Hygiene	UNICEF	INGO	\$53,543
22-RR-WFP-023	Food Assistance	WFP	NNGO	\$10,910
22-RR-WHO-016	Health	WHO	GOV	\$43,887
22-RR-WHO-016	Health	WHO	GOV	\$17,240
22-RR-WHO-016	Health	WHO	GOV	\$33,991
22-RR-WHO-016	Health	WHO	GOV	\$12,100