

**MOZAMBIQUE
RAPID RESPONSE
DISPLACEMENT
2022**

22-RR-MOZ-55016

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, including the need to urgently start the work on the 2024 HNO and HRP documents, prepare for the 2023-24 rainy/cyclonic season, and adjust humanitarian activities in Cabo Delgado following changes in the operational context (more returns, fewer IDPs, increased access in northern districts, etc.). 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 bilateral consultations. During the consultations, the results achieved with the grant, including people reached, overall impact, and added value were analysed. Furthermore, best practises and lessons learned with recommendations were also discussed, in an overall effort to improve efficiency and effectiveness of future CERF allocations.

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

Yes No

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

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

In September 2022, CERF allocated a total of US\$ 4,889,195 to Mozambique from its window for Rapid Response to support the provision of urgent life-saving assistance to a total of 70,000 people in need, affected by the sudden escalation of violence in the southern districts of Cabo Delgado province and the northern districts of Nampula provinces, areas previously considered safe and accessible.

CERF allocations enabled prioritized sectors and activities to receive adequate and urgent support from September 2022 to March 2023. Moreover, CERF-funded projects reinforced the coping mechanisms and livelihood of communities through sustainable and community-based approaches, while fostering coordination between recipient agencies, humanitarian partners, and the Government of Mozambique (GoM), both at national and at provincial level.

CERF funding was instrumental in the implementation of the emergency response through the 2022 and 2023 Humanitarian Response Plans, addressing the most urgent escalating humanitarian needs in the province amidst a highly fluid and insecure operating environment. All the interventions were critical and time sensitive in order to prevent a further escalation of the humanitarian needs. Through these allocations, sectoral coordination among a variety of partners was widely strengthened.

CERF's Added Value:

CERF funding allowed for the immediate delivery of assistance to the populations affected by violence/insecurity in southern Cabo Delgado and northern Nampula, in line with the 2022 and 2023 Humanitarian Response Plans. Through the rapid approval of the application, agencies were able to quickly deploy emergency staff and supplies to save lives and alleviate the suffering of the affected population. CERF funds enabled agencies to reach the affected people quickly with assistance in the initial days of the crisis to address the most urgent priorities, including emergency food, CCCM, shelter, health, WASH, and protection.

For example, UNFPA and its partners were able to provide life-saving Sexual and Reproductive Health (SRH) and GBV assistance to a total of 78,791 people, including women and girls of reproductive age and other indirect beneficiaries (boys and men), in resettlement centres and host communities. In areas receiving IDPs affected by the attacks in southern Cabo Delgado, UNHCR reached 28,622 people with integrated GBV, MHPSS, PSEA, and legal rights messaging to reduce protection risks and improve access to support. Still, CERF contributions were crucial to ensure the provision of life-saving food assistance to conflict affected communities starting in September 2022. With these funds, WFP was able to assist 21,935 displaced people with value vouchers redeemable for food items at contracted retailers

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

In conclusion, CERF funds have been instrumental in kick starting the emergency response in southern Cabo Delgado and northern Nampula, areas considered safe and accessible until September 2022, when the first armed attacked was reported in the area. Moreover, they have been significantly catalytic in raising additional funds from other international donors over the following months, in line with the 2022 Humanitarian Response Plan.

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

Yes

Partially

No

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

Considerations of the ERC's Underfunded Priority Areas¹:

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

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

Projects activities reached a total of 18,188 people with disabilities (PwD), ensuring their inclusion in decision-making processes and safeguard of their human rights. PwD have been facing heightened challenges in Cabo Delgado amidst the conflict, including physical, safe and meaningful access restrictions. Inclusion of persons with disabilities was therefore prioritized in all sectors to ensure that barriers preventing their participation and enjoyment of rights could be removed to the greatest extent possible.

Overall, vulnerable groups, including persons with disabilities, elderly, women, children, and persons with underlying medical conditions were considered a protection crisis within the humanitarian emergency in Cabo Delgado and were given targeted assistance. During the project interventions, special measures were envisaged to ensure that vulnerable groups have priority access to services and their safe, meaningful and dignified participation is facilitated to the greatest extent possible. Moreover, according to the collective Accountability to Affected Populations (AAP) and Protection from Sexual Exploitation and Abuse (PSEA) commitments, the recipient UN agencies placed communities at the centre of the CERF-funded activities.

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 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	19,482,000
CERF	4,889,195
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	4,889,195

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

Agency	Project Code	Sector/Cluster	Amount
FAO	22-RR-FAO-034	Food Security - Agriculture	500,000
IOM	22-RR-IOM-025	Shelter and Non-Food Items	451,500
IOM	22-RR-IOM-025	Camp Coordination and Camp Management	273,000
IOM	22-RR-IOM-025	Health	220,500
IOM	22-RR-IOM-025	Protection	105,000
UNFPA	22-RR-FPA-037	Health - Sexual and Reproductive Health	302,500
UNFPA	22-RR-FPA-037	Protection - Gender-Based Violence	247,500
UNHCR	22-RR-HCR-027	Shelter and Non-Food Items	442,124
UNHCR	22-RR-HCR-027	Protection	285,539
UNHCR	22-RR-HCR-027	Camp Coordination and Camp Management	193,429
UNICEF	22-RR-CEF-061	Water, Sanitation and Hygiene	713,508
UNICEF	22-RR-CEF-061	Protection - Child Protection	288,439
UNICEF	22-RR-CEF-061	Health	273,258
UNICEF	22-RR-CEF-061	Nutrition	242,896
WFP	22-RR-WFP-056	Food Security - Food Assistance	350,002
Total			4,889,195

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

Total funds implemented directly by UN agencies including procurement of relief goods	3,038,544
Funds sub-granted to government partners*	112,476
Funds sub-granted to international NGO partners*	1,219,617
Funds sub-granted to national NGO partners*	518,558
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,850,651
Total	4,889,195

* 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:

Humanitarian conditions have deteriorated in the northern province of Cabo Delgado, already one of the poorest areas of the country, due to violence, growing insecurity, as well as extreme climatic shocks. These events have led to an increasing number of displaced people around the province, disruption of livelihoods, restricted access to basic services, including to civil documentation, education, primary healthcare and water. As of May, an uptick of attacks in the southern districts of Cabo Delgado, previously considered safe and accessible, triggered a new significant movement of population. According to IOM/DTM, 106,000 people were displaced throughout June and July as a consequence of the escalating violence. The majority of the new IDPs are reportedly women (25%) and children (56%) moving to Pemba, Chiure, Metuge, Montepuez, and Ancuabe districts in southern Cabo Delgado province, and to Erati district in northern Nampula province, areas where humanitarian activities were so far limited. Priority needs identified by partners on the ground reportedly were food, cccm, shelter/NFIs, wash, health and protection. Given the deteriorating humanitarian situation in southern Cabo Delgado, humanitarian partners have been gearing up to respond to the new influxes through flexible modalities amidst limited resources available and ongoing insecurity.

Operational Use of the CERF Allocation and Results:

This CERF Rapid Response allocation enabled humanitarian partners to immediately ramp up the emergency response to the more than 100,000 newly displaced people in the southern districts of Cabo Delgado and in the northernmost district of Nampula provinces, generated by a sudden spike in violent armed attacks that have resulted in increasing humanitarian needs, including for shelter/NFIs, food, WASH, healthcare and protection. Overall, the projects reached about 217,000 people impacted by the aggravation of the crisis. Prior to the application, comprehensive consultations were undertaken at strategic and technical level, allowing for agreement on key sectors and activities to be prioritized through a detailed sequencing of funding requests. Through this allocation, CERF helped to foster humanitarian coordination and to boost inter-sectoral synergies among the participating UN agencies, the Government of Mozambique at national and local level, other humanitarian partners, and stakeholders including local actors and affected people. This US\$ 4.9M allocation targeted a combined total of 70,000 affected people with engagements in the WASH, Health (including SRH), Nutrition, Protection (general, CP and GBV), Food Security, Emergency Shelter and NFIs and CCCM.

People Directly Reached:

CERF allocations enabled the implementation of response interventions for the affected population from September 2022 to March 2023. Overall, most of the projects have been able to reach or to exceed the initial targeted number of beneficiaries. In fact, at least 217,000 people were directly reached through CERF activities, including some 18,100 people with disabilities.

All the project implementing agencies contributed to support the beneficiaries directly. IOM reached a total of 60,000 direct beneficiaries with emergency shelter, protection, mental health and psychosocial support (MHPSS) or Camp Coordination Camp Management (CCCM) services.

UNFPA and its partners were able to provide life-saving Sexual and Reproductive Health (SRH) and GBV assistance to a total of 78,791 people, including women and girls of reproductive age and other indirect beneficiaries (boys and men), in resettlement centres and host communities. UNHCR assisted more than 68,000 affected people through a multisectoral approach including reception, relocation and shelter allocation to new arrivals in camps, outreach messaging, legal and referral services, as well as integrated GBV, MHPSS and PSEA support. Through this CERF RR grant, UNICEF and its partners reached over 178,000 people, with services including access to safe water, sanitation, primary health care, nutrition, and child protection in areas affected by conflict. WFP was able to provide life-saving humanitarian food assistance to 21,935 conflict-affected people. FAO supported 2,500 households (12,635 people – 40% host community and 60% IDPs) with agriculture livelihoods assistance, including agricultural inputs, small-stocks and poultry.

People Indirectly Reached:

In addition to the more than 217,000 people who were directly reached by CERF interventions, additional community members were reached with messaging and sensitization campaigns.

For instance, UNICEF estimated that 14,163 people (incl. 9,291 children) indirectly benefitted from community awareness activities on issues related to child marriage, access to school, and child abuse. FAO estimates that at least an additional 8,000 people indirectly benefitted from the project implementation by sharing part of the harvest as well as goats and chicken through a revolving scheme. The multiplication of chickens, production of eggs, as well as the multiplication of goats and the production of milk will supply the local market and benefit other members of the communities not directly targeted by the project but who can purchase them.

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

[to limit the risk of double counting, the figures indicated below represent the highest number of people directly reached per sector]

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Camp Coordination and Camp Management	4,669	4,263	5,887	5,481	20,300	12,015	8,034	11,221	8,833	40,103
Food Security - Food Assistance	1,149	1,049	1,448	1,349	4,995	5,133	4,518	6,274	6,010	21,935
Health	3,870	3,534	4,880	4,543	16,827	15,994	0	19,500	17,988	53,482
Protection	1,150	1,050	1,450	1,350	5,000	8,301	6,011	8,586	5,724	28,622
Shelter and Non-Food Items	690	630	870	810	3,000	2,540	2,237	3,302	2,800	10,879
Water, Sanitation and Hygiene	4,600	4,200	5,800	5,400	20,000	20,707	19,114	11,648	10,752	62,221

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

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

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	62,300	175,534
Host communities	7,700	41,708
Other affected people	0	0
Total	70,000	217,242

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

Sex & Age	Planned	Reached	Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Women	16,100	64,690	805	5,538
Men	14,700	39,914	735	3,304
Girls	20,300	60,531	1,015	5,285
Boys	18,900	52,107	945	4,361
Total	70,000	217,242	3,500	18,488

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-FAO-034

1. Project Information			
Agency:	FAO	Country:	Mozambique
Sector/cluster:	Food Security - Agriculture	CERF project code:	22-RR-FAO-034
Project title:	Emergency livelihoods response to newly displaced people in the Cabo Delgado and Nampula provinces		
Start date:	26/09/2022	End date:	25/03/2023
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\$ 3,332,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

In straight collaboration with government authorities at provincial level through Provincial Directorate of Agriculture and Fisheries (DPAP) and at the district level through the District Services for Economic Activities (SDAEs), FAO, through this CERF RR grant, provided timely agriculture livelihoods assistance to 2 500 households. Therefore, 2 000 households received agriculture inputs and 500 households received small-stock (goats) and poultry (chickens). In total 12 635 people (2 500 households) were targeted and reached by the project, of whom 40 percent are host communities and 60 percent are Internally Displaced People (IDPs). Out of all assisted households, 58 percent are female headed. The project covered the districts of Ancuabe, Chiure (Cabo Delgado) and Erati (Nampula). The agriculture inputs kit was composed of seeds and tools: 12.5 kg of maize, 5 kg of common beans, 20 g of pumpkins, 10 g of onion, 10 g of kales, 10 g of okra, two hoes, one sickle and one watering can. The composition of this agriculture inputs kit was established by the Agriculture Working Group (AWG) co-chaired by FAO and the Government/Ministry of Agriculture and Rural Development (MADER).

Through local SDAEs and District Services of Planning and Infrastructures (SDPI), new areas for crops production were allocated to the IDPs in the three districts, allowing families to produce and ensure their food and nutrition security. A total of 25 tons of maize, 10 tons of beans, 105 kg of assorted vegetables, as well as 4 000 hoes, 2 000 sickles and 2 000 watering cans were distributed for the 2022 – 2023

main agriculture season. The recently conducted Post-Harvest Survey (May 2023) showed that in the two districts where agriculture inputs were distributed, 38 percent of the beneficiaries have enough food that can last from nine to twelve months in both Chiure and Ancuabe; from which 38 percent are female-headed households. While in Chiure the campaign was good (around 75% of families will have enough food), in Ancuabe the results were not promising as a result of rain scarcity and a constant and fluid movement of IDPs to their zones of origin. A total of 1 000 goats (two by household) and 2 000 chickens (three hens and one rooster/household) for 500 households (200 households in Ancuabe and 300 households in Erati) were distributed to the beneficiaries to guarantee access to eggs, meat and cash to strengthen their food and nutrition security through animal protein intake, as well as developing their livestock and income generating activities.

Trainings on good and climate smart agriculture practices including integrated management of pests and diseases especially Fall Army Worms (FAW) and goat deworming, poultry and small-stock raising (husbandry, feeding and health care) were conducted in all the three districts involving six IDPs, six host community members, three radiomen and six SDAEs officers to enhance the knowledge, skills and practice of farmers to guarantee better production and productivity. Each district community radio is expected to broadcast the training messages in local languages and reach at least 500 households. In addition, it is expected that each IDP and host community lead farmer will train/share his knowledge with a minimum of 50 households, ensuring that a minimum of 85 percent of project beneficiaries are strengthened.

The implementation of project's activities, including the sensitization of beneficiaries on land preparation and planting techniques, as well as the inputs distribution, were done on time as most of them rely on rainfall for crops production.

3. Changes and Amendments

Due to increased attacks by non-state armed groups (NSAG), from mid-2022 the districts of Ancuabe and Chiure received a large number of IDPs. However, many of them have started returning to their zones of origin to prepare the planting season starting in September and October 2022. This contributed to disrupt the productive activities in the host communities/resettle sites, with beneficiaries not completing their crops planting and/or not taking care anymore of their chickens or goats. Because they have decided to go back to their village of origin, they have left, leaving behind their first investment or with a small part of the inputs given. This is in accordance with the 17th round of the IOM Displacement Tracking Matrix (November 2022) stating that around 30 percent of IDPs have returned to their areas of origin. The project was planning to work with NGOs as implementing partners but rather work with the SDAEs to empower the district government authorities, which are lacking financial capacity, and so allow them to continue giving close technical assistance to IDPs and host communities. The other point is that all the previous CERF allocations were implemented through SDAEs, therefore it was important to guarantee this continuity to ensure sustainability. The project activities were planned to be implemented through Letters of Agreement (LOA) but following the recommendations of a technical meeting held with the SDAE and DPAP officers, they've clearly stated that funds for *per diem* and fuel should be covered directly by FAO to prevent the money from being used for other purposes within SDAEs. While FAO is looking for better ways of working with SDAEs through broader contractual schemes, all the administrative or logistics costs to ensure effective implementation of the project were timely and directly covered.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	2,625	1,750	2,625	1,750	8,750	2,356	1,677	1,927	1,563	7,523
Host communities	1,125	750	1,125	750	3,750	1,461	1,337	1,271	1,043	5,112
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,750	2,500	3,750	2,500	12,500	3,817	3,014	3,198	2,606	12,635
People with disabilities (PwD) out of the total										
	0	0	0	0	0	42	32	17	21	112

* 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

It was expected that the project outcomes benefited indirect beneficiaries (IDPs, host communities, neighbouring families and relatives) by sharing part of the harvest as well as goats and chicken through a revolving scheme already in place in Chiure district. The multiplication of chickens, production of eggs as well as multiplication of goats and production of milk will supply the local market and benefit other members of the communities not directly targeted by the project but who can purchase them.

Trainings on Good Agriculture Practices (GAP) such as land preparation, production of organic fertilisers using local and readily available material, using of animal manure and black soil for soil fertilization, integrated pest and disease management of Fall Army Worms were undertaken. Basic care of chickens' awareness for goats (husbandry, nutrition and health) were conducted benefitting IDPs, host communities lead farmers, SDAE, DPAP, SDAE technicians as well as journalists of rural community radios. Practical information from training material have been broadcasted via local radios and reached hundreds of people covered by the radios. In addition, neighbouring IDPs and host communities could learn from direct observation of beneficiaries applying their new acquired knowledge in their own farming plots.

Non-beneficiaries that are part of the target communities also indirectly benefited from the information shared about the rainy season, planting techniques and planting period, so that they could make better use of their seeds.

Taking all that into consideration, we can estimate that at least an additional 8,000 people have benefited from the project implementation activities.

6. CERF Results Framework

Project objective	Agriculture and livestock-based livelihoods of vulnerable IDPs and host communities of Cabo Delgado restored. Restoration of agricultural production and livelihoods of vulnerable IDPs and host communities of Cabo Delgado				
Output 1	Crop production among 2 000 vulnerable households restored and food availability in the host communities ascertained				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Agriculture				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Ag.1 Number of people receiving agricultural inputs (items/packages/kits)	10,000	10, 115	Distribution lists and registration data	
Indicator 1.2	Number of beneficiaries trained on good agriculture practices	8,000	8,000	Training reports and lists of participants	
Indicator 1.3	CC.1 Number of implementing partner staff receiving training to support programme implementation	30	12	Training reports and lists of participants	
Explanation of output and indicators variance:	The project was targeting 2 000 households with an average of 5 people by household. However, after the beneficiaries registration, we've acknowledged that the effective number of households' members was a little bit higher. Since the project was planning to work with NGOs as implementing partners, the number of staff to be trained was expected to be higher (10 by district). But working with SDAEs, the number dropped to only four people by district, which is the number of existing officers.				

Activities	Description	Implemented by
Activity 1.1	Training and registration of beneficiaries	SDAEs, DPAP and FAO
Activity 1.2	Distribution of crop seed, other planting materials, and agriculture hand tools	SDAEs, DPAP and FAO
Activity 1.3	Training on Good Agriculture Practices (GAPs).	DPAP and FAO
Activity 1.4	Refresher training of government extension workers on programme implementation and monitoring	DPAP and FAO

Output 2 Livestock assets and production of vulnerable households preserved for 500 IDP and host communities. Livestock assets of vulnerable IDP households and host communities (2 500 people) are restored

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

Sector/cluster Food Security - Agriculture

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Ag.3 Number of people receiving livestock inputs (animal feed/live animals/kits/packages) (chicken and goats)	2,500	2,520	Distribution lists and registration data
Indicator 2.2	Ag.6 Number of people receiving training on agricultural skills, practices and/or technologies (including training on poultry keeping and animal husbandry)	2,500	2,520	Training reports and lists of participants

Explanation of output and indicators variance: Please note that the 500 households targeted in the project document are equivalent to 2 500 people for both the IDPs and host communities. All the poultry and livestock have been distributed as planned and beneficiaries trained before, during and after the distribution process.

Activities	Description	Implemented by
Activity 2.1	Training and registration of beneficiaries	SDAEs, DPAP and FAO
Activity 2.2	Construction of coops and loafing sheds	Beneficiaries with FAO technical guidance
Activity 2.3	Provision of small stock (chicken and goats)	SDAEs, DPAP and FAO
Activity 2.4	Training on poultry keeping and animal husbandry	SDAEs, DPAP and FAO

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**

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](#).

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:

FAO worked closely with its government counterparts – SDAEs and DPAP – and local communities including youth and women to identify and register the most vulnerable IDPs and host families. The participatory approach, initial sensitization/information about the project conditions used have ensured full awareness and transparency. IDPs and host communities were engaged in the initial discussion to define the scope of the project and prioritize activities and target area. The SDAEs and community representatives validated eligibility criteria and final beneficiaries list. A total of 12 635 people were supported through in-kind distributions that was deemed to be the best solution considering the insecurity in Cabo Delgado.

The involvement of local radio journalists and the broadcasting of GAP in local languages turned to be a very impactful experience as it allowed to reach many vulnerable farmers not directly targeted by the project.

b. AAP Feedback and Complaint Mechanisms:

FAO is co-funding the common UN platform (*Linha Verde 1458*) managed by WFP which is one of the main mechanisms used by beneficiaries to provide feedback on the activities implemented. All UN agencies contribute to this compliant mechanism, providing information to beneficiaries when requested and addressing their complaints. This Hotline provides a monthly report shared with UN agencies including AWG partners. Each agency can access the system online and provide answers to all complaints, request of information, and manage the data received. During community mobilization and inputs distribution sessions, FAO sensitized beneficiaries to raise their awareness about the existing mechanisms. No complaints were received for FAO's activities.

Since only 47% of beneficiaries have a mobile phone, other mechanisms were used such as a helpdesk composed by community leaders and Government representatives. The beneficiaries could also reach the SDAEs, DPAP and the Office of the Administrator, and FAO personnel in Pemba. In addition, a post-harvest assessment undertaken could also provide a feedback on beneficiaries satisfaction, production and outcomes.

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

As part of the UN's strategy to address SEA, and sexual harassment, measures are in place to prevent, detect, report and take action against personnel who commit these inexcusable and abhorrent acts. This includes but is not limited to:

1. Advocate at UNCT level for the strict adherence and zero tolerance to SEA.
2. All FAO staff have completed the mandatory training on SEA.
3. Set up appeal mechanisms for SEA-related issues (linha verde, PSEA focal point at provincial and central levels).
4. Potential SEA issues were surveyed through the PDM and all supervision/field missions conducted and would have been address immediately at local level, and in case of need brought up to the capital/HQ levels.

All FAO staff have practical guidance on how to address disclosures of sexual harassment. The above measures are extended to Government counterparts – SDAEs and DPAP – and all enumerators involved in data collection during beneficiaries registration and assessments.

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

55% of project's beneficiaries were women and girls. Community consultations, beneficiaries' identification and registration sessions always included and gave priority to women, large families with children under five years old, the elderly, the people living with disabilities,

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](#).

and other disadvantaged groups. Sensitization sessions for GEWE and preventing GBV were conducted during the project's life cycle. Gender disaggregated data were collected in Post-Harvest Survey and in the study on land availability, accessibility and use by IDPs, host communities and returnees in Cabo Delgado and Nampula provinces. Small-stock like poultry and goats have been chosen because easier to be raise by women who can decide of the use of eggs and milk for their child consumption.

e. People with disabilities (PwD):

The project did not specifically target people with disability although families with disabled people was one of the criteria used to measure their degree of vulnerability and for beneficiaries' selection. For this specific project nearly one percent of the beneficiaries had some kind of disability.

f. Protection:

The criteria of eligibility agreed and used to select beneficiaries for the distribution of agriculture inputs, chickens and goats were highly inclusive, favourable and respectful towards the most vulnerable populations, including households headed by women. Vulnerable IDPs and households without legal identity documents were included in the registration following confirmation from the local authorities and local government. The day, time and sites of distribution have been planned taking into account women's domestic workload and a reasonable walking distance (not more than three km). The widely disseminated hotline (Linha Verde) allowed all stakeholders to channel any irregularity or misconduct practiced during project implementation.

The insecurity is strictly monitored by the Government and UNDSS to ensure a secured access to the target areas, the safe movement of beneficiaries, and the effective work of humanitarian actors; minimizing the risk of attack in the villages or farming areas.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

CVA approach was not considered in the project design due to unpredictability of the security situation with constant attacks in almost all Cabo Delgado districts (except Pemba), deeming in-kind distribution as the most feasible mode to reach the IDPs and host community beneficiaries.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A	0	US\$ 0	Food Security - Agriculture	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Changing the internally displaced persons paradigm in Mozambique	https://www.fao.org/emergencies/resources-repository/news/detail/changing-the-internally-displaced-persons-paradigm-in-mozambique/en
Agriculture inputs distribution in Ancuabe district, Cabo Delgado Province	https://twitter.com/FAOMozambique/status/1577923188033552386?s=20&t=qLbBdhg6jhjTxwsIDv_kZw
Training of Trainers on Good Agriculture Practices	https://twitter.com/FAOMozambique/status/1575049334495670272?s=20&t=qLbBdhg6jhjTxwsIDv_kZw
Training of IDPs and Host Communities farmers on Good Agriculture Practices for increased production	https://twitter.com/FAOMozambique/status/1567925638358597635?s=20&t=qLbBdhg6jhjTxwsIDv_kZw
Patrice Talla, UNFAO Sub-Regional Coordinator for Southern Africa sharing FAO experience in timely seeds distribution in Cabo Delgado Province	https://www.youtube.com/watch?v=loW8nJIORQ Building the Resilience of Communities in Cabo Delgado FAO in Mozambique Food and Agriculture Organization of the United Nations
Provision of small stock & trainings of IDPs and host communities on basic care of chicken and goats	https://twitter.com/FAOMozambique/status/1549298450113916928
FAO presenting motorbikes for the SDAEs of Ancuabe, Erati and Mecufi to support agricultural extension services to farmers	https://twitter.com/faomozambique/status/1658748123018063872?s=46
FAO providing life-saving of more than 75 000 people in Cabo Delgado Province	https://twitter.com/FAOemergencies/status/1608480721357705216

3.2 Project Report 22-RR-IOM-025

1. Project Information			
Agency:	IOM		Country: Mozambique
Sector/cluster:	Shelter and Non-Food Items Camp Coordination and Camp Management Health Protection	CERF project code:	22-RR-IOM-025
Project title:	Multisectoral humanitarian assistance for people affected by Ancuabe attacks in Cabo Delgado		
Start date:	27/09/2022	End date:	26/03/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:	US\$ 35,309,260	
	Total funding received for agency's sector response to current emergency:	US\$ 13,270,340	
	Amount received from CERF:	US\$ 1,050,000	
	Total CERF funds sub-granted to implementing partners:	US\$118,770	
	Government Partners	US\$ 0	
	International NGOs	US\$ 118,770	
National NGOs	US\$ 0		
Red Cross/Crescent Organisation	US\$ 0		

2. Project Results Summary/Overall Performance

The International Organization for Migration (IOM) has provided life-saving assistance to the displaced Ancuabe population who were affected by conflict and violence in Cabo Delgado. Considering the overlap between sectors, the intervention has benefited over 60,000 of the target beneficiaries. The multi-sectoral support offered to the beneficiaries included the following elements: Emergency Shelter, (ES), Camp Coordination and Camp Management (CCCM), Mental Health & Psychosocial Support (MHPSS)/Protection, Non-Food Items (NFI), and Emergency Health (EH).

Shelter and NFI: In order to respond to the immediate housing and NFI needs of 4,500 IDPs in Cabo Delgado, Niassa, and Nampula, IOM increased the capacity of the Shelter Cluster partners through trainings and feedback provided, (pre and post-test questionnaires). All partners in the Shelter Cluster have access to the Common Pipeline, which has helped distribute basic household goods to 2,500 people. With the funding, 1,000 mid-thermal blankets and 500 kitchen sets were procured and distributed in Cabo Delgado. A total of 400 early recovery shelters (for 2,000 people) were constructed by IOM and its implementation partner AeA (with 241 in Nanona, Ancuabe District, and 159 in Nicavaco, Metuge District). Furthermore, Post distribution Monitoring and satisfaction survey on the distributions and

shelter support received have been carried out with a sample of 154 cases in Nicavako (46%) and 163 (46%) in Centro Agrario. However, the IP is yet to submit the results of the PDM.

CCCM: IOM CCCM teams facilitated assistance and services which improved the well-being and daily lives of 40,103 individuals residing in 12 IDPs sites. In Cabo Delgado, the project covered 12 IDP sites in the districts of Ancuabe, Metuge, Chiure, and Montepuez. The teams worked on site maintenance and expansion, ensuring that new arrivals could access essential services and shelter in a safer and more dignified manner. The site reorganization undertaken by the CCCM team resulted in the enhancement of living conditions for IDPs in the Momane IDP site. As a result, site residents now have improved access to critical communal infrastructure such as community centres and safe spaces, allowing them to engage in various activities that promote their well-being and social cohesion. The allocation of plots for setting up shelters was carried out through inclusive community engagement, involving women and persons with disabilities (PwD) in leadership structures. To foster a sense of safety and unity within the communities, CCCM teams actively engaged with the residents and enhanced existing complaint and feedback mechanisms (CFMs). In Montepuez, the Momane IDP site underwent a reorganization to accommodate IDPs who had been displaced from Ancuabe in previous months. Furthermore, IOM provided casual employment opportunities for the affected population by engaging them in various cash-for-work programs, addressing their immediate livelihood needs. Living conditions in Momane IDP site were enhanced through the site reorganisation as present lay out standards have permitted the setup of critical communal infrastructure such as community centres and safe spaces. Also risks of fire accidents have been minimised with proper site organisation. Rapid response to gaps in IDP sites were facilitated through regular site monitoring reports and CFM referrals done by CCCM teams.

Health: Approximately 24,451 IDPs and host community members were supported through lifesaving primary health care (PHC) services and community-based outreach and referrals. IOM community health activists identified newly diagnosed and lost-to-follow-up (i.e. a patient who has not received Antiretroviral Therapy medication for more than 30 days of their last missed drug collection appointment) HIV and tuberculosis (TB) positive patients, refer them to care, and ensure treatment adherence, and further supported community-based referrals for patients in need of care, including pregnant women and those with chronic and acute conditions. In coordination with District Health Authorities (SDSMAS), IOM delivered PHC services directly in Metuge, Pemba and provided a comprehensive package of services for those affected by recent attacks and displacement events in Cabo Delgado and Nampula, including general consultations, routine vaccinations, COVID-19 vaccinations, antenatal and postnatal consultations, nutrition screenings, health promotion, and referral to secondary levels of care. In support of HIV and TB patients, IOM referred a total of 789 HIV or TB positive patients and recorded a successful referral completion rate of 98.7% between January and March 2023, with community health activists regularly following up to ensure adherence to life-saving treatment for IDPs and host community members affected by these conditions. Further, patients expressed overall satisfaction rate of 89% with PHC services delivered or supported by IOM, including 98% satisfaction with health care provider attitude and professionalism. IOM will continue to regularly conduct satisfaction surveys and lessons learned workshops with affected populations to ensure accountability and for services to be appropriately tailored to meet needs.

MHPSS / Protection: Individual and family counselling, support groups, Psychological First Aid, psychoeducation, and socio-relational activities were provided by MHPSS in Pemba, assisting 6,556 people (1,566 girls, 1,331 boys, 2,039 women, and 1,620 men) in reintegrating into their new communities. The activities took place in the Pemba neighbourhoods of Cariaco, Ingonane, Mahate, Paquitequete, Eduardo Mondlane, Josina Machel, and Natite. Protection-MHPSS Programme finalized an impact assessment in early 2023 that aimed at understanding the impact as well as needs of the targeted communities. The assessment was implemented to cover all activities, which also targeted beneficiary groups of this project. Overall, 82 per cent of participants reported being satisfied or very satisfied with the activities, and 93 per cent felt that the activities were tailored to their needs. The programme also made a significant impact on the target areas, with 88 per cent of participants reporting an increased understanding of protection risks and 84 per cent of participants observing an improvement in their mental health since joining the activities.

3. Changes and Amendments.

Shelter and NFI: On the original proposal, the construction of 400 emergency shelters in the Nanona resettlement area district of Ancuabe was expected. However, following household assessment conducted in the community, only 241 families were identified as having such needs, therefore, further assessments were done in other resettlement areas which also received families displaced due to conflict. IOM further identified 159 families in the Nicavaco resettlement area of Metuge district and assisted them with shelter solutions.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	12,000	8,000	11,200	8,800	40,000	12,015	8,034	11,221	8,833	40,103
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	12,000	8,000	11,200	8,800	40,000	12,015	8,034	11,221	8,833	40,103

People with disabilities (PwD) out of the total

100	60	100	70	330	102	60	104	75	341
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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	5,344	3,726	4,049	3,531	16,650	4,105	2,755	5,112	4,899	16,871
Host communities	2,407	1,678	1,824	1,591	7,500	1,844	1,238	2,297	2,201	7,580
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,751	5,404	5,873	5,122	24,150	5,950	3,993	7,409	7,099	24,451

People with disabilities (PwD) out of the total

32	23	24	21	100	27	32	22	24	105
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	1,500	1,250	1,250	1,000	5,000	2,039	1,620	1,566	1,331	6,556
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	1,500	1,250	1,250	1,000	5,000	2,039	1,620	1,566	1,331	6,556
People with disabilities (PwD) out of the total										
	75	75	50	50	250	3	2	1	1	7

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	1,350	1,125	1,125	900	4,500	1,350	1,125	1,125	900	4,500
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	1,350	1,125	1,125	900	4,500	1,350	1,125	1,125	900	4,500
People with disabilities (PwD) out of the total										
	75	75	50	50	250	160	141	20	12	333

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

5. People Indirectly Targeted by the Project

Shelter and NFI: In addition to the 4,500 beneficiaries directly reached by the shelter sector, it is estimated that other people indirectly benefited, as follows: Other IDP and host communities benefitted from the construction works (movement of materials, etc.) and on-the-job trainings. The trained artisans and the general community will be able to apply the acquired knowledge in Build Back Safer in the construction of further shelters and benefit other community members.

MHPSS / Protection: IOM targeted individuals displaced after the attacks occurred in Ancuabe. The target group was the individuals who experienced/witnessed attacks and individuals who left their place due to fear of attacks had reached safety in Pemba d.

6. CERF Results Framework

Project objective	Improve living conditions and access to basic services for displaced people affected by Ancuabe attacks in Cabo Delgado through Protection-MHPSS, CCCM, Shelter/NFI, and health
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Output 1	Internally displaced populations have access to community based MHPSS services
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Protection			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.9 Number of people provided with mental health and/or psycho-social support services	4,000	5,954	Protection-MHPSS Database Field Reports
Indicator 1.2	PP.1b # of individuals identified and referred to protection services	1,000	602	Protection-MHPSS Database

Explanation of output and indicators variance:	[There are four different layers of MHPSS activities according to IASC MHPSS Guidelines. Some activities are group based and some activities are individual based. During the implementation of this project, the team observed the need to do more group activities based on the needs of the community and in consultation with the community. Hence, the number of direct beneficiaries had reached beyond the target. Hence, there was no need for additional resources.]			
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Activities	Description	Implemented by
Activity 1.1	Provide focused MHPSS services, including individual and family counselling, psychoeducation, and support groups	IOM
Activity 1.2	Provide socio-relational activities	IOM
Activity 1.3	Identify and refer vulnerable individuals to protection and specialized mental health services	IOM

Output 2	Newly displaced populations have access to upgraded camp management services.
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Camp Coordination and Camp Management			
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Indicators	Description	Target	Achieved	Source of verification
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Indicator 2.1	AP.7 Number of displacement sites supported with functional complaints and feedback mechanisms.	12	12	CCCM Cluster Reports Field Reports
Indicator 2.2	CM.1 Number of displacement sites benefiting from site planning and development interventions.	2	2	CCCM Cluster Reports Field Reports
Indicator 2.3	CM.3 Number of displacement with physical improvement interventions.	3	3	CCCM Cluster Reports Field Reports
Indicator 2.4	Number of community awareness sessions conducted to promote information sharing and mitigation of community tensions	12	12	Field Reports

Explanation of output and indicators variance:

There were no variations in outputs and indicators.

Activities	Description	Implemented by
Activity 2.1	Upgrade complaints and feedback mechanisms and ensure newly displaced populations have access to them.	IOM
Activity 2.2	Mapping, site planning and site development of displacement sites to accommodate newly displaced populations.	IOM
Activity 2.3	Site upgrades of displacement sites to improve living conditions of IDPs and reduce GBV risks.	IOM
Activity 2.4	Ensure active participation of community leadership structures to support allocation of space to new arrivals as well as to improve community cohesion.	IOM

Output 3

The most vulnerable conflict-affected populations are provided with lifesaving emergency shelter and basic NFI assistance responding to their immediate needs.

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	SN.2a. Number of people receiving in-kind NFI assistance	2,500	2,500	Distribution reports, beneficiary lists
Indicator 3.2	SN.3 Number of shelters constructed or rehabilitated	400	400	Pictures and completion reports

Explanation of output and indicators variance:

IOM and its implementing partner AeA conducted a vulnerability needs assessment and identified a total of 400 families who were assisted with construction materials and technical advice for the construction of early recovery shelters while ensuring resilient construction techniques are applied. With this action, 2,000 individuals were supported in the districts of Metuge and Ancuabe.

Activities	Description	Implemented by
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Activity 3.1	Maintain the common pipeline system, making it accessible for Shelter cluster partners	IOM
Activity 3.2	Cluster Coordination and meetings with other actors to prepare the assessments and response effectively	IOM
Activity 3.3	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 Implementing partners
Activity 3.4	Procurement and receiving of appropriately designed shelter NFIs based on needs identified, contextual appropriateness and value for money in terms of transportation and speed of delivery	IOM and Implementing partners
Activity 3.5	Procurement of locally available shelter construction materials (wooden poles, bamboo, tarps and fixing materials, tools, etc.).	IOM and Implementing partners
Activity 3.6	Transportation and distribution of shelter materials as per distribution plan and following COVID-19 infection prevention and control (IPC) procedures	IOM and Implementing partners
Activity 3.7	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 Implementing partners
Activity 3.8	Provide technical assistance to the construction working teams for the construction of emergency shelters	IOM and Implementing partners
Activity 3.9	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 Implementing partners
Activity 3.10	Carry-out post distribution monitoring and analysis to inform future programming	IOM and Implementing partners

Output 4 The most vulnerable conflict-affected populations are provided with life-saving primary healthcare services, community-based health assistance and referrals

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	H.8 Number of primary healthcare consultations provided	24,000	29,713	Field Reports, Health Database
Indicator 4.2	H.10 Number of people referred to higher level and/or specialized health services	350	789	Field Reports, Health Database

Indicator 4.3	H.4 Number of people vaccinated	3,000	3,363	Field Reports, Health Database
Explanation of output and indicators variance:		IOM mobilized resources and used complementary funding for this response to expand mobile teams of both primary healthcare service providers (from teams of 4 clinicians to 8 clinicians) and community health workers (from 130 in November 2022 to 145 by March 2023) and conducted refresher trainings for health personnel. This allowed for greater and more efficient coverage of populations and increased number of consultations and referrals of patients with the same percentage of budget contribution from CERF.		
Activities	Description	Implemented by		
Activity 4.1	Procurement of essential medicines and items needed to deliver primary healthcare services	IOM		
Activity 4.2	Coordination with SDSMAS (district health services) on target sites for mobile clinic and mobile brigade services	IOM		
Activity 4.3	Delivery of primary healthcare services through IOM mobile clinic	IOM		
Activity 4.4	Organization of integrated mobile brigades for the delivery of primary healthcare services	IOM		
Activity 4.5	Referrals of patients by medical staff to secondary level of care	IOM		
Activity 4.6	Deployment of community health activists to resettlement sites and host communities to identify patients in need of care, including abandoned and lost-to-follow-up HIV and TB patients	IOM		
Activity 4.7	Referrals of patients and transportation assistance by community health activists to health facilities for HIV and TB testing, treatment (re)initiation, and access to care for other conditions	IOM		
Activity 4.8	Follow up by community health activists to ensure treatment adherence and retention for HIV and TB patients	IOM		

7. Effective Programming

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

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](#).

a. Accountability to Affected People (AAP) ⁵:

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 House Holds (HHs) assessments to determine shelter needs and IDP and host community technical capacities for emergency shelter construction.

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

b. AAP Feedback and Complaint Mechanisms:

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

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

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

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

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

e. People with disabilities (PwD):

The assistance was delivered to the most vulnerable households, including people with disabilities. IOM collaborated closely with National Institute of Disaster Management (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. IOM was able to reach a total of 485 PwDs. Accordingly, 341 Under CCCM; 105 under Health; 7 under Protection; and 333 under Shelter and Non-Food Items.

f. Protection:

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

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](#).

governmental organizations, and camp managers IOM's Protection-MHPSS Programme implements protection mainstreaming activities for the partners and IOM units that are not specialized in protection. The mainstreaming activities include a one or two day theoretical training on protection and humanitarian principles, safe referrals, and how to work with crisis-affected populations. The theoretical training allows the target groups to discuss and learn the key protection issues. In addition, IOM conducts one-day field visit/on the job training after the theoretical one to ensure that the learning process is supported with the field experience.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

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

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

The Cash and Voucher Assistance CVA was not considered as a modality of assistance for this project. While CVA can be an effective method of providing support in certain situations, lack of access to financial services, High risk of mismanagement or misuse, Limited availability of goods and services, protection concerns and insufficient coverage, contributed to choosing other forms of assistance against the CVA.

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		US\$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
LEONARDO'S STORY	https://mozambique.un.org/pt/235008-encontrando-um-novo-lar-o-caminho-para-recupera%C3%A7%C3%A3o-dos-deslocados-em-mo%C3%A7ambique

3.3 Project Report 22-RR-FPA-037

1. Project Information			
Agency:	UNFPA	Country:	Mozambique
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	CERF project code:	22-RR-FPA-037
Project title:	Provision of lifesaving SRH and GBV response services to displaced and vulnerable IDP women and girls and host communities affected by the insecurity in the Southern districts of Cabo Delgado and Nampula.		
Start date:	27/09/2022	End date:	22/06/2023
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\$ 2,300,000
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 550,000
	Total CERF funds sub-granted to implementing partners:	US\$156,916
	Government Partners	US\$33,881
	International NGOs	US\$0
	National NGOs	US\$123,035
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

UNFPA, in partnership with FDC, Muleide, SPS, AMODEFA and DKT Mozambique in Cabo Delgado and Kutenga Youth Association in Nampula, implemented gender-based violence and sexual and reproductive health interventions through provision of lifesaving SRH and GBV response services to displaced and vulnerable IDP women and girls and host communities affected by the insecurity in the southern districts of Cabo Delgado and Nampula.

In SRH interventions, a total of 43,435 people, (40,533 Female and 2,902 Male) in Cabo Delgado were reached through the deployment of mobile brigades in host communities and resettlement centres, these being 2,430 adolescent girls and 38,103 women.

In addition, a total of 35,356 individuals (32,216 Female and 3,140 Male and 14,075 Cabo Delgado and 21,281 Nampula) were reached with GBV services. 4 Women and Girls' Safe Spaces (1 in Nampula and 3 in Cabo) were established through which 3,490 (Cabo: 2,793 and Nampula: 697) women and adolescent girls and other vulnerable groups in IDP sites and host communities received life-saving GBV response services. In addition, 1,330 (Cabo: 830, Nampula: 500) women and girls of reproductive age received dignity kits including information on GBV response services available in the 4 targeted districts.

3. Changes and Amendments

UNFPA requested for a 3-month (22nd March 2023- 22nd June 2023) No-Cost Extension because of the following reasons:

Implementing Partner-Related: UNFPA implementing partners experienced challenges in implementation primarily due to access constraints with multiple attacks in the project areas in the latter part of the year while attacks in Montepuez in February 2023 also delayed implementation. Furthermore, there has been turnover within partner organisations, thus delaying implementation while the new staff was recruited. Lastly, government approval of such activities as the Women and Girls' Friendly Space in Erati was delayed beyond expectations.

Agency administrative delays - Closing of account/final payment and delay in transfer of CERF funds:

After using its enterprise resource planning (ERP) system, ATLAS, for the last 18 years, UNFPA recently transitioned to a cloud-based management platform called Quantum as of January 9, 2023. This change caused delays in closing accounts and migrating data and funds from 2022 to 2023 from the old ERP to the new ERP. For UNFPA individual staff members, learning and familiarisation with the new system have been a gradual process. The adoption and launch of the new ERP system delayed the financial, procurement, and other internal processes of the organisation in its start-up phase. As a result, delays have been caused and activities under this project were not implemented within the life cycle of the fund. The delays were unfortunate, but the benefits of the new system will outweigh the initial challenges. With Quantum, UNFPA will be able to better manage its resources, and ultimately enhance the effectiveness of its programs.

Procurement delays: A significant part of this project was dedicated to the procurement of essential and life-saving SRH commodities. These included the purchase of 29 emergency tents, 36 inter-agency reproductive health kits (6B, 2A, 2B, and 5A), and female dignity kits. UNFPA transitioned as of 1st January 2023 to a new ERP system called "Quantum". This change created some ERP system-related technical challenges and resulted in a late transfer to UNFPA's Humanitarian Supply Management Unit, which has in turn resulted in delays in the procurement and arrival of the necessary commodities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,911	1,705	2,842	909	11,367	17,421	1,578	11,251	1,216	31,466
Host communities	657	180	316	101	1,254	2,153	196	1,392	151	3,892
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6,568	1,885	3,158	1,010	12,621	19,574	1,774	12,643	1,367	35,358
People with disabilities (PWD) out of the total										
	985	284	474	152	1,895	1,169	106	755	82	2,112

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	12,538	3,523	6,087	1,883	24,031	33,912	1,285	2,163	1,298	38,658
Host communities	1,393	391	676	209	2,669	4,191	159	267	160	4,777
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	13,931	3,914	6,763	2,092	26,700	38,103	1,444	2,430	1,458	43,435
People with disabilities (PWD) out of the total										
	279	78	135	42	534	5,715	217	365	219	6,516

* 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

Health - Sexual Reproductive Health: A total of 18,000 women and girls of reproductive age were reached through the integrated Mobile Health brigades in the selected 6 districts.

Protection - Gender-based violence: In strengthening the protection and empowerment of women and girls ,a total of 35,356 individuals (32,216 Women and 3,140 Men). Furthermore, 1,330 women and adolescent girls (Cabo: 830 Nampula: 500) received information on GBV response services available in the target districts through the dignity kits distributed.

Furthermore, 20,846 (18,898 females and 1,948 males) (Cabo: 3,899, Nampula: 16,947) participated in the awareness sessions provided by trained humanitarian actors and activists on PSEA.

6. CERF Results Framework

Project objective	Ensure availability and accessibility of lifesaving Sexual and reproductive health care and Gender-based violence prevention and response services to women and girls in the IDPs and host communities in the target districts of Cabo Delgado and Nampula
Output 1	Displaced and vulnerable women and girls and host communities in priority districts have immediate access to essential sexual reproductive, maternal, and new-born health services

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 1.1	Number of women and girls or reproductive age reached through the integrated Mobile Health brigades that have been conducted in selected 6 districts	18,000	20,415	5W report, IP report and SISMA
Indicator 1.2	Number of people reached through the SRH services provided by the 2 mobile clinics mounted on trucks	400	1,601	5W report, IP report and SISMA
Indicator 1.3	Number of emergency obstetric care provided to pregnant women experiencing complications in the Metuge Operating room supported.	80	150	5W report, IP report and SISMA
Indicator 1.4	Number of women and girls reached through the services provided by the Maternal and Child Health (MNH) Nurses deployed to support availability of skilled SRH services in target districts.	5,500	7,484	5W report, IP report and SISMA

Indicator 1.5	Number of people benefiting from services (Antenatal care, birth, postpartum care, STI treatment, family planning and clinical management of rape) enabled by the inter-agency emergency reproductive health kits.	18,000	23,022	5W report, IP report and SISMA
Explanation of output and indicators variance:		The overachievement of the indicator is due to the high number of people (host communities and displaced persons) in health facilities as well as in resettlement centres. Even with a large number of returnees to the northern districts, the integrated mobile brigades continue to be used more and more to reach out to displaced people who are dispersed to provide sexual and reproductive health services.		
Activities	Description	Implemented by		
Activity 1.1	Deployment of mobile brigades for provision of integrated SRH and GBV response Services.	AMODEFA, DKT and SPS Cabo Delgado		
Activity 1.2	Support the operationalization and deployment of 2 mobile clinics mounted on trucks, one to offer integrated MCH care services and the other to offer emergency obstetric surgeries, as well as the Metuge operating room through the allocation of health staff and logistics.	SPS Cabo Delgado		
Activity 1.3	Deployment of MCH nurses for provision of SRH Services in temporary health clinics and support the mobile brigades.	AMODEFA, DKT and SPS Cabo Delgado		
Activity 1.4	Procurement and distribution of inter-agency reproductive health kits (2A, 2B, 6A, 6B, 11B) and emergency tents (48m2 and 72m2) to support provision of SRH services in Health Facilities of the target districts.	UNFPA		

Output 2 Provide essential GBV services for women, adolescent girls, boys and men

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of women and adolescent girls and other vulnerable groups in IDP sites and host communities that receive life-saving GBV response services	350	3,490 (Cabo: 2,793 Nampula: 697)	Cabo: IP Report and the 5W

				Nampula: IP Kutenga Report
Indicator 2.2	Number of Women and Girl Friendly Spaces established	4	4 (Nampula: 1 (Erati), Cabo: 3 (Ancuabe, Pemba and Metuge)	Cabo:IP Report and the 5W Nampula: IP Kutenga Report
Indicator 2.3	Number of people reached through awareness sessions conducted in communities in 4 districts	12,360	35,356 (Cabo: 14,075 Nampula: 21,281)	Cabo: IP Report and the 5W Nampula: IP Kutenga Report
Indicator 2.4	Number of dignity kits procured and shipped to the affected areas	2,750	1,330 (Cabo: 830 Nampula: 500)	Cabo: IP Report and the 5W Nampula: 5W, IP Kutenga Report
Indicator 2.5	Number of women who receive information on GBV response services available in the target districts through the dignity kits distributed.	2,750	1,330 (Cabo: 830 Nampula: 500)	Cabo:IP Report and the 5W Nampula: IP Kutenga Report

Explanation of output and indicators variance: The number of women, adolescent girls and other vulnerable groups receiving life saving GBV response services exceeded the target by 2,800 because of the high number of people who were reached through awareness sessions conducted in the four project districts. The awareness sessions included information dissemination on GBV risks, types of GBV , available services and where the services were provided in the 4 districts.

Activities	Description	Implemented by
Activity 2.1	Provide essential life-saving GBV response services to displaced and vulnerable women and girls in IDP sites and host communities in Cabo Delgado.	Cabo: Muleide and FDC Nampula: KUTENGA Youth Association
Activity 2.2	Reinforcing and equipping WGFS to strengthen women and girls' social network, reduce their emotional distress, empower and connect them with different life saving services.	Cabo: Muleide, equipped the WGSS in Pemba, Ancube and Metuge with sewing machines and other materials for activities in the spaces Nampula: KUTENGA Youth Association
Activity 2.3	Provision of psychosocial support, including psychological first aid, GBV case management, referral services for survivors of GBV.	Cabo: Muleide and FDC Nampula: KUTENGA Youth Association

Activity 2.4	Procurement of female dignity kits for women and girls of reproductive age in the IDP sites and host communities.	Cabo: Nampula: KUTENGA Youth Association
Activity 2.5	Distribution of dignity kits to women and girls from IDP and host communities in the target districts.	Cabo: Muleide Nampula: KUTENGA Youth Association

Output 3 Humanitarian actors and communities in Cabo Delgado and Nampula 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 Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of humanitarian actors with improved knowledge on referral and assistance to victims	100	130 (Cabo:100 Nampula: 30)	IP Report KUTENGA
Indicator 3.2	Number of community members reached through PSEA communication on their rights and how to access victim assistance	1000	20,846 (Cabo: 3,899 Nampula: 16,947)	IP Report KUTENGA IP Report and the 5W

Explanation of output and indicators variance:

Over 100% achievement is the result of outreach sessions of PSEA awareness of the IPs (FDC and Kutenga) which carried out the training of 130 humanitarian actors (Cabo 100 and Nampula 20) activists and Government professionals members of the multisectoral mechanisms to increase community engagement through communication on PSEA and rights of beneficiaries, including access to assistance through a multisectoral mechanism in Erati, Chiure, Montepuez and Ancuabe.

FDC has conducted many community trainings for the community leaders and members of the communities at Chiure, Montepuez and Ancuabe.

Activities	Description	Implemented by
Activity 3.1	Improve humanitarian actors, including GBV and SRHR, knowledge on identification referral and assistance to victims	KUTENGA Youth Association
Activity 3.2	Increase community engagement through communication on PSEA and rights of beneficiaries, including. access to assistance	KUTENGA Youth Association

Activity 3.3	Improve coordination to facilitate PSEA network activities	KUTENGA Youth Association
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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 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:

Prior to the establishment of the women and girls' safe spaces, in the four project districts, UNFPA conducted a series of focus group discussions with women and girls to assess their needs, concerns and suggestions for psychosocial support activities to be conducted at the WGSS. These suggestions were instrumental in the selection of the location where the WGSS were established and in the design of group activities at the WGSS. UNFPA also consulted community leadership through key informant interviews to ensure buy-in of the project activities. The focus group discussions with women and girls continued throughout the project implementation period at the WGSS through which new suggestions, complaints and issues were addressed.

b. AAP Feedback and Complaint Mechanisms:

UNFPA organised a separate regular focus group with women and girls at the WGSS. These sessions were used to seek feedback from the women and girls attending the WGSS activities. In addition, through the one-on-one sessions organised at the WGSS, individual feedback was also sought regarding the overall WGSS services and activities. Furthermore, client feedback forms were also completed by willing GBV survivors upon closure of a GBV case as a part of the case management process. At the end of every month, all the feedback collected was analysed for the purpose of strengthening services provided by UNFPA.

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

UNFPA established four women and girls' safe spaces which were key in providing the needed privacy and confidentiality for reporting incidents of GBV including SEA. In addition, each WGSS had the required staffing capacity including case workers who provided case management and psychosocial support services to GBV survivors including SEA survivors. The case workers upon receiving a SEA incident therefore provided services and also reported the incident through the Interagency reporting mechanism known as the Linha Verde.

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

This allocation enabled UNFPA to address both the chronic and emerging GBV risks, particularly those faced by women and girls as well as persons with diverse sexual orientation and gender identities (SOGI) and promoted timely access to GBV-related services in Metuge, Erati, Ancuabe and Pemba for GBV survivors. The four Women and Girls' Safe Spaces provided a conducive environment for women and

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/HTs 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](#).

girls to meet on a regular basis and share their concerns, needs and issues related to GBV. Through the WGSS, UNFPA also organised skills building and activities and learning sessions which were all aimed at promoting the empowerment of women and girls.

e. People with disabilities (PwD):

Through this funding, UNFPA ensured disability mainstreaming in line with a WGSS checklist that assessed access, use of equipment and information materials at the WGSS and health facilities. Through the implementation of the WGSS checklist, disability mainstreaming topics such as GBV case management for persons living with disabilities were included in staff trainings. In addition, all WGSS were made accessible through the creation of ramps at each WGSS to promote access services provided at the WGSS. This also ensured that persons living with disabilities were prioritised during distributions, for instance dignity kits, and were part of the regular focus group discussions which were organised to assess emerging needs and seek feedback from women and girls visiting the WGSS.

f. Protection:

GBV risk mitigation efforts by UNFPA included community level information dissemination sessions through door to door campaigns and through the WGSS and the health facilities that were supported by UNFPA during the implementation of this project, enabling at-risk groups access to GBV-related services in a timely and confidential manner. In addition, UNFPA distributed 2,750 dignity kits to women and girls of reproductive age aimed at meeting their hygiene, dignity and protection needs while ensuring that the physical structures at the WGSS and the health facilities allowed access by persons living with disabilities enabling them access integrated GBV and SRH services.

g. Education:

Education-related activities were not implemented because they were not part of the scope of this project.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

Cash and voucher assistance modality was not considered during the implementation of this project. UNFPA has not been using the CVA as a modality for programming in Northern Mozambique and therefore at the time of project design, UNFPA had not yet conducted a feasibility and risk assessment to determine the use of cash and voucher assistance during project implementation.

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
I can now go back to school," exclaims Fatima (18) as she uses contraception for the first time "I can now go back to school," exclaims Fatima (18) as she uses contraception for the first time.	https://mozambique.unfpa.org/en/news/%E2%80%9Ci-can-now-go-back-school%E2%80%9D-exclaims-fatima-18-she-uses-contraception-first-time
Women-friendly space offers vital skills, information and support for conflict-affected women and girls	https://mozambique.unfpa.org/en/news/women-friendly-space-offers-vital-skills-information-and-support-conflict-affected-women-and
O parto e a gravidez não param em situações de emergência: Como as tendas permitem prestar serviços de saúde que salvam vidas nas zonas afectadas por tempestade	https://mozambique.unfpa.org/pt/news/o-parto-e-gravidez-n%C3%A3o-param-em-situa%C3%A7%C3%B5es-de-emerg%C3%Aancia-como-tendas-permitem-prestar-servi%C3%A7os-0
Visual board of social media posts	https://wakelet.com/wake/LgAuQ4QlinZ4uXmPuU-Wf

3.4 Project Report 22-RR-HCR-027

1. Project Information

Agency:	UNHCR	Country:	Mozambique
Sector/cluster:	Shelter and Non-Food Items Protection Camp Coordination and Camp Management	CERF project code:	22-RR-HCR-027
Project title:	Multisectoral assistance to new arrivals from Ancuabe		
Start date:	30/09/2022	End date:	29/03/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 1,300,000
Total funding received for agency's sector response to current emergency:	US\$ 378,908
Amount received from CERF:	US\$ 921,092
Total CERF funds sub-granted to implementing partners:	US\$ 823,075
Government Partners	US\$ 0
International NGOs	US\$ 797,075
National NGOs	US\$ 26,000
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR and its partner provided protection and basic needs services through a comprehensive and multisector approach.

Camp Management and Camp Coordination: UNHCR leveraged its existing partnership with the District Service Department for Planning and Infrastructure (SDPI) and AVSI to support the reception of new arrivals from Ancuabe, in addition to relocations, plot and shelter allocation and referrals for further assistance. One head count was carried out in the main Ntele and Nicuapa IDP sites to map empty shelters and facilitate shelter re-allocation to the new families. 816 families/ 4,761 individuals were supported with registration/listing, allocation of empty plots and shelters in the two IDP sites in Montepuez (Nicuapa and Ntele).

To enhance community engagement activities, UNHCR constructed one multi-purpose community centre in Massingiri, following a need identified through community consultations. Additionally, UNHCR, through its partners, deployed 15 community mobilizers (eight females and seven males) to support key messaging on site management, services available, general protection, site safety and flood risk mitigation. Community mobilizers in Ntele, Nicuapa and Massingir sites supported outreach messaging on key services available for new arrivals. Community mobilizers, through a mobile team, also aimed at enhancing the complaints and feedback mechanism (CFM) in the IDP site with 368 cases attended to from November 2022 to March 2023, of which 91 per cent received feedback on the various issues

raised. Following the new arrivals, a site planning review was also conducted in the Ntele IDP site, allocating spaces for communal facilities and the maintenance of a one km feeder road within the site. Site cleaning and/or bush clearance was also conducted in both Nicuapa and Ntele sites through community engagement, aiming at facilitating access and safety for the residents.

Protection UNHCR provided integrated gender-based violence (GBV) case management, mental health and psycho-social support (MHPSS) and legal services using a mobile approach in integrated safe spaces, thereby enhancing protection, in six IDP sites in Montepuez and two urban displacement neighbourhoods of Pemba that received arrivals from Ancuabe. 220 individuals, mainly women and girls, were supported with GBV, MHPSS and legal support needs through integrated case management in locations hosting IDPs from Ancuabe, which correspond to 63 per cent of the expected target. To respond to protection service provision gaps, UNHCR also provided emergency rapid GBV-MHPSS-legal support in other IDP locations to respond to high-risk protection case needs identified. Through trained displaced and host community volunteers, UNHCR reached 28,622 people with integrated GBV, MHPSS, PSEA and legal rights messaging to reduce risks and improve access to support, exceeding the planned target significantly (286 per cent of the planned target). The target was overachieved because the trained activists were very active, and the period included large-scale awareness raising campaigns for World Mental Health Day and the 16 Days of Activism against GBV (including local radio GBV awareness spots). Regarding provision of legal assistance and documentation, 184 individuals (113 females and 71 males) received documentation in the district of Metuge through mobile brigades (indicator 4.3). Legal counselling and assistance was also provided during the mobile brigades to the same individuals assisted. Additionally, 671 people with disabilities (111 girls, 120 boys, 226 women and 174 men) and 1,789 older people (818 females and 971 males) were identified and assisted with psycho-social support, assistance devices or referrals to rehabilitation or specialized services. In total 2,644 individuals with specific needs were supported (53 per cent of the target).

Shelter and Core relief items (CRI): A shelter needs assessment was conducted by UNHCR's partner AVSI in the Ntele site, Montepuez District, and 153 transitional shelters were fully constructed (indicator 2.1). In response to the emerging emergency needs raised by the attacks in Ancuabe, and the subsequent attack in Nairoto village in February 2022, 3,059 CRI kits (indicator 3.3) were distributed, which again significantly overachieved the planned target (by 612 per cent). The kits served to provide immediate assistance to 11,134 individuals (54% were woman and girls) in Montepuez District. Post distribution monitoring was carried out with 95 per cent of respondents claiming that the assistance received was aligned with their needs.

3. Changes and Amendments

Fluid population movement in Montepuez impacted some of the activities and remains a key challenge in the Montepuez District. While the district has seen new arrivals mainly from Ancuabe, significant spontaneous departures were also recorded by the authorities of IDPs returning to places of origin since November 2022. This situation warranted an adjustment of emergency response plans, including making use of existing empty shelters. New arrivals from attacks in Nairoto village caused an increase of population size in sites in February 2023, requiring a new emergency response. At the same time, changes in the Montepuez District Administration strategy concerning the IDP response also had an impact on some interventions, particularly on shelter, as there was a specific request to not to proceed with new shelter constructions.

The above mentioned had an impact particularly on Output 2, related to shelter construction and rehabilitation.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	2900	2200	2788	2112	10,000	8,299	6,009	7,726	6,582	28,616
Host communities	725	550	697	528	2,500	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3625	2750	3485	2640	8299	8,299	6,009	7,726	6,582	28,616
People with disabilities (PwD) out of the total										
	254	193	244	185	876	254	193	244	185	876

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	3,872	2,804	4,005	2,670	13,351	7,701	5,591	7,986	5,334	26,612
Host communities	580	420	600	400	2,000	600	420	600	390	2010
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,452	3,224	4,605	3,070	15,351	8,301	6,011	8,586	5,724	28,622
People with disabilities (PwD) out of the total										
	102	77	98	74	351	852	225	1001	352	2,430

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

Sector/cluster	Shelter and Core-Relief 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	580	440	558	422	2,000	2,540	2,237	3,302	2,800	10,879
Host communities	145	110	139	106	500	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	750	550	697	528	2500	2,540	2,237	3,302	2,800	10,879
People with disabilities (PwD) out of the total										
	51	39	49	37	176	50	40	49	37	176

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

5. People Indirectly Targeted by the Project

Through awareness raising sessions, CCCM activities and community engagement, it is expected that the project has indirectly reached people living in the IDPs sites in Montepuez.

6. CERF Results Framework

Project objective	Enhanced access to protection and service provision to displaced population in Cabo Delgado			
Output 1	Site management and site development is supported to facilitate access to life saving assistance			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people reached through comprehensive CCCM interventions	12,500	28,616	[Site profile –March 2023-AVSI, Partner CFM monthly reports
Indicator 1.2	CM.3 Number of displacement sites with physical site improvements	1	3	Partner report, minutes of CCCM committees in Ntele, Nicuapa and Massingiri.
Indicator 1.3	AP.2b Percentage of affected people who state that they are aware of feedback and complaints mechanisms established for their use (1,875 affected people)	95%	91%	CFM report.
Explanation of output and indicators variance:		<p>Indicator 1.1 and 1.2 Ancuabe and Nairoto IDPs were spread out in three sites, hence the intervention targeting the three sites in Massingiri, Nicuapa and Ntele in Montepuez district. The achieved figure includes both Ancuabe IDPs and IDPs who lived in the sites before the Ancuabe arrivals, and who were reached with the various CCCM interventions.</p> <p>Indicator 1.3 – During the implementation period, 368 cases presented complaints or requested information formally through the CFM mechanisms, out of which 336 received feedback (91%) to the various inquiries. Considering that the number 1,875 was based on a projection of CFM cases, the target achieved reported is based on actual data of cases recorded and reports available.</p>		
Activities	Description	Implemented by		
Activity 1.1	Enhance Community Engagement/ Participation and Information Management: Support local government in mapping and registration of new arrivals to facilitate lifesaving assistance including shelter allocations. Map empty plots and shelters in the site to facilitate plot allocation to new arrivals. Support information management and voluntary, safe, and dignified relocations of IDPs. Undertake community consultation with an age, gender and diversity focus to identify service gaps, most vulnerable cases and prioritize for	UNHCR, AVSI		

	assistance. Reinforce communication with communities by mass campaigns on service availability in the sites and enhance capacities of the community-based complaint mechanisms including site management committees.]	
Activity 1.2	Site Planning to facilitate proximal access to services: Re-designing of the site plans and plotting to accommodate the new arrivals in Montepuez. Include opening of walkways/ access to sections within the sites to facilitate population movement and assistance delivery.	UNHCR, AVSI
Activity 1.3	Site development: Facilitate the construction / enhancing of temporary communal facilities (community centre) including construction of WaSH (Water, Sanitation and Hygiene) facilities for the communal facilities, installation of solar streetlights to enhance safety and mitigate protection risks, opening of drainage channels among other care and maintenance needs]	UNHCR, AVSI

Output 2	Shelter and Infrastructure established, improved, and maintained to improve access to safe and dignified shelter			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Shelter/NFI			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.3 Number of shelters and common shelter structures constructed or rehabilitated	500	261	AVSI and UNHCR Mission Reports
Indicator 2.2	SN.6 Number of people accessing shelter services	2500	1305	AVSI and UNHCR Mission Reports
Indicator 2.3	AP.4b Percentage of affected people who state that the assistance, services and/or protection provided correspond with their needs (shelter assistance) - (475 affected people)	95%	95%	AVSI and UNHCR Mission Reports
Explanation of output and indicators variance:		Indicator 2.1 and Indicator 2.2 Indicator variance is mainly related the fluid population movement impacting programme planning in the shelter intervention. While the district has seen new arrivals mainly from Ancuabe in September 2022, significant spontaneous departures were also recorded by the authorities of IDPs returning to places of origin, requiring the need to adjust emergency response plans, including making use of empty shelters in the IDP sites (965 have been identified in Ntele and Nicuapa through the CCCM mapping). At the same time, the Government strategy in the targeted locations shifted since the end of 2022 and specific requests have been received to not to build new shelters, but rather support upgrade of existing structures and/or reallocate funds to cover site development activities in sites. UNHCR in turn revised the strategy in coordination with SDPI and the partner AVSI.		
Activities	Description	Implemented by		

Activity 2.1	UNHCR detailed shelter needs assessment Implementing partner selection and sub agreement finalized. Stakeholder and partner orientation. Procurement plan for centrally/locally procured items.	UNHCR and AVSI
Activity 2.2	Partner physical/verification of assessed needs Beneficiary consultation & endorsement of selection criteria Allocation of shelter	UNHCR and AVSI
Activity 2.3	Construction of prototype & material quality control Training and grouping of artisans Construction and roll out of transitional shelter technical guidance, quality control & monitoring Final verification, certification, and handover Conduct post-distribution monitoring	UNHCR and AVSI

Output 3 Core relief items provided

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Shelter/NFI			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	SN.2a Number of people receiving in-kind CRI assistance	2,500	11,134	AVSI and UNHCR Mission Reports
Indicator 3.2	AP.5b Number of affected people who state that they were able to access humanitarian assistance and services in a safe, accessible, accountable and participatory manner	2,375	5,000	Post distribution monitoring (980 individuals) and physical routine monitoring (804HHs)
Indicator 3.3	SN.2B Number of in-kind CRI kits distributed	500	3059	AVSI distribution lists AVSI distribution report
Explanation of output and indicators variance:		<p>Indicator 3.1 was overachieved as UNHCR was able to support with additional kits from the UNHCR warehouse. The indicator was also overachieved to support the new arrivals from Nairobi village and respond to the immediate needs.</p> <p>Indicator 3.3 the target was overachieved without needs of additional funds, as UNHCR was contributing with procurement of kits from UNHCR warehouse in other locations.</p>		
Activities	Description	Implemented by		
Activity 3.1	Conduct assessments, beneficiary selection & targeting Procurement of standard CRI Kits	AVSI		
Activity 3.2	Targeted distribution of essential CRIs to individuals with heightened vulnerability (1 tarp, 1 kitchen set, 2 blankets, 2 sleeping mats, 1 solar light) dependent on household size. Regular activity monitoring	AVSI		
Activity 3.3	Conduct post-distribution monitoring	AVSI		

Output 4 Mobile case management for vulnerable IDPs is strengthened

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

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of vulnerable IDP and host community supported with integrated case management	350	220	CUAMM reports
Indicator 4.2	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management (Number of persons reached with awareness raising on GBV and MHPSS concerns and access to life-saving services)	10,000	28,621	CUAMM reports
Indicator 4.3	Number people supported with legal assistance and documentation	5,000	2644	UCM reports HI Reports AVSI Reports

Explanation of output and indicators variance:

Indicator 4.1 The target reached is 63 per cent of the target planned. It is important to note that this indicator depends on the needs identified and cannot be easily predicted.

Indicator 4.2 The target was overachieved (286%) as the trained activists were very active during the reporting period, which included large-scale awareness raising campaigns for World Mental Health Day and the 16 Days of Activism against GBV (including local radio GBV awareness spots).

Indicator 4,3 During the Interim report, UNHCR proposed to adjust the indicator (indicator 4.3) into “number of people with specific needs supported, (including with access to civil documentation), to better reflect the logic on intervention of the project and align with the budget submission. The target reported under indicator 4.3 includes assistance with civil documentation (October -December 2022), assistance to people with disabilities, assistance to older people with PSS and identification and referral of vulnerable cases.

Activities	Description	Implemented by
Activity 4.1	Direct case management and psychological counselling services provided	CUAMM
Activity 4.2	Awareness raising on GBV and MHPSS concerns and access to life-saving services conducted	CUAMM
Activity 4.3	Provision of legal assistance and documentation	UCM

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:

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. 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.

Vulnerable and at-risk groups were involved in the design, implementation and monitoring of the project – for example, through mapping of empty plots for allocation of shelters in sites in close coordination with communities. The modality to involve all groups in all project phases was done through undertaking community consultations (e.g., focus group discussions) with an inclusive AGD approach to identify the most vulnerable cases and improve overall programming.

b. AAP Feedback and Complaint Mechanisms:

UNHCR worked closely with partners to disseminate information on already existing safe, accessible, and confidential feedback and complaints mechanisms (CFM) such as anonymous place feedback surveys on services, complaints/suggestion boxes at distribution sites, phone lines and designation of community-based focal points to receive and respond to complaints. Communities were furthermore involved in the design and implementation of these mechanisms, by involvement in awareness raising sessions for others to understand the functionality of them. Additionally, UNHCR continues to use the *Linha Verde* humanitarian helpline, for which it has actively supported on technical levels and co-funded.

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

UNHCR co-chairs the PSEA Network in Cabo Delgado. PSEA assessments are conducted for each partner implementing activities with UNHCR. UNHCR has developed and disseminates key messages to mitigate, and respond to, risks of exploitation and abuse. UNHCR partners, shelter/CRI staff and volunteers involved in the distributions and/or in direct contact with beneficiaries were trained on PSEA and were required to sign UNHCR's Code of Conduct before implementation of activities could commence. Through the PSEA network, effective and confidential community-based complaints and feedback mechanisms for handling SEA complaints are in place.

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

Throughout the duration of the project, UNHCR consulted with women, men, girls, and boys as well as older people, people with disabilities and other marginalized groups to collect accurate information about the shelter/CRI requirements so that their preferences for distribution

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](#).

points and shelter design are fully considered. Furthermore, protection risks analysis captured risks specific to women, girls and sexual/gender minorities to enable design and implementation of gender and age sensitive programming. Protection and gender mainstreaming has been integrated across the entire programme cycle in line with UNHCR's global age, gender and diversity (AGD) approach, for which compliance is mandatory across all UNHCR operations. Regarding gender-based violence, UNHCR conducted a GBV service-mapping of government and police services in Cabo Delgado province to establish referral pathways. Awareness sessions were also carried out on early marriage, GBV and PSEA and case management and support services to GBV survivors was scaled-up.

e. People with disabilities (PwD):

UNHCR engaged and consulted people with disabilities, adopting an AGD approach, to identify specific barriers faced by people with disabilities of diverse backgrounds to ensure disability inclusion throughout the project. UNHCR collected information about specific shelter/CRI requirements that people with disabilities may have, and subsequently introduced special arrangements for those people who have difficulty accessing the distribution point and are not able to carry the kits nor construct the shelters, through hiring of artisans and carpenters to support the construction process.

f. Protection:

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

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	0	US\$	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
UNHCR Mozambique monthly country factsheets	Country - Mozambique (unhcr.org)

3.5 Project Report 22-RR-CEF-061

1. Project Information			
Agency:	UNICEF	Country:	Mozambique
Sector/cluster:	Water, Sanitation and Hygiene Protection - Child Protection Health Nutrition	CERF project code:	22-RR-CEF-061
Project title:	Multi-sectoral emergency assistance to respond to new displacement populations with critical WASH, protection, health, and nutrition services and items		
Start date:	23/09/2022	End date:	22/03/2023
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\$ 7,350,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,518,101
	Total CERF funds sub-granted to implementing partners:		US\$ 701,951
	Government Partners		US\$ 78,597
	International NGOs		US\$ 422,542
National NGOs		US\$ 200,812	
Red Cross/Crescent Organisation		US\$ 0,00	

2. Project Results Summary/Overall Performance

Health and Nutrition:

Through this CERF grant, UNICEF and its partners procured and distributed to the end user a total of 109 medicine kits, specifically 43 IEHK 2017 kit basic unit; 6 IEHK kit supply 1 medicine; 9 IEHK kit, supply 3 medicine, 37 AWD community kits and 14 AWD periphery kits, as well as 30 tents of 72 m² and 9 tents of 24 m². These supplies enabled essential health care services for woman and children to approximately 150,000 people (26,000 children under 5), treatment of 8,800 cases of acute watery diarrhoeal (including not specified number cases of cholera) and continuation of essential health services in 12 health facilities damaged by the conflict in the districts of Ancuabe, Metuge, Chiure and Montepuez.

In addition, the project reached a total of 52,370 people, of which 37,488 (72 per cent) are children, with lifesaving nutrition services, delivered through integrated mobile brigades, and outpatient and inpatient healthcare facilities. This allowed treatment of 2,603 cases of severe wasting, with a cure rate of 82.4 per cent, which is above the sphere standards of 75 per cent cure rates.

WASH:

Through this project, a total of 20,707 women, 19,114 men, 11,648 girls, and 10,752 boys were provided with access to water, sanitation, and hygiene services. The targeted population consisted of internally displaced persons (IDPs) who had been displaced to Ancuabe and subsequently relocated to Cabo Delgado and Nampula due to an ongoing conflict.

Access to water was ensured through various technical options, including water trucking for 700 IDPs, the Ntokota resettlement site in Metuge, the rehabilitation of 8 boreholes with hand pumps in the Erati district to target 2,800 people, and the construction of a solar system in Corrane (Meconta district) to cover 1,280 people. Access to sanitation and hygiene was achieved through the implementation of cash and voucher assistance approaches (CVA) in urban areas, specifically Pemba, to meet the hygiene needs of 34,000 IDPs living there. Additionally, 2,216 hygiene kits were distributed to ensure access to hygiene items for 11,080 IDPs in rural areas such as Montepuez and Erati. The project also focused on improving sanitation and hygiene practices to minimize the spread of cholera outbreaks among the highly vulnerable IDPs in displacement camps.

This grant was implemented through international non-governmental organizations (AVSI and World Vision) and government counterparts DPOP (Provincial Directorate of public works) in coordination with the WASH Cluster.

Child Protection:

Thanks to this CERF grant, UNICEF scaled up its response to the conflict in the north of Mozambique (Cabo Delgado, southern provinces and Nampula Provinces, Erati and Memba) by establishing a partnership with FDC, Plan International and Save the Children ((Erati and Memba districts) and CARITAS Diocesan de Pemba (Ancuabe district). UNICEF and partners directly reached 9,960 people (7,903 children; 3,910 girls), exceeding the original target of 7,500 people by 33 per cent, through a combination of community-based mental health and psychosocial support (MHPSS) programming and family-based counselling. Sessions with adults on positive parenting and protection of adolescent girls from child marriage and early pregnancy were held facilitated by trained community based MHPSS facilitators. The project responded to the need of unaccompanied and separated children; 59 UASC (32girls), were identified and registered for case management propose. In coordination with Government through social welfare department, community leaders and other NGOS family tracing was conducted resulting on family reunification of 80 per cent of UASC identified and the remaining were placed in alternative care-kinship care and emergency foster care.

3. Changes and Amendments

For child Protection, Health and nutrition, the project was undertaken has planned.

WASH: WASH activities under Output 3, especially for indicators 1 and 2, were delayed. Delays experienced were beyond UNICEF control as water-related interventions such as boreholes drilling were put on hold due to the rainy season when drillings are not recommended.

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	11,450	0	2,713	2,504	16,667	5,331	0	6,498	5,998	17,827
Host communities	22,900	0	5,425	5,008	33,333	10,663	0	13,002	11,990	35,655
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	34,350	0	8,138	7,512	50,000	15,994	0	19,500	17,988	53,482
People with disabilities (PwD) out of the total										
	12,000	0	2,900	2,700	17,600	1,590	0	1,900	1,800	5,290

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	10,400	9,600	20,000	0	0	18,155	16,758	34,913
Host communities	0	0	5,200	4,800	10,000	0	0	9,078	8,379	17,457
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	0	0	15,600	14,400	30,000	0	0	27,233	25,137	52,370
People with disabilities (PwD) out of the total										
	0	0	1,560	1,440	3,000	0	0	2,700	2,500	5,200

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

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,817	6,094	7,756	8,033	27,700	19,361	17,872	10,891	10,053	58,177
Host communities	378	396	504	522	1,800	1,346	1,242	757	699	4,044
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6,195	6,490	8,260	8,555	29,500	20,707	19,114	11,648	10,752	62,221
People with disabilities (PwD) out of the total										
	620	649	826	856	2,951	2,072	1,911	1,165	1,076	6,224

Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	900	600	3,500	2,500	7,500	809	562	2,607	2,662	6,640
Host communities	0	0	0	0	0	405	281	1,303	1,331	3,320
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	900	600	3,500	2,500	7,500	1,214	843	3,910	3,993	9,960
People with disabilities (PwD) out of the total										
	45	30	175	125	375	91	80	210	186	567

* 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

Child Health and Nutrition: Nearly 100,000 inhabitants belonging to nearby/adjacent health areas benefited from improved essential Health care services, due to the tents and health kits provided to the health sector

WASH: Activities in urban areas of Cabo Delgado primarily targeted IDPs, but it is worth noting that a significant number of host community members also benefited from intensive hygiene promotion activities. Additionally, the borehole drilling and construction of water networks that targeted IDPs had a positive impact on host communities in the Erati and Meconta districts of Nampula province. The project aimed to address the water, sanitation, and hygiene needs of both displaced populations and the communities hosting them, recognizing the importance of inclusive and sustainable solutions.

Child Protection: The project indirectly reached 14,163 people (9,291 children), including 567 PwD through community awareness raising campaign on issues related to child marriage, access to school and child abuse. IEC materials on PSEA, child marriage and GBV messages were distributed in public places such as: local markets, distribution points.

6. CERF Results Framework

Project objective	Provide lifesaving multi-sectoral emergency assistance to respond to new displacement populations with critical WASH, protection, health, and nutrition services and items			
Output 1	Provision of life-saving health interventions including integrated mobile brigades (nutrition, HIV, antenatal care, SRH, etc) and replenishment of stocks			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of children and women accessing primary health care in UNICEF-supported facilities (CCS, CPN, FP)	50,000	53,482	SISMA
Indicator 1.2	Number of children under five provided with consultations (Sick consultation in HF and IMB)	41,300	37,488	SISMA
Indicator 1.3	H.7 Number of functional health facilities supported	12	12	UNICEF supply report
Indicator 1.4	H.1a Number of emergency health kits delivered to healthcare facilities	75	58	UNICEF supply report
Indicator 1.5	Number of AWD kits delivered to healthcare facilities	105	51	UNICEF supply report
Indicator 1.6	Number of Tents delivered to healthcare facilities	20	39	UNICEF supply report
Explanation of output and indicators variance:		A higher number of tents was purchased than expected due to the needs found on the ground. In this way, there was a reduction in the number of AWD kits and emergency health kits, due to the high unit cost of the tents, especially those of 72 m ² . The overachievement are due to the needs on the ground that were higher than expected.		

Activities	Description	Implemented by
Activity 1.1	Implement integrated mobile brigades to provide key maternal, neonatal, child and adolescent health and nutrition services.	Health provincial services of Cabo Delgado (SPS)
Activity 1.2	Procurement and delivery of essential supplies including emergency medical kits and nutrition therapeutic supplies for stocks	UNICEF procured and distributed to the end user, 43 IEHK 2017 kit, basic unit; 06 IEHK kit, supply 1 medicine; 09 IEHK kit, supply 3 medicine, which enabled essential health care services for woman and children to approximately 150,000 people (26,000 children under 5). Implementing partners: Health authorities (SPS and DPS) of Cabo Delgado and Nampula
Activity 1.3	Procurement and delivery of AWD kits for treatment of acute diarrhea cases and for stocks	UNICEF procured and distributed to the end user, 37 AWD community kits and 14 AWD periphery kits, which enabled treatment of 8,800 cases of acute watery diarrhea (including not specified number cases of cholera) Implementing partners: Health authorities (SPS and DPS) of Cabo Delgado and Nampula
Activity 1.4	Procurement, delivery and installation of tents in health facilities that were severely damaged and/or closed by the conflict, to allow services to be re-established	UNICEF procured and delivered to the end user, 30 tents of 72 m ² and 9 tents of 24 m ² , which enabled continuation of essential health services in 12 health facilities damaged by the conflict. Implementing partners: Health authorities (SPS and DPS) of Cabo Delgado and Nampula

Output 2 Provide life-saving nutrition treatment including inpatient and outpatient Severe Acute Malnutrition (SAM) management

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

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.4 Number of people screened for acute malnutrition (children under five years of age)	30,000	52,370	SISMA
Indicator 2.2	N.3a Number of children under 5 admitted to SAM treatment programme (therapeutic feeding as outpatient at health facility or integrated mobile brigade)	1,500	2,603	SISMA
Indicator 2.3	N.3a Number of children under five years admitted to SAM treatment programme (therapeutic feeding as inpatient)	300	517	SISMA
Indicator 2.4	% Cure rate per SPHERE standards on children under five years	75%	82.4%	SISMA

	released from treatment programme of SAM			
Explanation of output and indicators variance:		All targets were overachieved under the nutrition component. This was mainly due to increased coverage of lifesaving nutrition services, delivered at community and health facility-based platforms.		
Activities	Description	Implemented by		
Activity 2.1	Procurement and distribution to end user of therapeutic spread, sachet 92g/CAR-150 (RUTF/ATPU)	UNICEF procured a total of 1,813 of ready-to-use therapeutic food (RUTF), which allowed treating 2,603 children with severe wasting.		
Activity 2.2	Procurement and distribution to end user of F-75 Therap. milk CAN 400g/CAR-24	UNICEF procured a total of 50 boxes of therapeutic milk F-75 that allowed the treatment in inpatient of 517 children with severe wasting with complications.		
Activity 2.3	Procurement and distribution to end user of F-100 Therap. milk CAN 400g/CAR-24	UNICEF procured a total of 17 boxes of therapeutic milk F-100 that allowed the treatment in inpatient of 517 children with severe wasting with complications.		
Activity 2.4	Procurement and distribution to end user of first line antibiotics and consumables for inpatient SAM	UNICEF procured a total of 400 bottles of antibiotic Amoxicillin that allowed the treatment in inpatient of 517 children with severe wasting with complications.		

Output 3 Provision of life-saving water, sanitation, and hygiene services and items

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard(900 households)	4,500	4,780	Supervision construction report Quarterly reports, and Programmatic visits, 5W reports
Indicator 3.2	Cash.5a Number of people receiving conditional vouchers(4,000 households)	20,000	34,837	Distribution report, programmatic visits, 5W reports
Indicator 3.3	Cash.5b Total value of conditional vouchers distributed in USD	170,000	173,913	Financial report and, PDM report
Indicator 3.4	WS.16a Number of people receiving critical WASH supplies (through in-kind distributions)(2,000 households)	10,000	11,080	Quarterly reports, and Programmatic visits, 5W reports, PDM report
Indicator 3.5	WS.16b Number of WASH/hygiene kits distributed	2,000	2,216	Quarterly reports, and Programmatic visits, 5W reports, PDM report
Indicator 3.6	WS.17 Number of people receiving WASH/hygiene messaging	30,000 people (6,000 households)	62,221	Quarterly reports, and Programmatic visits, 5W reports,

Explanation of output and indicators variance:		Absorbed household's ratio were much higher than the planned target, much more community coverage for hygiene promotion including good hygiene
Activities	Description	Implemented by
Activity 3.1	Installation of 15 handpumps in areas receiving new displacements	World Vision
Activity 3.2	Provision of sanitation and hygiene items to 4,000 households through voucher program	AVSI
Activity 3.3	Procurement and distribution of critical WASH supplies (hygiene kits) for 2,000 households	World Vision
Activity 3.4	Hygiene and sanitation promotion for affected individuals	AVSI, World Vision

Output 4 Provide immediate assistance to vulnerable children and families

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

Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	% of unaccompanied and separated children provided with tracing services and/or alternative care.	90% (approx 150)	100% (59 UASC)	UNICEF partner's report
Indicator 4.2	CP.4 Number of people accessing protection activities and/or services through safe spaces	7,500	9,960 (7903 children)	UNICEF partner's report

Explanation of output and indicators variance:

In Ancuabe, many families fled accompanied by their children and other caregivers handed over to other relatives. In addition to that, spontaneous reunifications were observed leading to underachievement of UASC planned. The project identified 59 UASC and all of them benefit of tracing or alternative care services.

In the other hand, the project registered high demand of children and adults in need of MHPSS services. The combination of fix and mobile, including home based approach for provision of MHPSS services led to overachievement of the planned target.

Activities	Description	Implemented by
Activity 4.1	90% of unaccompanied or separated children provided with tracing services and/or placed in alternative care	UNICEF's implementing partners: CARITAS Diocesan de Pemba, Save the Children International and Plan International.
Activity 4.2	7500 caregivers and children provided with immediate MHPSS structured activities	UNICEF's implementing partners: CARITAS Diocesan de Pemba, Save the Children International and Plan International.

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:

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: All the WASH interventions carried out in this project were designed with the beneficiary at the centre, ensuring their active participation in all phases of the project. Consultations were conducted with the beneficiaries to gather their input and take into account their specific needs and priorities, with a special focus on the most vulnerable groups, including women, girls, and persons with disabilities (PwD). By prioritizing the voices and needs of the affected populations, particularly women, girls, and persons with disabilities, ensuring that their participation and input were valued and incorporated into the decision-making processes.

CP: During the implementation phase, the beneficiaries were involved in the response. For example, when responding to UASC the child participates in the development of the case plan and based on the best interest of the child, the community leader and other relevant people are also involved in the process, including family tracing and reunification. In Ancuabe, the community leaders were invited to visit the MHPSS activities, at regular basis, and the program team shared the information regarding project, including challenges and support needed from them.

b. AAP Feedback and Complaint Mechanisms:

Health and Nutrition: Mainly achieved through Linha Verde and complaint boxes under the integrated mobile brigades and at the health facilities.

WASH: Ensuring an appropriate WASH response in consultation with beneficiaries was achieved through the establishment of 4 helpdesk where complaints and feedback were registered and addressed. Additionally, several complaint boxes were established in NFI distribution points. Community feedback was also obtained through several mechanisms including community meetings, focus group discussion, face to face interviews and post distribution monitoring. Implementing partners promoted the use of a hotline called "green line" through which all beneficiaries can convey their complaints and feedback, enhancing beneficiary participation and aiming to an improvement of the humanitarian response

CP: Different approach were used for collecting feedback and complaint from the beneficiaries. Consultation meetings were held every Friday to collect children's opinions regarding the type of activities they would like to see reflected in the MHPSS intervention. The regular meetings with the community leaders were not only a platform to share information about the program but also to collect feedback from the community. Linha Verde and child help line were also disseminated amongst the beneficiaries as a mean for feedback and complain.

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

UNICEF has in place an internal reporting mechanism for SEA cases whereby all staff and partners are required to report any allegations or concerns directly to the country representative or to the central internal audit and investigations' office. A PSEA Specialist supports

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](#).

programme staff and partners to ensure that communities can safely report any concerns either directly to UNICEF or to partners and to ensure that any identifiable victims receive the support they need. Cases are recorded in country by the PSEA Specialist and at HQ level.

Linha Verde was one of the mechanisms used to record cases of SEA. In addition, all the project staff, including community-based staff were trained on PSEA and in each district a PSEA focal points were nominated with the aim to promote awareness raising activities on Prevention of Sexual Exploitation and Abuse and dissemination of Linha Verde. Cases related to child sexual abuse, are registered by a designated case worker for case management and other cases referred to Linha Verde. UNICEF ensured that all WASH implementing partners were trained in PSEA to ensure understanding of the importance of preventing and responding to sexual exploitation and abuse of beneficiaries. UNICEF's partners implemented sensitization activities targeting IDPs, host communities and relevant stakeholders on the field of PSEA, including the standards of conduct for humanitarian workers and partners, gratuity of assistance and zero tolerance against SEA.

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

Health and Nutrition: The project supported gender empowerment, through increased participation of female community health workers in the capacity building sessions as well as supporting peer to peer support and participation of female leaders in the community platforms.

WASH: This project has contributed to ensure gender equality and cover the specific hygiene needs of women and girls of menstruating age. Participation of women and girls in decision making has also been a focus of the response by ensuring gender parity in the composition of water committees ensuring a ratio 50:50 (ratio of women and men) in water committees. Menstrual hygiene is included in all hygiene kits and targeting of beneficiary families recipient of vouchers included prioritization of household with girls and women between 12 and 50 years of age.

CP: The program ensured gender balance during the recruitment of staff; 50 per cent of community-based staff (case worker and facilitators) recruited were woman. In addition, safety audits were conducted during the implementation phase to identify key risks woman and girls were facing in their communities and mitigation measures put in place to prevent the risks which included community dialogue on preventing of child marriage, sexual abuse and exploitation. In the multi-purpose center, adolescent girls benefit of session regarding sexual reproductive health, child marriage and early pregnancy, including life skill sessions aiming to empower them. The programme aimed to target more girls than boys to increase access to girls. There are still several barriers to services for girls due to issues related to culture, gender roles and child marriage.

e. People with disabilities (PwD):

Health and Nutrition: All children with disabilities benefited of required assistance and nutritional support, through the screening and referrals at the mobile brigades' service delivery points.

WASH: The inclusion of Persons with Disabilities (PwDs) in the response has been prioritized right from the beginning of the program implementation. For instance, disability has been used as a criterion to identify eligible beneficiaries for the distribution of Non-Food Items (NFIs) and Vouchers. Additionally, implementing partners have been trained in the identification of disabilities and ensure inclusion of PwD in the program

CP: Community-based case workers and animators were trained on disability and inclusion by a specialized disability organization (AIFO). With support of the community-based case workers, children with disability were identified and their needs addressed through case management approach, including referral to relevant service provide. In addition, children with disability benefit of community based mental health and psychosocial support services in the multi-purpose centre (with a group of children) and home based.

f. Protection:

Health and Nutrition: protection considerations were mainstreaming across project implementation. All UNICEF staff and partners were trained on the centrality of protection and a protection integration guidance was developed and disseminated.

CP: people in need of protection services were referred to relevant service provider, including their concern shared within the protection cluster for advocacy purpose. The project disseminated amongst the community service mapping developed by protection cluster to promote the access of services by community members.

g. Education:

Education is considered as one of the most important services for children, including empowerment of adolescent girls. The project promoted the access of education services through awareness raising with parents and caregivers, including adolescent girls and boys. In addition, in close collaboration with community leaders and education sector, the project identified out of school children and referred to education services for school reintegration.

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	34,837

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

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

WASH: Vouchers were used to provide beneficiaries with the dignity and autonomy to make their own decisions based on their individual needs and priorities. Additionally, stimulating the local market and applying a more cost-effective method for ensuring access to hygiene items to affected population with significantly reduced logistic efforts such as procurement, storage and transport of items. A process of intensive consultation was conducted to identify composition of vouchers, this included several FGD (Focus Group Discussions), with several groups of people. Each group was composed by 10 to 15 people, a total of 48 women, 46 men, 48 girls and 49 boys were consulted. The inclusion of people with disabilities was ensured when possible.

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
WASH Vouchers	34,837	US\$ 173,913	Water, Sanitation and Hygiene	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
[Article] Addressing the needs of children with disabilities affected by emergencies in Mozambique	https://www.unicef.org/mozambique/en/stories/addressing-needs-children-disabilities-affected-emergencies-mozambique
Twitter: focus on Health] 13 July 2023	https://twitter.com/UNICEF_Moz/status/1679419463278419969
Twitter: focus on Protection] 13 July 2023	https://twitter.com/UNICEF_Moz/status/1679428700721364992
Twitter: focus on Nutrition] 12 July 2023	https://twitter.com/UNICEF_Moz/status/1679411592776110080
Twitter: focus on Disability] 23 March 2023	https://twitter.com/UNICEF_Moz/status/1638948726004908033

3.6 Project Report 22-RR-WFP-056

1. Project Information

Agency:	WFP	Country:	Mozambique
Sector/cluster:	Food Security - Food Assistance	CERF project code:	22-RR-WFP-056
Project title:	Food assistance in response to recent displacements in Northern Mozambique		
Start date:	27/09/2022	End date:	26/03/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding	Total requirement for agency's sector response to current emergency:	US\$ 140,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 78,727,273
	Amount received from CERF:	US\$ 350,002
	Total CERF funds sub-granted to implementing partners:	US\$ 49,942
	Government Partners	US\$ 0
	International NGOs	US\$ 0
	National NGOs	US\$ 49,942
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

With the support of CERF, WFP assisted populations fleeing from attacks in Ancuabe district and other populations on the move due to conflict and insecurity in other locations. Through this CERF contribution, WFP was able to assist 21,935 beneficiaries in the district of Montepuez, Cabo Delgado. Due to the high level of food needs of the affected populations and the risk of imminent attacks, WFP decided to assist a higher number of beneficiaries in one month (October 2022), instead of providing three monthly transfers to 7,405 beneficiaries as initially proposed to CERF. Due to the new influx of IDPs and its associated challenges, WFP preferred to reach more beneficiaries in a shorter timeframe. As part of this CERF supported intervention, 21,935 beneficiaries in the district of Montepuez received value vouchers redeemable for food items at WFP contracted retailers. The value of the voucher was set at MZN 3,600 based on the average market prices of a reference basket that is designed to meet 79% of the monthly Kcal needs for a period of 1 month.

During the reporting period, food and nutrition needs in northern Mozambique remained high. WFP stretched its food pipeline as much as possible in an effort to assist more than one million conflict-affected people by the end of 2022, which also corresponded to the lean season. During the reporting period, WFP also worked on the application of a Vulnerability-Based Targeting approach in order to be able to assist those most in need in the context of chronic poverty, exacerbated by conflict and displacement.

3. Changes and Amendments

Not applicable

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	0	0	0	0	0	0	0	0	0	0
Internally displaced people	1,733	1,526	2,118	2,029	7,406	5,133	4,518	6,274	6,010	21,935
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	1,733	1,526	2,118	2,029	7,406	5,133	4,518	6,274	6,010	21,935
People with disabilities (PwD) out of the total										
	295	259	360	345	1,259	872	768	1,066	1,021	3,727

* 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

Not Applicable

6. CERF Results Framework

Project objective	Provide life-saving food assistance to conflict-affected IDPs			
Output 1	Provide lifesaving food assistance to 7,405 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	Cash.4a Number of people receiving unconditional vouchers	7405	21,935	WFP Monitoring
Indicator 1.2	Cash.4b Total value of unconditional vouchers distributed in USD	249,708	249,708	WFP WINGS
Explanation of output and indicators variance:		WFP decided to assist a higher number of beneficiaries in one month (October 2022), instead of providing three monthly transfers to 7,405 beneficiaries as initially proposed. Shortening the duration of assistance (1 month as opposed to 3 months) explains why the achievement under Indicator 1.1 is significantly higher.		
Activities	Description	Implemented by		
Activity 1.1	Delivery of voucher entitlements	WFP in partnership with Cooperating Partner SEPPA		

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:

WFP actively involved affected population 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. The affected populations'

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](#).

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 WFP worked with existing community committees 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 equality as well as quality and quantity of assistance. Furthermore, the Community Feedback Mechanism is designed to promote informed decision making by involving the affected communities and improving the quality of programming based on feedback from affected populations.

b. AAP Feedback and Complaint Mechanisms:

During the reporting period, WFP worked ensured the availability of community feedback mechanisms (CFM) consisting of Linha Verde 1458, suggestion boxes and community committees. As a preventive approach, affected populations were actively informed of their rights including that food assistance is free, that there is zero tolerance towards the abuse of power and regarding Protection against Sexual Abuse and Exploitation (PSEA) alongside awareness raising on the right to report and how to use the CFM. Awareness raising was led by the cooperating partner protection focal points prior to initiating any distribution, with community leaders and committee members involved in the dissemination of key information to beneficiaries. During distributions, the use of visibility material regarding the WFP led common CFM Linha Verde 1458 was ensured.

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

In addition to active community engagement on PSEA and the fact that assistance is free, targeted protection and PSEA was carried out in close collaboration with INGD (provincial and national level), Prosecutor (district and provincial level), the PSEA network, protection cluster and OHCHR through district level workshops on prevention of abuses of power in the humanitarian assistance. Benefiting also from presentations and participation of district prosecutors, between October and December 2022, a total of 6 district workshops and one interdistrict workshop were conducted, engaging key stakeholders from the district authorities involved in the emergency response on national policies and laws associated with abuse of power in emergency situations (including PSEA) as well as humanitarian laws and policies that guide safe and dignified engagement with the affected populations. This one-day workshop was subsequently followed by a half-day workshop bringing together local leaders from key locations, sharing national laws and policies and giving these key stakeholders the opportunity to obtain clarifications or raise concerns to INGD, the district prosecutor and/ or UN partners on their role as humanitarian actors. Additionally, in collaboration with the PSEA network, WFP contracted local music producers and musicians to develop a multi-lingual song on PSEA which was tested with the affected populations in Pemba, ensuring that people from all language groups were reached. The song was well understood and well received and has now been shared widely in Cabo Delgado as well as being played at distribution points.

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

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

e. People with disabilities (PwD):

WFP worked closely with the Protection cluster, Community engagement (CE) working group, and disability inclusion working group to understand broader vulnerabilities & protection concerns of the affected population including through participation in multisectoral assessments. WFP, in collaboration with FAMOD (the network of association of people with disability) has conducted several monitoring activities during in-kind food and voucher distributions. The communication 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. WFP, in collaboration with Trinity Collage Dublin, has developed tools for more inclusive communication supports.

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 continued 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 before being shared widely within WFP, with CP staff and applied in communications with government actors.

g. Education:

Not Applicable

8. Cash and Voucher Assistance (CVA)**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	21,935 people

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

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

WFP used value vouchers to deliver humanitarian assistance to the affected populations in Montepuez district of Cabo Delgado. Beneficiaries of assistance could redeem their food entitlements from WFP-contracted retailers. Considering the short timeframe and humanitarian nature of the intervention, linkages with existing Government social protection systems have not been explored.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.1	21,935	249,708	Food Security - Agriculture	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
@wfp_mozambique, @UNICEF_Moz & @IOM_Mozambique distributed humanitarian assistance to 643 displaced families in Meluco District, a hard-to-reach area of #CaboDelgado through the UN Joint Response Programme.	https://twitter.com/wfp_mozambique/status/1605887381374210054

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-HCR-027	Camp Coordination and Camp Management	UNHCR	INGO	\$175,000
22-RR-HCR-027	Shelter and Non-Food Items	UNHCR	INGO	\$356,769
22-RR-HCR-027	Protection	UNHCR	INGO	\$195,306
22-RR-HCR-027	Protection	UNHCR	NNGO	\$26,000
22-RR-HCR-027	Protection	UNHCR	INGO	\$70,000
22-RR-CEF-061	Child Protection	UNICEF	NNGO	\$132,954
22-RR-CEF-061	Child Protection	UNICEF	NNGO	\$67,857
22-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	INGO	\$68,725
22-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	INGO	\$120,344
22-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	GOV	\$13,179
22-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	GOV	\$14,793
22-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	GOV	\$4,595
22-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	GOV	\$19,936
22-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	INGO	\$93,103
22-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	GOV	\$26,092
22-RR-CEF-061	Water, Sanitation and Hygiene	UNICEF	INGO	\$140,370
22-RR-IOM-025	Shelter and Non-Food Items	IOM	NNGO	\$118,770
22-RR-WFP-056	Food Assistance	WFP	NNGO	\$49,942
22-RR-FPA-037	Sexual and Reproductive Health	UNFPA	NNGO	\$24,296
22-RR-FPA-037	Sexual and Reproductive Health	UNFPA	NNGO	\$65,638
22-RR-FPA-037	Sexual and Reproductive Health	UNFPA	GOV	\$33,881
22-RR-FPA-037	Sexual and Reproductive Health	UNFPA	NNGO	\$5,051
22-RR-FPA-037	Sexual and Reproductive Health	UNFPA	NNGO	\$28,050