

**MOZAMBIQUE
RAPID RESPONSE
STORM
2023**

23-RR-MOZ-57965

Catherine Sozi

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

N/A

An ad-hoc AAR did not take place due to critical time constraints and concurrent humanitarian priorities. Nevertheless, the inputs were collected by the Report Focal Point (UNOCHA) from recipient agencies, implementing partners (including NGOs and relevant government counterparts), and cluster coordinators through a number of bilateral consultations and discussions. During the consultations, the results achieved with the grant, including people reached, overall impact and added value were analysed.

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

Yes No

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

Yes No

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

In March 2023, CERF allocated a total of US\$ 10,000,000 to Mozambique from its window for Rapid Response to support the provision of urgent life-saving assistance to a total of 411,851 people in need, affected by the concurrent emergencies of cholera, floods, and Tropical Cyclone Freddy's double impact, in six of Mozambique's ten provinces (Sofala, Zambezia, Manica, Tete, Inhambane, Gaza).

This CERF allocation enabled critical sectors to receive adequate and prioritised support to kick-start life-saving and life-sustaining activities from April to September 2023. Moreover, CERF-funded projects reinforced the coping mechanisms and livelihoods of communities, through sustainable approaches, and fostered coordination between recipient agencies, humanitarian partners and the Government of Mozambique (GoM), both at national and at provincial level.

CERF funding was instrumental in rapidly implementing emergency response activities, particularly in provinces where usually there is limited or no humanitarian presence. All the interventions were critical and time sensitive in order to prevent a further escalation of the humanitarian needs in the affected areas. Through these allocations, sectoral coordination among a variety of partners, including national and local NGOs, was widely strengthened.

Finally, CERF allocation was significantly catalytic in raising further donor contributions in line with the Cholera, Cyclone Freddy and Floods Emergency Response Plan.

CERF's Added Value:

Through the rapid approval of this CERF allocation, agencies were able to quickly deploy emergency staff and supplies to save lives, including emergency shelter, food and agricultural inputs, health (incl. SRH) and WASH assistance to alleviate the suffering of the affected population. Moreover, CERF funds enabled agencies to reach the affected people quickly with life-saving assistance in the initial days of the crisis, including in those areas with no/limited humanitarian presence.

For instance, UNFPA provided life-saving Sexual and Reproductive Health (SRH) support to a total of 31,498 people, including women and girls of reproductive age, boys and men. WHO assisted a total of 163,292 people with health services, minimizing morbidities and mortalities by strengthening to timely detection and response to cholera, acute watery diarrhoea, and dysentery. IOM provided emergency shelter kits and household items as well as support to repair houses damaged by cyclone Freddy to a total of 27,610 people. UNICEF provided WASH and health services, reaching a total of 211,150 people with safe water, hygiene kits, and the rehabilitation of health units. These CERF funds were also crucial to ensure the provision of life-saving food assistance to the affected communities, as with these funds, WFP was able to provide emergency in-kind food assistance and cash-based transfers (CBT) to more than 25,000 beneficiaries. FAO supported the recovery of agriculture-based livelihoods during the winter season for a total of 42,005 people through both e-voucher and in-kind distribution.

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

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

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

Yes

Partially

No

Through this allocation, CERF enabled humanitarian partners to provide urgent assistance to people affected by the cyclone Freddy. As an illustration of this, within the first 3 months of CERF-funded activities, humanitarian partners were able to reach 15,755 people with

shelter/NFI distributions, 52,340 people with safe water, and more than 18,000 people with food assistance. By the end of the allocation, a total of 566,529 people were directly reached with targeted aid.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

CERF funds have been instrumental in scaling up the emergency response against the impact of the cyclone, particularly in those central provinces with limited humanitarian footprint. Through these funds, humanitarian partners were able to address the specific and most urgent needs of the affected people, supporting them with targeted assistance such as emergency shelter, food and agricultural inputs, health (incl. SRH) and WASH services.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF helped to foster coordination between recipient agencies, humanitarian partners, and the Government of Mozambique, both at national and provincial levels, strengthening localization through existing and new partnerships with NNGOs. Indeed, more than 19% of the funds received by the appealing agencies through this allocation was sub-granted to national and local partners, ensuring greater accountability to the affected people and building the capacity for a more effective localized response.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

CERF funds have been significantly catalytic in raising additional resources from other international donors in response to this emergency, in line with the Freddy, Floods, and Cholera Emergency Response Plan as well as the 2023-2024 Joint Cholera Response Plan (UNICEF & WHO). For example, thanks also to the localization achievements supported by this allocation (19% of the funds sub-granted to national actors), donors support in 2024 the establishment of a pooled fund mechanism in Mozambique in response to both, natural hazards and conflict.

Considerations of the ERC's Underfunded Priority Areas¹:

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

Regarding women and girls, including tackling gender-based violence and reproductive health and empowerment, CERF-funded activities included 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 22,764 people with disabilities (PwD), as they faced heightened challenges in the affected areas, including physical, safe and meaningful access restrictions. Inclusion of persons with disabilities was therefore prioritized in all sectors to ensure that barriers preventing their participation and fulfilment of rights could be removed to the greatest extent possible.

Overall, vulnerable groups including PwD, elderly, women, children, and persons with underlying medical conditions were 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.

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	138,000,000
CERF	9,995,213
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	31,100,000
Total funding received for the humanitarian response (by source above)	41,095,213

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

Agency	Project Code	Sector/Cluster	Amount
FAO	23-RR-FAO-002	Food Security - Agriculture	800,000
IOM	23-RR-IOM-007	Shelter and Non-Food Items	1,300,000
UNFPA	23-RR-FPA-008	Health - Sexual and Reproductive Health	300,003
UNICEF	23-RR-CEF-010	Water, Sanitation and Hygiene	4,691,050
UNICEF	23-RR-CEF-010	Health	463,950
WFP	23-RR-WFP-007	Food Security - Food Assistance	1,199,922
WHO	23-RR-WHO-009	Health	1,240,288
Total			9,995,213

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

Total funds implemented directly by UN agencies including procurement of relief goods	8,096,588
Funds sub-granted to government partners*	917,367
Funds sub-granted to international NGO partners*	301,456
Funds sub-granted to national NGO partners*	679,802
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,898,625
Total	9,995,213

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The confluence of multiple crises compounded a severe humanitarian situation in Mozambique where two million people were already in need of humanitarian assistance and protection across the northern provinces of Cabo Delgado, Niassa and Nampula. In February, more than 239,000 people were affected by the compound effects of heavy rains in Maputo Province, Gaza and Sofala as well as by Tropical Storm Freddy's first landfall in Inhambane province. Significant damage to infrastructure was reported as more than 13,516 houses were affected and almost 1,075 schools destroyed. 60 health units were flooded and 1,265km of roads were damaged. Of particular concern is the damage to 92,800 hectares of crops including in areas where 400,000 people are already food insecure (IPC3). Tropical Storm Freddy made a second landfall in Mozambique, in Zambezia province, on 11 March, affecting hundreds of thousands more people. Mozambique is also experiencing a worsening cholera outbreak. As of 31 March, almost 21,000 cases had been reported. Flooding increases the risk of cholera at a time when the country was struggling to contain an outbreak.

Operational Use of the CERF Allocation and Results:

On 15 March 2023, the ERC allocated \$10 million from the Central Emergency Response Fund (CERF) for the urgent support of the multiple emergencies in Mozambique, including cholera, Tropical Cyclone Freddy, and floods. Funding from CERF enabled UN agencies and partners to provide WASH, Health (incl. SRH), Food Security and Livelihoods, and Non-Food Items/Shelter assistance to a total of 566,529 people.

People Directly Reached:

CERF allocations enabled the implementation of rapid response interventions for the affected population from March to September 2023. Overall, most of the projects have been able to reach or to exceed the initial targeted number of beneficiaries. At least 565,000 people were directly reached through CERF activities, including a total of 22,764 people with disabilities (PwD).

All the project-implementing agencies contributed to support the beneficiaries directly: UNFPA provided life-saving Sexual and Reproductive Health (SRH) to a total of 31,498 people, including women and girls of reproductive age, boys and men. WHO assisted a total of 163,292 people with health service, minimizing morbidities and mortalities by strengthening to timely detection and response to cholera, acute watery diarrhoea, and dysentery. IOM provided emergency shelter kits and household items as well as support to repair houses damaged by the cyclone Freddy to a total of 27,610 people. UNICEF provided WASH and health services, reaching a total of 211,150 people with safe water, hygiene kits, and the rehabilitation of health units. WFP reached more than 25,000 beneficiaries with emergency in-kind food assistance and cash-based transfers (CBT), while FAO supported the recovery of agriculture-based livelihoods during the winter season for a total of 42,005 people through both e-voucher and in-kind distribution.

People Indirectly Reached:

In addition to the more than 565,000 people who were directly reached by CERF interventions, additional community members were reached indirectly.

For instance, UNFPA and its partners were able to reach indirect beneficiaries by organising awareness campaigns on GBV and SEA through hotline, radio, community sessions. UNICEF estimated that around 177,000 people were indirectly reached with critical messages on hygiene promotion while an estimated 81,209 people received indirect support related to the allocation of supplies in affected health care facilities and the installation of oral rehydration points. Through IOM's interventions, the beneficiaries trained on safer shelter construction subsequently reached other households, as indirect beneficiaries, from the sites to apply the knowledge and further disseminate to the communities. WHO strengthened advocacy efforts, community engagement activities, and disease surveillance in the health facilities, indirectly benefitted also host communities, besides targeted IDPs. Moreover, this allocation allowed to support two oral cholera vaccination campaigns with training, supervision, data analysis and management, reaching more than 2.5 million people. Through cash-based transfers provided by WFP, the local economy was boosted as money was injected through local traders and went up the supply chain to the producers and importers. Finally, thanks to the seedlings produced by the direct FAO beneficiaries, this allocation also helped creating an agricultural surplus available in the market of neighboring communities, contributing to the stabilization of the market prices and to the availability of nutritious food.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture	11,000	16,500	0	0	27,500	21,843	20,162	0	0	42,005
Food Security - Food Assistance	5,323	4,666	6,455	6,206	22,650	5,961	5,225	4,173	6,950	25,366
Health	74,856	75,270	31,461	34,413	216,000	82,276	74,522	37,879	34,223	228,900
Health - Sexual and Reproductive Health	12,773	3,586	6,202	1,919	24,480	16,679	4,709	8,190	1,920	31,498
Shelter and Non-Food Items	6,153	5,350	8,025	7,222	26,750	6,351	5,522	8,283	7,454	27,610
Water, Sanitation and Hygiene	35,085	29,238	28,068	24,560	116,951	63,344	52,788	50,676	44,342	211,150

* 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	136,511	167,829
Host communities	109,281	192,940
Other affected people	188,539	205,760
Total	434,331	566,529

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

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	145,190	196,454	6,121	7,859
Men	134,610	162,928	5,687	6,727
Girls	80,211	109,201	3,003	4,418
Boys	74,320	94,889	2,905	3,759
Total	434,331	566,529	17,716	22,764

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-FAO-002

1. Project Information			
Agency:	FAO	Country:	Mozambique
Sector/cluster:	Food Security - Agriculture	CERF project code:	23-RR-FAO-002
Project title:	Emergency response to people affected by floods in Gaza and Zambezia Provinces		
Start date:	06/03/2023	End date:	05/09/2023
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\$ 15,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 800,000
	Total CERF funds sub-granted to implementing partners:		US\$ 80,327
	Government Partners		US\$ 19,533
	International NGOs		US\$ 0
National NGOs		US\$ 60,794	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF, FAO and its partners supported the recovery of agriculture-based livelihoods during the winter season for 2,500 households (12,500 people) using the e-voucher, 3,000 households (15,000 people) using in-kind distribution and additional 3,000 households (15,000 people). Additionally, the project provided in-kind assistance for 2,277 HH (76 percent) woman-headed households with the in-kind distribution during the main crop season.

3. Changes and Amendments

The initial plan of the project was to assist 3000 households in Gaza and 2,500 in Zambezia, which was successfully completed with achievements of 100% and 96% respectively. However, synergies with other FAO projects in the procurement of inputs and in providing technical assistance to the beneficiaries resulted in substantial savings for the project. Thus, a 3-month non-cost extension was requested to assist additional households in Gaza that did not match the selection criteria during the first phase. The second phase of the project targeted 3000 households that did not match the selection criteria of the first phase (access to land in the lowlands or to irrigation) and the assistance consisted of a kit of agricultural inputs for the rain season (maize seed, pumpkin seed and hoes).

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	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	11,000	16,500	0	0	27,500	21,843	20,162	0	0	42,005
Total	11,000	16,500	0	0	27,500	21,843	20,162	0	0	42,005
People with disabilities (PwD) out of the total										
	5	10	0	0	15	59	41	0	0	100

* 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

Indirect beneficiaries of the project were the farmers that benefited from seedlings produced by the direct beneficiaries and the entire neighboring communities that benefited from other project outcomes such as the surplus of the produce that was available in the market that contributed to the stabilization of the market prices and increased the availability of nutritious food for the entire community.

6. CERF Results Framework

Project objective Enhance food security of flood affected smallholder farmers in Gaza and Zambezia provinces.

Output 1 Agriculture-based livelihoods of households restored using the e-voucher.

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 1.1	Ag.1 Number of people receiving agricultural inputs (items/packages/kits) Number of households (disaggregated by the sex of the head of HH) receiving vegetable seeds through the e-voucher system.	12,500	2 401 households - 12,005 people (96% of households) 1,006 HH (42 percent) woman-headed households	Post Distribution Monitoring report
Indicator 1.2	Estimated average production of maize, pulses and vegetables per beneficiary-kgs	600	Maize - 1,073kg Pulses - 58.16kg Vegetables - 166 kg	Post Distribution Monitoring report
Indicator 1.3	Average amount of USD redeemed by each household beneficiary (80%)	USD 55	2,401 households 12,005 people (96% of households)	Post Distribution Monitoring report
Indicator 1.4	% of female-headed households benefiting directly from the project (40%)	1,000	1,395 58% of female-headed households (58%)	Post Distribution Monitoring report
Indicator 1.5	Cash.5a Number of people receiving conditional vouchers	2,500	2,401 households (96% of households)	e-voucher reports
Indicator 1.6	Cash.5b Total value of conditional vouchers distributed in USD	137,500	131,575	e-voucher reports
Explanation of output and indicators variance:		100% were not achieved due to the low capacity of the agrodealers registered to e-voucher scheme in targeted districts to reach to remote areas. Communities from those areas said also not to have money to get to Agrodealers.		
Activities	Description	Implemented by		
Activity 1.1	Selection and registrations of beneficiaries	SDAE- District Agricultural Services		
Activity 1.2	Purchase/sale of agricultural inputs	Agrodealers		

Activity 1.3	Monitoring of the e-voucher redeeming	FAO
Activity 1.4	Technical assistance to the beneficiaries	SDAE- District Agricultural Services
Activity 1.5	Monitoring of the e-voucher intervention (voucher redemption) and post-distribution monitoring	FAO

Output 2 Agricultural inputs for restoring agriculture-based livelihoods distributed

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	Number of households (disaggregated by the sex of the head of HH) receiving vegetable seeds through the e-voucher system. Ag.1 Number of people receiving agricultural inputs (items/packages/kits)	15,000	6,000 households 44,130 people 200% of households and 294% of people	Post Distribution Monitoring report
Indicator 2.2	Estimated average production of maize, pulses and vegetables per beneficiary -kgs	600	Total of 1,281.7 kg 166,7 kg of maize 67 Kg of beans 1,054 kg of vegetables	Post Distribution Monitoring report
Indicator 2.3	% of female-headed households benefiting directly from the project (40%)	1,200	74% (4,505 HH) are female-headed households	Post Distribution Monitoring report
Explanation of output and indicators variance:		This variance was caused mainly by the 3 months extension of the project that allowed for increasing additional 3,000 HH		

Activities	Description	Implemented by
Activity 2.1	Procurement of agricultural inputs	FAO
Activity 2.2	Selection/identification of partner organizations	FAO
Activity 2.3	Selection and registration of beneficiaries	Service provider
Activity 2.4	Preparation of agricultural inputs (kits)	Service provider
Activity 2.5	Distribution of agricultural inputs	Service provider
Activity 2.6	Technical assistance to beneficiaries	SDAE – District Agricultural Services
Activity 2.7	In-kind distribution and post distribution monitoring	Service provider and FAO

7. Effective Programming

a. Accountability to Affected People (AAP)²:

² 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](#).

People were involved in various phases of the project mainly in the design, communication, implementation, monitoring and evaluation. The project started with community consultations involving group discussions and community meetings to better understand their specific needs and vulnerabilities. After this phase, with the involvement of the Service Provider, the project started the capacity-building of community members that would be involved in the decision-making process during the various phases of the implementation including to re-enforce the communication with the communities and ensure a smooth process in the selection and distribution of agricultural inputs. During this process the project also established feedback mechanisms to allow community members to raise concerns on the project implementation. Finally, local volunteers were trained to collect data for the project evaluation.

b. AAP Feedback and Complaint Mechanisms:

During the mobilization of the community the project disseminated the feedback mechanisms that the community could use to raise their concerns related to project implementation. This could be done through Linha Verde (hot line) that was available at no cost for the beneficiaries. In addition to receiving and responding to cases raised through the Linha Verde, the project seeks to improve the response through learning. However, Linha Verde complements other mechanisms agreed with the community during the mobilization process.

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

All people involved in the implementation of the project, from the FAO personnel, the Service provider staff, local contracted staff for distribution and volunteers from the community received training and awareness of their obligations to know, comply and cooperate in prevention and response to sexual exploitation and abuse.

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

Majority (66%) of project's beneficiaries were women. 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, and other disadvantaged groups. Sensitization sessions for GEWE and preventing GBV were conducted during the project's life cycle and gender disaggregated data were collected in all phases of the project.

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.

f. Protection:

The criteria of eligibility agreed and used to select beneficiaries for the distribution of agriculture inputs in the first phase were clear to all and was the people with access to land and water for vegetable production. After the criteria were fully agreed with community, the following phase was inclusive, favorable and respectful towards the most vulnerable populations, including households headed by women. During the second phase only people that were not eligible for the first phase criteria (access to water and land) were targeted with consensus from the community..

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	2,401 households - 12,005 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.

The use of the e-voucher allowed beneficiaries to choose from a range of seed varieties and tools available through agrodealers present in the area. The list of inputs included in the system resulted from a consultation process with the local agricultural authorities and, to some extent, with the beneficiary communities. FAO has been implementing an e-voucher system in the region for more than five years and the system has the buy-in from the authorities as well from the communities.

No linkages with social protection programs was considered due to the limited coverage of the social protection services in the project area.

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
Number of people receiving conditional vouchers	2,401	US\$ 131,575	Food Security - Agriculture	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Video	https://unfao-my.sharepoint.com/:v:/g/personal/telcinia_nhantumbo_fao_org/EZEQzLzFQyZGmWRkFTOj3aAB3b8ZK7Up3T0Gc1GGqaYj_g?e=TvcXox
Tweet	https://twitter.com/FAOMozambique/status/1675818374025322497?s=20

3.2 Project Report 23-RR-IOM-007

1. Project Information			
Agency:	IOM	Country:	Mozambique
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	23-RR-IOM-007
Project title:	Provision of immediate lifesaving emergency shelter and non-food item (NFI) assistance for cyclone and flood affected populations in Central and Northern Mozambique		
Start date:	20/03/2023	End date:	19/09/2023
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\$ 6,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 537,450
	Amount received from CERF:		US\$ 1,300,000
	Total CERF funds sub-granted to implementing partners:		US\$ 57,486.17
	Government Partners		US\$ 0.00
	International NGOs		US\$ 0.00
	National NGOs		US\$ 57,486.17
Red Cross/Crescent Organisation		US\$ 0.00	

2. Project Results Summary/Overall Performance

Through the CERF allocation, a total of 5,522 HHs, including 27,610 people (14,634 men and 12,976 women), affected by cyclone Freddy and subsequent floods benefited from the provision of assistance in Northern and Central Mozambique. IOM, as the Shelter Cluster lead agency for Northern Mozambique coordinated the response from partners and supported the immediate mobilization and transportation of emergency shelter and NFI kits from the shelter pipeline to respond to live saving needs (with CERF funds used to replenish stocks of the Shelter and NFI pipeline mobilized to respond immediately) enabling shelter cluster partners to assist 4,932 HHs (24,660 persons) in both Sofala (2,041 HHs across 3 districts) and Zambezia provinces (2,891 HHs across 22 districts). IOM also supported the provision of emergency shelter repair assistance to 900 HHs. In Nicoadala district (Zambezia Province) 255 HHs were assisted with the construction materials and technical orientation of the population for the repairs of shelters; in Dondo district (Sofala Province) 55 HHs were assisted with the construction materials, artisans, and technical orientation for the construction of their shelters. In addition, the project provided the construction materials for the construction of 590 emergency shelters, as well as site planning, plot demarcation and site development to enable the recovery of 590 HHs affected by the floods and in need of relocation on the district of Marromeo (Sofala Province) in collaboration with authorities.

3. Changes and Amendments

In September 2023, CERF approved a no-cost extension to extend ongoing activities until December 2023. This decision was prompted by the challenges faced by government authorities in securing safe land for populations affected by the floods resulting from Cyclone Freddy in the lowlands of the Marromeo district.

The components of identifying suitable land that include both ensured safety and accessibility to essential services, such as schools and health centres, along with the possibility of agricultural activities. Consequently, IOM collaborated with the National Institute for Disaster Risk Management and Reduction (INGD) to support the identification of suitable land.

However, during the implementation phase, in October and November 2023, IOM faced a temporary suspension of most the field activities due to the fluid security situation due to municipal elections and related political campaigning. This pause was influenced by the active involvement of key stakeholders, including local government. While facing these challenges and to mitigate any entailing potential risks and/or delays, IOM undertook the procurement of construction materials for in total 590 emergency shelters and initiated plot demarcation and site development for the following groundwork for subsequent reconstruction efforts.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	6,153	5,350	8,025	7,222	26,750	6,351	5,522	8,283	7,454	27,610
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	6,153	5,350	8,025	7,222	26,750	6,351	5,522	8,283	7,454	27,610
People with disabilities (PwD) out of the total										
	505	562	374	431	1,872	254	221	166	112	753

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

5. People Indirectly Targeted by the Project

The government authorities at national and district level, including the INGD and the District Services of Planning and Infrastructure (SDPI), indirectly benefitted through the strengthening of their capacity to respond and address immediate and emerging shelter needs.

Moreover, the beneficiaries trained on safer shelter construction subsequently reached other HHHs, as indirect beneficiaries, from the sites to apply the knowledge and further disseminate to the communities.

6. CERF Results Framework

Project objective	Cyclone and flood-affected populations in Central and Northern Mozambique have improved their living conditions through shelter and non-food items assistance.
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Output 1	The most vulnerable cyclone and flood-affected populations are provided with lifesaving emergency shelter, repairs and NFI assistance responding to their immediate shelter needs.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Shelter and Non-Food Items			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SN.1a Number of people receiving in-kind shelter assistance	4,500	4,500	Distribution reports, shelter progress reports
Indicator 1.2	SN.1b Number of in-kind shelter kits distributed	900	900	Invoices, shelter progress reports
Indicator 1.3	SN.2a Number of people receiving in-kind NFI assistance	22,250	24,660	Distribution reports, pictures
Indicator 1.4	SN.2b Number of in-kind NFI kits distributed.	4,450	4,932	Distribution reports, pictures
Indicator 1.5	CC.3 Number of humanitarian workers (UN staff, implementing partner staff, etc) receiving training on prevention of sexual exploitation and abuse	20	29 workers (total) <ul style="list-style-type: none"> 12 IOM staff members 17 implementing partner staff members 	PSEA training reports, pictures

Explanation of output and indicators variance:	N/A			
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Activities	Description	Implemented by
Activity 1.1	Maintain the common pipeline system, making it accessible for Shelter cluster partners at Central and Northern Mozambique	[IOM] – IOM timely assisted the population affected by cyclone Freddy with Shelter and NFIs kits (with CERF funding used to replenish the 5,000 NFI kits mobilized by IOM from the stock).
Activity 1.2	Cluster Coordination and meetings with other actors to prepare the assessments and response effectively	[IOM] – In coordination with Shelter Cluster, IOM, as co-lead for central region and lead for Northern region, held meetings on a weekly basis. To respond to the impact of TC Freddy, the pipeline stock has been opened to shelter cluster partners for their immediate and effective response.
Activity 1.3	Participatory identification, assessment and selection of beneficiaries based on pre-defined criteria of vulnerable affected households in close coordination with community members, local stakeholders, other agencies	[IOM] – IOM, in coordination with the INGD, the SDPI and other local authorities, and engaging shelter cluster partners, conducted multi/sector shelter assessments to identify and verify on-ground the shelter priority needs.

	and related Clusters and integrated within IOM overall response plan	
Activity 1.4	Procurement and receiving of appropriately designed shelter and NFIs kits based on needs identified, contextual appropriateness and value for money in terms of transportation and speed of delivery	[IOM] IOM procured appropriately designed and standardize household and shelter/NFI kits compliant with the technical specifications recommended by the Shelter Cluster (tarpaulins – 1/HH, sleeping mats – 2/HH, blankets – 2/HH, mosquito nets – 2/HH, bag – 1/HH, kitchen set – 1/HH), while ensuring quality assurance checks.
Activity 1.5	Procurement of locally available shelter construction materials (wooden poles, bamboo, tarps and fixing materials, tools, etc.).	[IOM] ADS (NGO), IOM's implementing partner, purchased materials for the construction of shelters in Marromeo District, while IOM directly purchased the materials for the construction of shelters in Namitangurine and Dondo districts.
Activity 1.6	Transportation and distribution of shelter materials as per distribution plan and following COVID-19 infection prevention and control (IPC) procedures	[IOM] IOM supported transportation, warehousing and the logistics for distribution of shelter/NFI kits from the pipeline stock, released to cluster members and supported the INGD with transportation of its own stocks to be delivered to affected population.
Activity 1.7	Carry out distributions of shelter materials and NFI kits 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 the length of time the materials remain in a condition fit for use, and PSEA messages.	[IOM] IOM carried out direct distribution of shelter/NFIs to respond to the immediate needs of 4,932 HHs (24,660 persons) in Sofala (2,041 HHs across 3 districts) and Zambezia provinces (2,891 HHs across 22 districts), in coordination with INGD and SDPI. Moreover, IOM delivered information sessions on the ways to use the distributed materials as well as awareness on PSEA for the population benefited.
Activity 1.8	Provide technical assistance to the construction working teams for the construction of emergency shelters	[IOM] IOM conducted Build Back Safer (BBS) on-the-job trainings and provided technical assistance to local artisans engaged in the construction works, and provided technical orientation to ADS (implementing partner) technical teams
Activity 1.9	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] IOM gave orientation and awareness to the implementing partners and government authorities about persons facing vulnerabilities, and supported actions to ensure the integration of women in the project activities, including the construction work.
Activity 1.10	Carry-out post distribution monitoring and analysis to inform future programming	[IOM] IOM conducted post distribution monitoring, in coordination with the government authorities, and acted on the feedback from the communities, which included the need for reinforcement of the tarpaulin roofs with Capin (Local material) to protect the roofs in Dondo district. These recommendations were also applied on the new shelters constructed in Marromeo district.
Activity 1.11	Conduct trainings and refresher sessions on PSEA to all personnel implementing the humanitarian interventions under this CERF proposal	<ul style="list-style-type: none"> • A total of 1,857 people were trained on PSEA, including 1,828 beneficiaries, 12 IOM staff members and 17 implementing partner staff members. • IOM and Plan International jointly conducted a training on PSEA and SEA Victim Assistance for 24 personnel (8 men and 16 women), including 20 workers (13 women and 7 men) from the national NGOs (NNGOs) and 4 officials (all women) from the government authorities.

		<ul style="list-style-type: none"> Engaged the Linha Verde hotline in the broadcasting of radio spots containing PSEA messages, in collaboration with WFP.
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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 areas³ 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)⁴:

IOM Shelter programme implementation strategy has embedded strict protocols for community engagement, including specific actions to ensure the inclusion of the most vulnerable populations. Through this modality, IOM involves the displaced populations, the host community and the government in the needs assessments, activity planning, implementation and monitoring to ensure that the needs of assistance are immediately addressed and solutions are tailored to protect the dignity and safety of affected communities.

Moreover, IOM organized regular coordination meetings with the community and local authorities, to report the regular progress of the activities and monitor the impact and effectiveness of response, as planned, as well as collect further feedback and action to the needs.

b. AAP Feedback and Complaint Mechanisms:

IOM conducted regular Post Distribution Monitoring activities, collecting feedback and satisfaction from the people benefited and local authorities, to identify the gaps and additional needs after the intervention.

During the monitoring, the communities in Dondo (Block 9 site) flagged issues with the tarpaulins, provided for the construction of emergency shelters, which retain the heat inside of the shelter. Beneficiaries proposed a local material, the ‘*capin*,’ to protect the tarp and create a better prevention from the heat. Consequently, IOM incorporated the material into the following construction process in Marromeo community, contributing to improve living conditions of persons receiving assistance.

Moreover, during the NFI distributions, IOM disseminated information from the “IASC Linha Verde” hotline (in 7 local languages), accessible for the beneficiaries. IOM took the immediate action to address complaints referred from the Linha Verde.

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

IOM disseminated key PSEA messages within the host communities and resettlement sites during distributions and through dedicated trainings. IOM raised awareness of the communities on the different reporting mechanisms accessible to report allegations, including through the IASC Linha Verde hotline. PSEA Shelter Champions of IOM conducted PSEA orientations sessions in Sofala province, reaching a total of 1,828 HHs with 1,828 individuals (9 communities) in the districts of Caia, Chemba and Dondo, and a resettlement site in Marromeo district. IOM, in collaboration with the PSEA Network, co-chaired by Plan International, also conducted a PSEA and SEA Victim Assistance Training for the NNGOs and government authorities in Beira, reaching a total of 24 participants.

³ 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.

⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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

IOM mainstreamed gender, age, disability, and other personal characteristics to identify most vulnerable households in needs of assistance, in line with the 'Distribution: Shelter materials, NFI & Cash.' The notably prioritized were female headed households, persons with disabilities, persons with chronic diseases, and elderly people.

First, IOM measured gender-specific needs and addressed risks of GBV throughout the project, as guided by the 'IOM Institutional Framework for Addressing GBV in Crises (GBViC Framework).' On top of that, IOM organized the field teams, ensuring the gender balance of the members, to enable easier outreach to all groups, including through gender specific consultations to identify and address specific needs and challenges. Lastly, IOM empowered women through inclusive participation in project implementation, resulting in a total of 20 female workers in the community contributed to the construction.

e. People with disabilities (PwD):

IOM identified the persons with disabilities who are in needs of Shelter and NFI assistance, in close consultation with the Social Welfare Services of the district government and the CCCM team. During the distribution, actions were put in place to ensure that persons living with disabilities access assistance and that specific support is provided to help them construct their shelters – they were notably prioritized to receive extra support to carry the items, and labour to construct the shelters.

f. Protection:

IOM Shelter team undergoes regular training sessions, focusing on protection risk mitigation. These training sessions encompass the understanding of mechanisms for addressing referrals and the skillset to identify and prioritize vulnerable populations effectively. The shelter programme is designed with a commitment to implementing measures that prioritize the most vulnerable individuals and address their specific needs, entirely adhering to humanitarian principles. Through a proactive approach, vulnerable populations are not only identified but also considered as a priority for the protection programming.

In alignment with these objectives, the Shelter program team actively collaborates with the existing Protection Cluster and internal IOM protection referral pathways. This collaborative effort aims to provide comprehensive supports to individuals with the highest vulnerabilities, to address their specific needs in protection through a coordinated and principled approach.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	N/A

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

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

For the project, CVA was not considered given the families targeted are living in the sites where the floods disrupted most of the markets and public infrastructures. Therefore, the assistance was provided in-kind.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Life-saving assistance including critical household items and shelter fixing kits across the provinces of Niassa, Zambezia, Inhambane and Sofala.	Facebook
Support for a million people affected by Cyclone Freddy in Mozambique with tarps & shelter tools.	Facebook
Over 4 million Persons Remain affected by Cyclone Freddy four Months Later	Facebook
	Case Story_IOM RO Pretoria
PSEA Champions in Beira, Cabo Delgado, Maputo, Nampula, and Quelimane provinces	Facebook
Establishing new resettlement areas in Marromeu district, Sofala province	Facebook
Emergency preparedness of the shelter/NFIs	Facebook
Preparedness and impact & need assessments	Facebook

3.3 Project Report 23-RR-FPA-008

1. Project Information

Agency:	UNFPA	Country:	Mozambique
Sector/cluster:	Health - Sexual and Reproductive Health	CERF project code:	23-RR-FPA-008
Project title:	Provision of life-saving sexual and reproductive health services to the Cyclone Freddy-affected people in Zambezia		
Start date:	10/04/2023	End date:	09/10/2023
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\$ 2,600,000
Total funding received for agency's sector response to current emergency:	US\$550,000 0
Amount received from CERF:	US\$ 300,003
Total CERF funds sub-granted to implementing partners:	US\$ 106,688
Government Partners	US\$ 32,500
International NGOs	US\$ 0
National NGOs	US\$ 74,188
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Following Cyclone Freddy, UNFPA, in partnership with the NGOs AMODEFA, ASCHA, NAFEZA, and the Provincial Department of Health (DPS, as per the Portuguese acronym) of Zambezia, implemented life-saving sexual and reproductive health interventions, delivering critical healthcare services.

UNFPA, in collaboration with its implementing partners DPS Zambezia and AMODEFA, deployed mobile brigades with psychosocial support officers to reach remote and hard-hit areas. The mobile brigades were instrumental in providing essential services such as antenatal consultations, family planning services, post-natal consultations, and health promotion of sexual and reproductive health. The brigades reached 12,895 individuals, delivering vital services, including family planning consultations, antenatal care, and postnatal care. The target areas encompassed the districts of Quelimane, Mopeia, Milange, Maganja da Costa, and Namacurra, all significantly impacted by Cyclone Freddy. UNFPA recruited and deployed 16 Maternal and Child Health (MCH) nurses to 13 health centres across Maganja da Costa, Namacurra, Milange, Mopeia, Nicodala, and Quelimane districts. The deployed nurses play a crucial role in providing essential healthcare services within the communities, including antenatal consultations, postpartum care, family planning consultations, gender-based violence support, and other healthcare services tailored to women's and children's health needs.

The inter-agency emergency reproductive health (IARH) kits have been procured and distributed across 19 health centres that were either partially or completely destroyed. The IARH kits contain both disposable and reusable supplies to provide comprehensive emergency obstetric and newborn care. A total of 44 kits have been distributed to ensure the provision of essential sexual and reproductive health (SRH) services, with a primary focus on maternal health and safe deliveries for women and newborns. The distributed kits have served more than 12,895 people in Maganja da Costa, Milange, Mocuba, Mopeia, Namacurra, Nicoadala, and Quelimane districts. Besides, to support the continuity of services and provide essential reproductive and maternal health services, particularly in health facilities where maternity wards have been partially or completely destroyed, a total of 28 emergency tents were procured. The emergency tents were installed with the support of DPS Zambezia. Twenty-one tents have been successfully installed across various locations, including Pebane (2), Maganja da Costa (2), Cidade de Quelimane (6), Nicoadala (4), and Namacurra (7). The installed tents support the health facilities to ensure the continuation of services and facilitate the provision of essential reproductive and maternal health services within the affected health facilities, particularly maternity services. In this reporting period, the supported health facilities have provided 922 prenatal consultations, 1,238 post-delivery consultations, 892 safe deliveries, and 2,640 family planning consultations. Furthermore, training sessions have been conducted for health professionals on cholera case management during pregnancy. This targeted training involved 23 MCH nurses from the General Hospital of Quelimane, Zambezia, ensuring that healthcare professionals have the necessary skills and knowledge to manage cholera cases among pregnant women effectively.

Mainstreaming GBV protection, before the implementation of the project, GBV Safety Assessments were conducted in Nicoadala and Namacurra, districts of Zambezia. Based on the findings of the safety assessment and priorities, awareness raising has been conducted. Additionally, training sessions have been provided to 60 implementing partners (IPs) members, including DPS, Coalizão, Rede Hopem,

NAFEZA, and community activists. The training covered topics such as GBV case management and psychological first aid. Throughout the implementation of the project, the trained members of IPs and activists were actively involved in delivering Prevention of Sexual Exploitation and Abuse (PSEA) messaging and raising awareness within the community.

3. Changes and Amendments

No changes or amendments were made to any project components.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	12,147	3,410	5,898	1,825	23,280	15,897	4,499	7,798	1,800	29,994
Host communities	626	176	304	94	1,200	782	210	392	120	1,504
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	12,773	3,586	6,202	1,919	24,480	16,679	4,709	8,190	1,920	31,498
People with disabilities (PwD) out of the total										
	251	70	122	37	480	102	29	48	13	192

* 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

Protection - Gender-based violence: 6,220 individuals, including women and adolescent girls in Quelimane, Namacura and Nicoadala districts of Zambézia, received information on PSEA and GBV response services available in the target districts through the awareness sessions provided.

Health (SRH) - The distributed IARH Kits are supporting the provision of essential SRH services, with a specific emphasis on maternal health and ensuring safe deliveries for women and newborns. The distribution covers a potential population of 57,685 in the districts of Maganja da Costa, Milange, Mocuba, Mopeia, Namacurra, Nicoadala, and Quelimane.

6. CERF Results Framework

Project objective	Ensure continuity of and access to essential Sexual and Reproductive Health (SRH) services in the areas affected by Tropical Storm Freddy, with a focus on women, girls, adolescents, and youth in accommodation centers and host communities.
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Output 1	Displaced and vulnerable women and girls in the accommodation centers and host communities in the targeted districts have immediate access to essential and life-saving sexual, reproductive, maternal, and newborn health services.
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health - Sexual and Reproductive Health			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of health facilities with essential SRH services re-established and operational.	10	17	Reports from DPS / District Health Authority and the Health Facilities Reports from Monitoring visits and technical supervision
Indicator 1.2	Number of women and girls of reproductive age reached through the integrated Mobile Health brigades	2,400	12,895	5W report and IP report Reports from Monitoring visits and technical supervision

Indicator 1.3	Number of women and girls reached through the services provided by the Maternal and Child Health (MCH) Nurses deployed to support the availability of skilled SRH services	24,480	31,500	Reports from DPS/District Health Authority and the Health Facilities. 5W report and IP report Reports from Monitoring visits and technical supervision.
Indicator 1.4	SP.2a Number of inter-agency emergency reproductive health kits delivered	50	44	Delivery documents from UNFPA, documents indicating receipts of RH Kits from DPS/District Health Authority and Health Facilities, and Provincial Warehouse data
Indicator 1.5	SP.2b Number of people accessing services enabled by inter-agency emergency reproductive health kits	3,875	12,895	Reports from DPS/District Health Authority and the Health Facilities. 5W report Reports from Monitoring visits and technical supervision.
Indicator 1.6	Number of men, women, boys, and girls reached through the services provided by the SRH in Emergency Nurses	24,480	24,480	Reports from DPS/District Health Authority and the Health Facilities. 5W report Reports from Monitoring visits and technical supervision.
Indicator 1.7	H.9 Number of people provided with mental health and/or psycho-social support services	500	4,025	5W report and IP reports Reports from Monitoring visits and technical supervision.
Explanation of output and indicators variance:		Some indicators have been overachieved because UNFPA utilised the prepositioned emergency commodities and resources. The preposition commodities include emergency tents, and a surge team deployed to Zambezia to provide support at the onset of the emergency.		

Activities	Description	Implemented by
Activity 1.1	Deployment of mobile brigades for the provision of integrated SRH services.	AMODEFA - Districts of Namacurra, Maganja da Costa and Milange. DPS Provincial/District Health Authorities - Quelimane, Mopeia and Nicoadala Districts.
Activity 1.2	Deployment of 12 Maternal and Child Health (MCH) nurses for the provision of SRH Services in temporary health clinics and support the mobile brigades	AMODEFA - Districts of Maganja da Costa, Namacurra and Milange; Diployd 10 Nurses by DPS - Provincial health authority - Districts of Nicoadala, Quelimane and Mopeia
Activity 1.3	Procurement and distribution of inter-agency reproductive health kits (2A, 2B, 6A, 3, 5, 6B, 11A and 11B) and emergency tents (48m2 and 72m2) to support the provision of SRH service in Health Facilities of the target districts.	UNFPA DPS - Provincial Health Authority
Activity 1.4	Deployment of 10 SRH in Emergency Nurses to support the provision of SRH services for men, women, boys and girls	DPS
Activity 1.5	Deployment of 4 Psychosocial support officers to the mobile brigades	ASCHA

Output 2 Humanitarian actors and IDPs in the accommodation centers reached through awareness sessions on PSEA's key messages, reporting lines, and participated in safety audits

Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health - Sexual and Reproductive Health		
Indicators	Description	Target	Achieved
Indicator 2.1	Number of safety audits conducted	6	2
Indicator 2.2	Number of humanitarian actors sensitized on "Do no harm", PSEA Principles, Mozambique Code of Conduct, case identification, and referral including rolling out complaints and feedback mechanisms.	12	60
Indicator 2.3	Number of PSEA materials distributed	1,000	444
Indicator 2.4	Number of I reached through PSEA information dissemination and messages	20,000	6,220
Explanation of output and indicators variance:		UNFPA conducted two safety audits and integrated questions assessing the protection and safety of affected people into the inter-agency rapid needs assessment in which UNFPA also participated.	

		<p>The quantity of PSEA materials distributed by UNFPA is less than planned, considering that the distribution of PSEA materials has been done by other agencies covering the same areas.</p> <p>More individuals participated in the sensitization-focused "Do No Harm" training, considering the need and importance of involving activists in the training.</p>
Activities	Description	Implemented by
Activity 2.1	Conduct safety audits in the accommodation centers	UNFPA
Activity 2.2	Conduct orientation sessions with humanitarian actors on protection mainstreaming related to assistance for "Do no harm", PSEA Principles, Mozambique Code of Conduct, case identification, and referral including rolling out complaints and feedback mechanisms in the affected areas	UNFPA and ASCHA
Activity 2.3	Adapt, translate, and reproduce PSEA awareness-raising materials for humanitarian actors and communities.	UNFPA
Activity 2.4	Conduct Information dissemination on PSEA	UNFPA and ASCHA

7. Effective Programming

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

a. Accountability to Affected People (AAP)⁶:

The intervention was informed by the prioritised needs of the affected population identified through the Joint Rapid Needs Assessment and consultations with the community, Protection and Health Cluster, and local authorities, including the National Institute for Disaster Risk Reduction and Management (INGD). Throughout the implementation, UNFPA and the Implementing Partners ensured continuous consultation with women, girls, men, and boys through community outreach and focus group discussions. Besides, national implementing partners played a critical role in ensuring the intervention was responsive and inclusive of the needs and priorities of affected people.

⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/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](#).

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

b. AAP Feedback and Complaint Mechanisms:

To obtain and respond to feedback from target communities, UNFPA utilised Linha Verde 1458, i.e. a toll-free hotline to call to discuss any issue regarding the humanitarian support in the community, as a feedback-receiving mechanism. Through close collaboration with IPs, UNFPA ensured that the feedback mechanisms were effectively communicated to the target communities, promoting transparency and accountability during the intervention.

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

UNFPA conducted a safety audit followed by awareness sessions on PSEA in both the accommodation centres and host communities. Additionally, psychosocial support officers were integrated into the mobile brigades, providing information on GBV response services, including referrals and counselling support. These aimed to strengthen the understanding of PSEA principles and promote a safe environment for all individuals, particularly those in vulnerable situations.

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

The response targeted mainly women and girls, while the activities were tailored to address prioritised needs. Through this project, UNFPA supported the continuity of SRH maternal and child health services by providing essential supplies and equipment. The installed tents provided a conducive environment for women and newborns to receive postnatal care. UNFPA also organised training and awareness sessions to promote the protection of women and girls.

e. People with disabilities (PwD):

Throughout the intervention, UNFPA ensured disability mainstreaming. For example, topics such as GBV case management for persons living with disabilities were included in the "Do no harm" orientation session. Additionally, temporary Women and Girls Safe Spaces (WGSS) were established, with accessibility taken into consideration. UNFPA also ensured that persons living with disabilities were prioritized during distributions.

f. Protection:

UNFPA conducted a GBV Safety Assessment and an awareness session focusing on GBV prevention and protection from SEA to identify protection needs. Additionally, members of implementing partners and community activists received training on GBV case management and psychological first aid, actively participating in delivering PSEA messaging and raising community awareness. Through identifying protection needs and providing the relevant training and awareness sessions; UNFPA and its partners have equipped individuals with the knowledge and skills to prevent and respond to GBV. The team involved in the implementation of the project adhered to humanitarian standards. For example, the privacy of SRH service users were protected during services in the installed tents. The mobile brigades integrated information on protection from violence, including the referral pathways.

g. Education:

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

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

9. Visibility of CERF-funded Activities

Title	Weblink
Storms can't halt life: How tents bring pregnant women hope, and health after Cyclone Freddy	https://esaro.unfpa.org/en/news/storms-cant-halt-life-how-tents-bring-pregnant-women-hope-and-health-after-cyclone-freddy
Childbirth and Pregnancies Do Not Stop in Emergencies: How tents provide life-saving health services in storm-affected Mozambique.	https://mozambique.unfpa.org/en/news/childbirth-and-pregnancies-do-not-stop-emergencies-how-tents-provide-life-saving-health
UNFPA supports cyclone-affected pregnant women who face increased risk following the cholera outbreak in Mozambique	https://mozambique.unfpa.org/en/news/unfpa-supports-cyclone-affected-pregnant-women-who-face-increased-risk-following-cholera

3.4 Project Report 23-RR-CEF-010

1. Project Information			
Agency:	UNICEF	Country:	Mozambique
Sector/cluster:	Water, Sanitation and Hygiene Health	CERF project code:	23-RR-CEF-010
Project title:	Supporting Children and their Families in Cholera- and Cyclone Freddy-affected Areas with WASH and Health Lifesaving Interventions		
Start date:	01/03/2023	End date:	31/08/2023
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\$ 50,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 3,000,000
	Amount received from CERF:		US\$ 5,155,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,570,868
	Government Partners		US\$ 850,103
	International NGOs		US\$ 296,007
National NGOs		US\$ 424,758	
Red Cross/Crescent Organisation		US\$ 0,00	

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners directly assisted at least 211,150 people in the provinces of Zambezia, Sofala, Tete, Niassa, Nampula and Manica from March-August 2023 with WASH and Health interventions.

UNICEF and its partners supported health interventions that reached approximately 66,900 people, of which 10,100 are children under 5 years of age, in the provinces of Niassa, Nampula, Zambezia, Tete, Manica and Sofala. UNICEF procured and distributed 523 emergency health kits [interagency kits, acute watery diarrhea (AWD) kits, community health worker (CHW) kits] and 45 tents. UNICEF supported the training of 98 community actors, in community surveillance to help slow and stop cholera transmission and provide appropriate treatment.

A total of 211,150 people benefited from WASH interventions. UNICEF and partners provided vulnerable households and HCFs with critical WASH supplies in response to the cholera outbreak and displacements due to Cyclone Freddy. Through this grant, 15 HCFs benefitted from safe water, rehabilitation of water points, emergency sanitation services, and installation of hand washing stations. The CERF funding reached 145,266 people with safe water for drinking and domestic purposes through the rehabilitation of 456 water points, drilling and construction of 18 new boreholes, and rehabilitation of 10 solar-powered water supply systems. In addition, UNICEF and partners supported chlorination and disinfection services and reached 126,514 people with appropriate sanitation through the construction of temporary and basic latrines and establishment of the community participation and education (PEC) mechanism in cholera hotspot communities practicing open defecation, resulting in 114 communities becoming "open defecation free" (ODF). Thanks to a cost savings, and due to increased needs, UNICEF was able to exceed the planned targets.

The program indirectly benefited community members in the host and neighbouring communities through the efforts to control the spread of cholera. UNICEF reached more than **350,000 people with RCCE activities** through a comprehensive approach using a variety of communication and community platforms. Additionally, **8,443 people were reached through messaging on the prevention and access to services related to sexual exploitation and abuse (SEA) and gender-based violence (GBV)**.

3. Changes and Amendments

Overall, the implementation progressed as initially planned. However, some of the challenges faced during implementation included limited accessibility to affected populations due to destruction of infrastructure such as roads, bridges, and low capacity of partners to implement some of the activities. Despite these challenges, UNICEF managed to overachieve on set targets, for both outcomes. Under the WASH component, UNICEF directly engaged contractors for the construction and rehabilitation of new and damaged water points. UNICEF realised savings due to economies of scale, resulting in more water points rehabilitated and more people reached with safe water. Additionally, UNICEF has long-term agreements with suppliers of essential WASH goods and services, resulting in value for money realised, allowing for additional supplies procured, reaching more people in need than originally targeted. To promote appropriate sanitation in affected communities, UNICEF modified the community participation and education (PEC) approaches and utilized it in response to cholera in Zambezia, Sofala and Tete provinces, resulting in more people reached with appropriate sanitation.

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	10,671	13,881	10,160	12,758	47,470	17,197	13,220	15,805	12,588	58,810
Host communities	1,470	1,908	1,399	1,753	6,530	2,364	1,821	2,172	1,733	8,090
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	12,141	15,789	11,559	14,511	54,000	19,561	15,041	17,977	14,321	66,900
People with disabilities (PwD) out of the total										
	607	789	578	726	2,700	978	752	898	717	3,345
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	4,620	3,850	3,696	3,234	15,400	8,341	6,951	6,673	5,839	27,804
Host communities	30,465	25,388	24,372	21,326	101,551	55,003	45,837	44,003	38,503	183,346
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	35,085	29,238	28,068	24,560	116,951	63,344	52,788	50,676	44,342	211,150
People with disabilities (PwD) out of the total										
	2,106	1,755	1,685	1,474	7,020	3,802	3,168	3,042	2,662	12,674

* 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

With CERF funding, UNICEF was able to provide support to a wider population segment, indirectly benefitting beneficiaries from across targeted communities. Robust efforts were taken to provide intensified health and hygiene education. This resulted in conducting 5,787 hygiene sessions, **reaching approximately 177,060 people with critical messages on hygiene promotion**. Furthermore, UNICEF was also able to reach **81,209 indirectly with the allocation of supplies to health care facilities (HCFs) and surrounding communities where oral rehydration points were installed**. The intervention indirectly benefitted community members, as well as neighbouring communities, through contributing to controlling the spread of cholera. **More than 350,000 people were reached by RCCE activities** which were carried out through a multipronged approach involving a variety of communication and community platforms including mobile multimedia units, radio spots/programmes, engagement of community leaders, activists, and religious leaders. We can consider that family members of the people reached by SBC interventions indirectly benefitted by the intervention.

6. CERF Results Framework

Project objective	Children and their families, affected by the cholera outbreak and impacts of floods, heavy rains and winds provoked by meteorological events and Cyclone Freddy, receive timely and adequate assistance in water, sanitation, hygiene, and health.
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Output 1	Water and sanitation services, as well as hygiene practices, are quickly re-established and reinforced contributing to cut pathways for water-related diseases transmission.
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	117,000	145,226	UNICEF and partner reports
Indicator 1.2	Number of people use safe and appropriate sanitation facilities	117.000	126,514	UNICEF and partner reports
Indicator 1.3	WS.17 Number of people receiving WASH/Hygiene messaging (focused on cholera prevention (or other water-related diseases) and care seeking)	117,000	350,864	UNICEF and partner reports
Indicator 1.4	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits, household water disinfection chlorine)	117,000	211,150	UNICEF and partner reports

Explanation of output and indicators variance:	UNICEF directly engaged contractors for the construction and rehabilitation of new and damaged water points. Thanks to a savings due to economies of scale, more water points could be rehabilitated than originally planned; therefore, more people reached with safe water. Additionally, UNICEF has long-term agreements with suppliers of essential WASH goods and services, resulting in value for money being realised and procuring of more supplies reaching more people in need than originally targeted. In order to promote appropriate sanitation in affected communities, UNICEF modified the community participation and education (PEC) approaches and utilized it in response to cholera in Zambezia, Sofala and Tete provinces, resulting in more people reached with appropriate sanitation.
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Activities	Description	Implemented by
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Activity 1.1	Case or Cluster area targeted intervention: disinfection, distribution of water purification products and sensitization guided by epidemiological data.	<p>As a result of CERF funding, a total of 56 Community Outbreaks Response Teams (CORT) were trained and established to conduct timely case investigations and implement Case Area Targeted Interventions (CATIs) in Zambezia, Sofala, Nampula, Inhambane and Niassa provinces. Implementing NGO partners were Nos Saude, Kukumbi, Food for the Hungry, Peace Winds Japan and Solidar Suisse. The purpose of CATIs was to deliver a rapid response with a complete WASH package to each suspected case and the immediate neighbours to prevent the transmission of cholera in affected communities. CORT teams were comprised of Environmental Health Technicians from the Ministry of Health, representations from DPOP (in some cases) and community activists from the affected communities. Through the CATI approach, more than 12,264 households were visited and supported by the CORT teams. The CORT teams and CTCs delivered a set of interventions including:</p> <ul style="list-style-type: none"> • Active case searching • Rapid WASH assessments in the affected areas • Provision of cholera kits to each suspected household and disinfection of houses and, critical zones in the immediate neighbouring households (usually ~10 to 20 houses) around the cholera patient's home • Promotion of safe hygiene practices and appropriate health seeking behaviours
Activity 1.2	Risk communication and community engagement interventions to ensure communities know how to reduce the spread of cholera, take preventive measures, and seek treatment early when needed (based on rapid KAP studies to understand prevailing knowledge, risk perception, community trust and adoption of cholera prevention and treatment seeking behaviours)	<p>Risk Communication and Community Engagement (RCCE) efforts were undertaken not only to aid in the recovery from Cyclone Freddy but also to address concurrent cholera outbreaks. The focus was on promoting both preventive measures and health-seeking behaviours among affected individuals and communities.</p> <p>More than 350,000 people were reached by RCCE activities which were carried out through a multifaceted approach involving a variety of communication and community platforms including mobile multimedia units, radio spots/programmes, engagement of community leaders, activists, and religious leaders. Edutainment actions were also used, which is the method of using entertainment to teach educational content in a fun and engaging way, led by community theatre groups such as "Os Retratistas" in Zambézia.</p> <p>To better understand the drivers for cholera prevention, such as levels of knowledge and practices and attitudes related to health-seeking behaviours, RCCE interventions were informed by socio-behavioural data collected during the humanitarian responses to both Cyclone Freddy and the recurrent cholera outbreaks. Data was collected via focus group</p>

		discussions and rapid household assessments that included rumours tracking and community feedback mechanisms. The implementation of these strategies facilitated the reorientation of both RCCE interventions and the overall response. This ensured that community beliefs, questions, and concerns were effectively documented and addressed, utilizing channels such as local helplines like Linha Verde and activists who played a crucial role in supporting the response at the community level.
Activity 1.3	WASH and IPC (Infection Prevention and Control) in cholera treatment centers (CTCs).	UNICEF supported 15 HCFs with basic WASH services – including provision of safe water through water trucking, rehabilitation of water points, provision of temporary emergency sanitation services and installation of hand washing stations in critical zones. UNICEF also provided WASH infection, prevention and control (IPC) supplies in the CTCs, complementing support from other agencies.
Activity 1.4	One-off distribution of critical WASH supplies to affected population.	UNICEF reached 211,150 people with critical WASH supplies, a 180 per cent achievement of the target . Household WASH supplies consisted of soap, 20 Litre bucket (in some cases), household water treatment product (Certeza) and information, education and communication (IEC) materials. UNICEF also supported various government entities including the Administration of Water and Sanitation Infrastructure (AIAS), the Water Supply Investment and Heritage Fund (FIPAG) and Provincial Directorate of Public Works (DPOP) responsible for WASH, with bulk water treatment chemicals and materials to restore water supply systems in cyclone- and cholera-affected areas, resulting in procurement and distribution of 7,975 kgs of Calcium Hypochlorite (65-70%) and 4,975 kgs of Aluminium Sulphate.
Activity 1.5	Disinfection, chlorination and rehabilitation of water systems and water points.	Through CERF funding, UNICEF and partners reached 145,226 people with safe water for drinking and domestic uses, (124 per cent achievement of the target) . This was achieved through the rehabilitation of 456 water points, drilling and construction of 18 new boreholes, and rehabilitation of 10 water networks equipped with solar energy in Tete, Sofala, Zambezia, Manica, Inhambane and Nampula provinces in response to the cholera outbreak and displacements due to Cyclone Freddy. Additionally, UNICEF supported chlorination and disinfection of 30 water points. UNICEF trucked 1,662,000 litres of safe water to CTCs and IDP camps in response to the cholera outbreak and Cyclone Freddy. In Nampula City, UNICEF supported 16 bucket chlorination points in eight neighbourhoods in response to the cholera outbreak, treating an estimated 900,000 litres of water during the response.

Activity 1.6	Installation of temporary sanitation facilities and/or rehabilitation of damaged ones.	UNICEF reached 126,514 people with appropriate sanitation, (108 per cent achievement of the target) responding to cholera and Cyclone Freddy. A total of 3,243 temporary latrines, were constructed in IDP camps and CTCs, including bathrooms to manage and safely dispose of excreta. In addition, UNICEF established the community participation and education (PEC) approach in emergencies in responding to the cholera outbreaks in Zambezia, Sofala and Tete provinces, resulting in triggering of 245 communities of which 114 were certified open defecation free (ODF) in the cholera hotspots as a direct result of this intervention. Through the emergency PEC approach, a total of 2,300 basic latrines were constructed through household contributions, mainly using locally available materials.
Activity 1.7	Promotion of appropriate hygiene practices.	As a result of CERF funding, UNICEF reached 350,864 (117 per cent of target) people with key health and hygiene messages on cholera awareness and prevention, critical handwashing, safe water collection, transportation and storage of water, and household water treatment, among others. Awareness and prevention activities included training of 255 community activists who spearheaded door-to-door campaigns, conducting 5,787 hygiene sessions, and establishing 237 handwashing stations in public places and vulnerable households.
Activity 1.8	PSEA Coordination support, incl. deployments, humanitarian staff trainings	All five UNICEF implementing partners were trained on the prevention of sexual exploitation and abuse (SEA) and assisted to develop and set-up internal mechanisms for reporting and handling SEA. Communities were sensitized to report SEA-related incidents through the suggestion boxes, hotlines and help desks at distribution points. A total of 492 people were trained on Prevention of Sexual Exploitation and Abuse (PSEA), drawn from partner staff, community leaders and representatives.
Activity 1.9	Translation and production of PSEA materials and radio spots in local languages	Three radio spots were created to enhance awareness and understanding of PSEA , including requirements and guidelines, and to encourage the adoption of positive behaviours related to PSEA among both practitioners and beneficiary communities. These spots were translated into more than 15 local languages and broadcasted by the national radio channel (RM) and community radios in Zambézia, Cabo Delgado, Nampula, Manica and Sofala provinces.
Activity 1.10	Transmission of PSEA radio spots in affected areas (3 months)	A total of 8,443 people were reached through messaging on prevention and access to services related to PSEA and gender-based violence (GBV).
Output 2	Health services have capacity to respond to the cholera outbreak, implement vaccination and are quickly re-established and reinforced to ensure service provision to women, children and overall population	

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

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of people in cholera- or flood-affected areas benefiting from UNICEF-procured/distributed supplies	54,000	66,900	District health authorities report
Indicator 2.2	H.8 Number of primary healthcare consultations provided (to children and women in UNICEF- supported facilities)	54,000 23,652	26,933	District health authorities report

Explanation of output and indicators variance: UNICEF has exceeded the target for indicator 2.1 given the higher needs on the ground than originally anticipated. The kits provided were sufficient to reach more people at community level where Oral Rehydration Points (ORPs) were set which enabled reaching more people with AWD cases. At the design stage, the target for indicator 2.2 was estimated at the same number of beneficiaries for indicator 2.1. However, the original target includes a broader segment of beneficiaries other than women and children who were intended to be reached by this intervention. To this end, the target should be corrected to consultations provided to 23,652 women and children instead of 54,000 people. UNICEF has accordingly exceeded the correct target with the number of pregnant and lactating women and children under five years old reached with primary healthcare consultations.

Activities	Description	Implemented by
Activity 2.1	Distribution of critical health supplies including cholera beds (locally made), Acute Watery Diarrhoea Kits, IEHKs, etc. in coordination with WHO/Health Cluster	UNICEF, in coordination with SPS and DPS, distributed a total of 103 interagency kits, 220 AWD kits, 200 CHW kits and 45 tents . Overall, 29 affected communities in Nampula, and Zambezia provinces received this support, benefitting 66,900 people.
Activity 2.2	Support for reestablishment or strengthening health services in areas affected by the cyclone or cholera. This includes coordination, support to the government (provincial/district), training of community-health workers, vaccination campaigns, etc.	In collaboration with Government counterparts including SPS and DPS, UNICEF supported the training of 98 community health workers in community surveillance to help slow and stop cholera transmission and increase sensitisation. In Zambezia province, UNICEF is leading the health cluster supporting coordination efforts across health actors in the province, including the Government and other health partners.

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

⁷ 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)⁸:

In line with UNICEF's approach to AAP, the project engaged with affected population throughout the implementation cycle. UNICEF and partners consulted with communities and community leaders during the assessment stage to identify affected communities. Local ownership was prioritised through mobilizing communities to form water point committees to manage the day-to-day operation and maintenance of the rehabilitated and newly constructed water points and the provision of locally available construction materials. Communities were also sensitized about project's components and selection criteria during the distribution of WASH hygiene kits. As part of RCCE activities, implementing partners carried out regular house-to-house visits during the implementation period, and used a household-based questionnaire to collect feedback from community members related to the overall response and existing needs. Under the health component, UNICEF applied its community-based approach to strengthening health system through active engagement with community leaders, as well as with community health workers and activists on the delivery mechanisms of health services and identification of sites for integrated mobile brigades and the provision of supplies and training to CHWs and activists as integral knowledge keepers at the community level who are key to providing immediate support during emergencies.

b. AAP Feedback and Complaint Mechanisms:

During the implementation period, a number of approaches were used to collect and address feedback and complaints. During the distribution of WASH supplies, help desks and suggestion boxes were made available to enable communities to share their concerns and feedback related to project implementation, inclusion and exclusion, and the quality and usefulness of items received. The availability of both options (help desks and suggestion boxes) ensured that beneficiaries of various literacy and inclusivity needs levels are still able to provide their feedback and receive support they need. Regular household visits carried out by RCCE implementing partners resulted in approximately 10,000 people sharing feedback and flagging issues related to the scale of needs and requirement for additional support related to the response. This indicates the need for additional funding and support to enable humanitarian partners to provide a support at a scale that meets those needs which is still yet to be achieved. Additional information about the nature of these concerns will be available during the first quarter of 2024 and will be used to inform and further strengthen future and on-going response. Regular field visits by UNICEF and implementing partners is an essential tool to directly engage with affected communities to collect information and receive feedback and complaints.

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

All five UNICEF implementing partners were trained on PSEA and assisted to develop and set-up internal mechanisms for reporting and handling SEA. Communities were sensitized to report SEA-related incidents through suggestion boxes, hotlines and help desks at distribution points. A total of 492 people were trained on PSEA, drawn from partner staff, community leaders and representatives.

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

A total of 8,443 people were reached through messaging on protection of sexual exploitation and abuse (PSEA) and gender-based violence (GBV). In addition, the intervention on improving access to appropriate sanitation facilities considered separated latrines for men and women in IDP camps and cholera treatment centers. Moreover, hygiene kits distributed considered specific needs of women on menstrual hygiene and other domestic needs.

e. People with disabilities (PwD):

UNICEF and partners prioritized people living with disabilities during WASH hygiene kit distributions as part of the selection criteria. WASH Infrastructure were designed to be disability-inclusive, including construction of public toilets and water collection stand posts. In terms of RCCE activities, TV spots included sign language to ensure access to persons with a hearing disability. The provision of primary healthcare consultations for pregnant and lactating women and children under five years old has a disease prevention element. Through improving maternal and child health and nutrition, efforts are made to prevent or mitigate disability, while also strengthening the early identification of developmental delays among children.

f. Protection:

⁸ 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](#).

Protection considerations were taken into account during the selection of locations for new WASH infrastructure (boreholes, piped water networks) as well as WASH hygiene kit distribution points to minimize exposure and protect beneficiaries from risks of sexual exploitation and abuse and gender-based violence. This mainly includes the proximity of these infrastructure and distribution points to communities, as well as the timing in case of distribution. Furthermore, implementing partners and stakeholders were also trained on protection issues, as part of the SEA training, to ensure these were integrated into programming. As part of the community health training on surveillance and to health professionals on cholera management and infection prevention and control, health partners were trained on specific protection considerations and referrals pathways, in close collaboration with child protection services to support protection mechanisms for vulnerable children.

g. Education:

N/A

1. 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.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

8. Visibility of CERF-funded Activities

Title	Weblink
Twitter: With support from UNCERF & UNICEF, 20 wells with manual handpumps were disinfected and rehabilitated in the District of Govuro, of a total of 45 in Inhambane province.	Here
Twitter: To help the affected population in Massinga, 5 solar-powered water supply systems are being rehabilitated with UNCERF support.	Here
Twitter: UNICEF and partners, with support from @UNCERF, reached 9,960 people (7,903 children, 3,910 girls), with community-based mental health and psychosocial support programming and family-based counselling.	Here
Twitter: Com o apoio do UNCERF, o UNICEF fez a entrega de kits para o tratamento da diarreia e baldes para ajudar na resposta a #cólera no distrito de Maganja da Costa, na província da Zambézia	Here
Twitter: #Cholera is a very dangerous disease that can kill within hours if left untreated. With support of UNCERF, we delivered acute watery diarrhoea kits & buckets to help with the #cholera response	Here
Facebook: Em resposta ao Ciclone Freddy, o UNICEF em parceria com a UNCERF, construiu 2 e reabilitou 38 fontes de água nos distritos de Mopeia e Maganja da Costa	Here

Twitter: With support from UNCERF, UNICEF reached nearly 109,000 people with safe water through the completion of construction and rehabilitation of 199 water points in Cyclone Freddy and cholera-affected areas.

[Here](#)

3.5 Project Report 23-RR-WFP-007

1. Project Information

Agency:	WFP	Country:	Mozambique
Sector/cluster:	Food Security - Food Assistance	CERF project code:	23-RR-WFP-007
Project title:	Life-saving food assistance in southern and central Mozambique in response to Tropical Cyclone Freddy		
Start date:	24/02/2023	End date:	23/08/2023
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\$ 23,913,269
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 1,199,922
	Total CERF funds sub-granted to implementing partners:	US\$ 68,025
	Government Partners	US\$ 0
	International NGOs	US\$ 5,449
National NGOs	US\$ 62,576	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Tropical Cyclone Freddy made landfall twice in Mozambique, initially on February 24th and then on March 11th. According to the National Institute of Disaster Risk Reduction (INGD), the Tropical Cyclone Freddy had affected a total of 1.2 million people in 8 provinces, with 179 deaths reported. Thanks to the support received from CERF and other donors, WFP responded to the disaster by providing emergency food assistance to affected populations.

Following Cyclone Freddy's landfall, WFP supported government-led efforts through rapid assessments, logistics support, coordination with partners, beneficiary information management, technical assistance on protection considerations, and the provision of food assistance in areas identified by the Government.

Through support from CERF, WFP was able to assist 25,366 beneficiaries in the provinces of Inhambane, Zambezia, Sofala, and Tete, against an overall project target of 22,650. With support from CERF, WFP distributed USD 902,315 worth of unconditional vouchers, against an overall project target of USD 902,315. During the initial phase of the response, commodity vouchers were distributed through temporary accommodation centres to cover the food needs of sheltered people evacuated from heavily affected areas for 7 days, and 30-day rations were provided to people returning to their communities. In the second phase of the response, WFP distributed 3-month relief rations to beneficiaries. In Inhambane, Gaza, Tete, and Zambezia, beneficiaries received value vouchers; in Tete beneficiaries received commodity vouchers.

3. Changes and Amendments

A no-cost extension was approved for this CERF Grant 23-RR-WFP-007 until 23 November 2023. In the justification for the no-cost extension, WFP cited the following reasons:

- Tete province is not included in the project proposal due to the changes in the cyclone trajectory. Therefore, the geographic scope of the CERF funding is more limited, hence limiting the level of expenditures.
- Delays in the kick start of the second phase of relief assistance, mainly due to the need to develop a community-based targeting strategy, to allow for a prioritization on the use of resources, based on clear and transparent criteria.
- Given the flexibility of the proposal, part of the contribution will be used for the second phase relief food assistance (end of June/early July and last for 3 months, until September). Once the assistance is completed, some time is required to conduct reconciliations and process invoices to WFP's providers (i.e., retailers and financial service providers).

The No-Cost Extension was formally approved by the CERF Secretariat on 8 June.

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	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	5,323	4,666	6,455	6,206	22,650	5,961	5,225	4,173	6,950	25,366
Total	5,323	4,666	6,455	6,206	22,650	5,961	5,225	4,173	6,950	25,366
People with disabilities (PwD) out of the total										
	138	122	168	161	589	155	137	188	179	660

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

5. People Indirectly Targeted by the Project

Under the food assistance component of this project, indirect support was provided to the Government's coordination structures. This was done through the provision of relevant equipment to strengthen the Government's coordination capacity of humanitarian interventions in Mozambique in response to extreme weather events, including tropical storms and cyclones. As regards cash-based transfers, through the implementation of this project, the local economy was boosted as money was injected through local traders and went up the supply chain to the producers and importers.

6. CERF Results Framework

Project objective	Provision of life-saving food assistance to people affected by Tropical Cyclone Freddy in the southern and central provinces of Gaza, Inhambane, Sofala and Zambezia.			
Output 1	Provide life-saving food assistance to 22,650 affected 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	22,650	25,366	WFP WINGS
Indicator 1.2	Cash.4b Total value of unconditional vouchers distributed in USD	902,315	902, 315	WFP WINGS
Explanation of output and indicators variance:		The total number of beneficiaries reached exceeded the planned figures as WFP was initially planning to cover 22,650 people with three months of assistance up to the second harvest period of July. However, CERF contribution was eventually complemented with other donor contributions and therefore used to cover the two phases of the response targeting a different number of beneficiaries with different rations. CERF funds were used to reach a total of 25,366 unique beneficiaries with 7-day, 30-day and/or 3-month rations. With CERF contribution, 7-day rations were distributed to 12,940 beneficiaries in Tete and Zambezia, 30-day rations were distributed to 5,825 beneficiaries in Zambezia, and 3-month rations were distributed to 21,589 beneficiaries in Tete, Gaza, Inhambane and Zambezia.		
Activities	Description	Implemented by		
Activity 1.1	Distribution of food rations and delivery of voucher entitlements	WFP in coordination with Cooperating Partners		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁹ often lacking appropriate

⁹ 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

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)¹⁰:

Key messages regarding the food assistance were pre-drafted ahead of the cyclone and finalised rapidly as soon as greater clarity was available about the number of people displaced and broader impacts of the cyclone. WFP teams visited accommodation centres from the outset of the response helping to raise awareness on the right to safe and free assistance and Cooperating Partners were trained on good AAP practices to ensure clear and uniform communication and access to community feedback mechanisms. Within the design and planning, implementation, monitoring and evaluation phases, WFP ensured that different groups are represented including women, youth groups, elderly and disabled, making sure that concerns of all the different groups were considered throughout the project life cycle.

b. AAP Feedback and Complaint Mechanisms:

From the outset of the response, WFP teams worked with the Government to raise awareness on protection against sexual exploitation and abuse, informing them of the importance of reporting and raising awareness of the emergency response hotline (Linha Verde 1458). When WFPs cooperating partners-initiated distributions, WFP ensured that Cooperating Partners made available helpdesks to ensure requests for information and complaints at the distribution points as well as raising awareness regarding the tollfree inter-agency hotline, Linha Verde 1458. Where possible, cases were closed immediately, utilising the key messages regarding the assistance and distribution plans, while any cases requiring action were referred internally to responsible teams for clarification and action as relevant.

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

As noted above, awareness raising on PSEA and associated reporting mechanisms, helpdesks and tollfree inter-agency hotline was undertaken from the outset of the intervention in accommodation centres as well as during distributions in communities and relocation sites. In recognition of the risks of SEA, WFP led as a preventive measure a 1-day workshop in Quelimane with district level administrators and INGD focal points from the affected districts in Zambezia and Marromeu district in Sofala, for the prevention of abuses of power in the humanitarian response. The workshop was led by INGDs environmental and social safeguarding division with presentations on the natural disaster law, INGDs code of conduct for all humanitarian actors, good practices for protection and accountability to affected populations, as well as UN policies including PSEA that UN and NGO actors are committed to uphold. The provincial attorney general presented the legal basis for sensitive complaints associated with emergency responses (manipulation of lists, corruption and SEA). The workshop took place before the targeting exercise for the recovery response with the intention that Administrators and INGD focal points transmit the points raised during the workshop to local leaders to prevent abuses of power and to help ensure appropriate and timely action in the event of any reports received locally.

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

WFP's humanitarian assistance is based on needs and a solid understanding of any gender related barriers associated with access to assistance were taken into account for targeting of assisted households and during distributions. Cooperating Partners were trained to ensure prioritisation of pregnant and lactating women at distribution sites. Through Linha Verde 1458, any concerns associated with gender-based violence could be addressed immediately through guidance by hotline operators regarding rights and available services while WFP and the tollfree hotline applied referral pathways developed by the protection cluster for direct action by GBV actors on the ground.

e. People with disabilities (PwD):

WFP supports the most vulnerable households affected by crisis, whereby PwD are a key target group - this is made clear to staff and cooperating partners in trainings and to local government through regular engagement and collaboration in the management of beneficiary lists. Recognising challenges for PwD to meaningfully access community meetings and actively participate at the local level, WFP and Cooperating Partners participate in a number of local and national level initiatives, including through leveraging the Linha Verde.

f. Protection:

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](#).

¹⁰ 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](#).

WFP has strong guidelines on both protection and personal data protection and privacy. As in the case of AAP and PSEA, Cooperating Partners and field monitors are trained on protection mainstreaming, including ensuring safe and accessible distribution sites, ensuring shade, access to water, and ensuring prioritisation of vulnerable groups. Cooperating Partner focal points participated in the abuse of power prevention workshop and received the protection cluster referral pathways for application on the ground in the case of any protection incidents that go beyond the scope of food assistance, such as gender-based violence and child protection.

g. Education:

The project did not focus specifically on education.

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 the sole intervention in the CERF project	25,366

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

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

CVA was the sole modality for the provision of life-saving assistance to cyclone-affected populations during the Tropical Cyclone Freddy response under this CERF grant. Commodity vouchers proved to be an effective modality to provide immediate response assistance in temporary accommodation centres as it allowed WFP to mobilize food through local retailers that operate close to the affected communities. In Inhambane, Tete, Sofala, and Zambézia provinces, WFP was able to provide assistance through 7-day rations immediately after the impact of Cyclone Freddy. Through a pre-defined and agreed upon food basket as well as the network of retailers that have standby contracts with WFP, assistance for the 7-day ration reached victims of Cyclone Freddy within two days of the Government requesting it.

WFP used commodity vouchers as the main modality for the provision of return rations as there was uncertainty as to where affected populations would relocate after they leave the temporary accommodation centres. However, in urban and peri-urban areas where a solid network of retailers exists, value vouchers were the preferred delivery mechanism. In Quelimane, Zambezia province, affected populations received value vouchers for the 30-day ration that allowed beneficiaries to redeem food items that would further boost nutritional intake.

During the second phase of the Cyclone Freddy response, WFP used both commodity and value vouchers.

WFP has non-committal contracts with retailers across the country for commodity vouchers and value vouchers modalities, that are activated upon WFP's request based on needs. The transport of food commodities is done directly by the retailers. Paper voucher stocks are kept in each Field Office and Area Office across Mozambique and at the Country Office as well and are quickly distributed to affected populations in the event of an extreme weather event, such as a cyclone.

Given the nature of the emergency response and the need to respond quickly to Tropical Cyclone Freddy, no linkages to existing social protection systems were 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
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Activity 1.1. Distribution of food rations and delivery of voucher entitlements	25,366	US\$ 902,315	Food Security - Food Assistance	Restricted
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9. Visibility of CERF-funded Activities:

Title	Weblink
Joint article: "UN supports response to Cyclone Freddy" (in Portuguese)	https://mozambique.un.org/pt/223253-onu-apoia-resposta-ao-ciclone-freddy
Article: "The face of the climate crisis in Mozambique is from women" (in Portuguese)	https://mozambique.un.org/pt/241024-face-da-crise-clim%C3%A1tica-%C3%A9-feminina-em-mo%C3%A7ambique
Article: "Devastation caused by cyclone Freddy is a 'wake-up call on the climate crisis'"	https://www.wfp.org/stories/malawi-devastation-caused-cyclone-freddy-wake-call-climate-crisis
On 24 Feb, severe Tropical Storm Freddy made landfall in Inhambane province. Strong winds & heavy rain have been felt since yesterday morning. @WFP has deployed staff and pre-positioned a SHERP vehicle to support Govtmz via INGD on the emergency response.	https://twitter.com/wfp_mozambique/status/1629457292520202240
Lead by the Govtmz, via INGD, and alongside other @ONUMozambique agencies in the field, @WFP Mozambique is supporting initial assessments on the impact of severe Tropical Storm Freddy in local schools of Inhambane province.	https://twitter.com/wfp_mozambique/status/1629482849408540677
Gaza and Sofala are two of the provinces affected by severe Tropical Storm Freddy. In support to Govtmz, @WFP raised awareness on Protection and Gender in transit centers in Xai-Xai and supported INGD to transport 240 people between centres within Beira.	https://twitter.com/wfp_mozambique/status/1630219116408700928
Response ongoing after the floods left by severe Tropical Storm Freddy. @WFP's amphibious vehicle SHERP is reaching the most remote districts in northern #Inhambane. 4.6 tons of food were moved from trucks unable to cross roads.	https://twitter.com/wfp_mozambique/status/1631935130020225026
Tropical Storm Freddy: In support to the Govtmz INGD, @WFP is distributing 7-day Emergency Food kits to 1,500 people in hard to reach areas in northern Inhambane. Kits are composed of: 15 kg maize flour; 5 kg beans; 2l vegetable oil; 1 kg salt	https://twitter.com/wfp_mozambique/status/1632753829270679552
@WFP continues supporting the Govtmz INGD with amphibious vehicles SHERP, with life-saving Food Assistance and search and rescue operations to the most isolated areas in southern Sofala and northern Inhambane provinces.	https://twitter.com/wfp_mozambique/status/1632754361817260032
Cyclone Freddy: Central Sofala province was also affected by the second landfall of TropicalCyclone	https://twitter.com/wfp_mozambique/status/1635568543407243264

Freddy. @WFP is supporting the Govtmz INGD with rapid damage assessments in Caia district, Sofala.

Cyclone Freddy: @WFP continues supporting the Govtmz-led humanitarian response after first Freddy's landfall. Emergency Food kits with rice, beans, vegetable oil and salt distributed to displaced people in accommodation centres in Inhambane.

https://twitter.com/wfp_mozambique/status/1635975281612673027

3.6 Project Report 23-RR-WHO-009

2. Project Information

Agency:	WHO	Country:	Mozambique
Sector/cluster:	Health	CERF project code:	23-RR-WHO-009
Project title:	Strengthen to timely detect and respond to cholera, acute watery diarrhoea and dysentery and ensure provision of basic health services to affected populations in provinces by affected flooding, cyclone Freddy#1 and #2 in Mozambique		
Start date:	03/04/2023	End date:	02/10/2023
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\$ 4,000,000	
	Total funding received for agency's sector response to current emergency:	US\$ 856,000	
	Amount received from CERF:	US\$ 1,240,288	
	Total CERF funds sub-granted to implementing partners:	US\$ 15,231	
	Government Partners	US\$ 15,231	
	International NGOs	US\$ 0	
National NGOs	US\$ 0		
Red Cross/Crescent Organisation	US\$ 0		

3. Project Results Summary/Overall Performance

Mozambique has been affected by Tropical Cyclone Freddy and flooding which has resulted in damage to health facilities and contamination of water sources. Here below are the major health impacts of the cyclone:

- **Disruption of health services:** The health service delivery in Mozambique faces enormous challenges due to limited access and low coverage. Due to the damage to health facilities resulting from the cyclone, the capacity to provide health services has decreased considerably as well to respond to disease outbreaks.

- **Increase of waterborne diseases:** there is a challenge of access to water supply with poor hygiene and sanitation services; most people consume water from traditional boreholes. Moreover, the cyclone has disrupted the water supply system, and this will exacerbate the risk of cholera and other waterborne disease (dysentery, acute watery diarrhoea (AWD), and typhoid).
- **Increase risk of vector-borne diseases:** Following the cyclone, malaria cases are likely to increase, and the interruption of health services due to a shortage of medicines exacerbates the risk of malaria outbreak.
- **Health risks at Internally Displaced People (IDPs) at accommodation centres (AC) and overstretched health system:** It requires ensuring the provision of PHC to the population hosted in the AC as there is a lack of WASH with overcrowding likely to have disease outbreaks. Therefore, the allocated CERF enabled support to the Ministry of Health and provinces in responding to the ongoing cholera disease outbreak, ensuring continuity of health services and health partners coordination resulting in minimizing morbidities and mortalities by strengthening timely detection and responding to cholera, acute watery diarrhoea and dysentery and ensuring provision of basic health services.

Through this CERF UFE grant, WHO supported the MOH and affected districts in responding to the cholera outbreak, contributing to the testing of 790 people, providing cholera supplies for the case management of 52,800 people, supporting 10,600 people with Interagency Emergency Health Kits (IEHK), supported the disinfection of 6,235 houses during the case follow-up activities (approximately 43,645 people reached), providing refresher training of 257 health workers on comprehensive PHC, providing on-job training of 450 health workers, distributed 5000 hygiene kits in the community, sensitized 1,750 community support facilitators on cholera prevention, allocating tents and supporting mobile health brigade to provide basic health services, to ensure continuity of health services benefiting estimated 48,000 people.

The project assisted a total of 163,292 people and allowed for minimizing morbidities and mortalities by strengthening to timely detection and response to cholera, acute watery diarrhoea, and dysentery and ensuring the provision of basic health services.

4. Changes and Amendments

The deviation from the original plan involved reallocating US\$ 15,231 to the province of Zambezia towards conducting training sessions for community leaders and activists in the Morrumbula district. This adjustment was made urgently in response to circulating rumors of an increase in AWD/Cholera in this area which borders Malawi and as a result, communication about this change was not immediately conveyed to the CERF secretariat. The newly implemented activity implemented by the DPS (Health promotion Department) successfully raised awareness among the population ahead of the rainy season, aiming to prevent a surge in cases of Acute Watery Diarrhea (AWD) or Cholera, and reduced the risk of exporting cases from Malawi to Mozambique.

5. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	9,130	8,663	2,909	2,909	23,611	9,130	8,663	2,909	2,909	23,611
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	53,585	50,818	16,993	16,993	138,389	53,585	50,818	16,993	16,993	138,389
Total	62,715	59,481	19,902	19,902	162,000	62,715	59,481	19,902	19,902	162,000
People with disabilities (PwD) out of the total										
	2,509	2,379	76	76	5,040	2,509	2,379	76	76	5,040

* 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.

6. People Indirectly Targeted by the Project

The CERF allowed to support two oral cholera vaccination campaigns with training, supervision, data analysis and management. The two OCV campaign reached more than 2.5 million people.

7. CERF Results Framework

Project objective	Strengthen to timely detect and respond to cholera, acute watery diarrhoea and dysentery and ensure provision of basic health services
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Output 1	Disease outbreaks (Cholera, AWD and dysentery) responded timely
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of health workers provided refresher training on proper cholera case management in the CTC, CTU	>70%	70%	Ministry of Health
Indicator 1.2	Proportion of rumours, alerts investigated within 48 hours	>90%	90%	Ministry of Health
Indicator 1.3	Proportion of cholera cases treated at ORT, CTC	>80%	85%	Ministry of Health

Explanation of output and indicators variance:

Activities	Description	Implemented by
Activity 1.1	CC.1 Number of implementing partner staff receiving training to support programme implementation	SPS/DPS/WHO
Activity 1.2	Procure and distribute cholera kits to treat cholera cases	WHO
Activity 1.3	Deployment of WHO CO staff to the affected districts to monitor disease conditions, outbreak investigations and response to potential cholera/AWD cases.	WHO

Output 2	Continuity of basic health services ensured
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.8 Number of primary healthcare consultations provided	95,000	95,000	Ministry of Health
Indicator 2.2	H.9 Number of people provided with mental health and/or psycho-social support services	1000	1000	Ministry of Health

Indicator 2.3	H.11 Number of people receiving treatment for acute watery diarrhoea (incl. cholera)	66,000	56,800	Ministry of Health
Indicator 2.4	H.1a Number of emergency health kits delivered to healthcare facilities	4	106	Ministry of Health
Explanation of output and indicators variance:				
Activities	Description			Implemented by
Activity 2.1	Procure and distributes Interagency Emergency Health Kit (IEHK)			WHO
Activity 2.2	Provide refresher training of health workers on comprehensive PHC			SPS/WHO
Activity 2.3	Deployment of mobile health brigades to provide basic health care in hard-to-reach areas in affected districts			SPS/WHO

8. 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 areas¹¹ 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)¹²:

In response to the crisis, WHO and its humanitarian partners have established a strong on-the-ground presence, actively engaging with and supervising the affected areas.

Continuous dialogue and consultation with the impacted population has been a priority, ensuring a thorough understanding of the existing challenges, needs, and gaps in the relief efforts.

The project activities were informed by consistent and meaningful engagement with local communities that involved community representatives. This engagement serves as a crucial element within the project's scope, allowing for the adaptation and enhancement of interventions based on the real-time feedback received from the affected population.

Regular monthly monitoring and coordination meetings were held in targeted health districts, providing a platform to share progress and gather feedback on project accomplishments and implementation. This participatory approach fosters transparency and accountability, allowing the affected people to voice their concerns and contribute to the decision-making process.

b. AAP Feedback and Complaint Mechanisms:

¹¹ 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](#).

¹² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

WHO raised awareness among beneficiaries of the existence of the feedback or complaint mechanisms and established a feedback mechanism accessible through a dedicated mobile number 'Linha Verde'. The 'Linha Verde' has been used by the communities to raise any complaints.

This approach aimed to encourage stakeholders to share anonymous feedback, ensuring that the perspectives and experiences of those affected by the crisis are considered in the ongoing response efforts.

Complaints and feedback were also channelled through the complaint committees which have been pre-established and some issues were then discussed with health committees, district administration, and the provincial health authorities to be sorted out respecting confidentiality and anonymously.

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

All WHO staff working in Mozambique have undergone PSEA training and are aware of the "dos and don'ts". This is part of the mechanism of creating awareness for the staff to ensure that any case is reported. WHO is a member of the PSEA Network and one of the responsibilities as the health cluster lead agency is to ensure that all partners are equally aware of the PSEA issues. Through the AAP/CE group which WHO is part of, any identified cases have been recorded and followed -up. Moreover, in the WHO office, through the presence of a focal point person who liaises with the PSEA Network, it was possible to notify any reported cases and ensure proper monitoring of mechanisms to record and handle Sexual Exploitation and Abuse-related complaints.

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

Gender equality, women's and girl's empowerment, and protection has been integrated into the project implementation. Representatives of girls and women will be selected to be part of the monitoring/coordination committees at the district levels. During the selection of CHW, efforts were focused on selecting at least 50 percent of the women in the group. Focus group discussions with women and girls were organized to gather their perceptions regarding the implementation of the project and look for solutions or ways to improve project outputs or indicators and address gender-related issues

WHO through the Health cluster is working in collaboration with the GBV cluster to mainstream GBV issues among the health cluster partners and the health workers as well. Sexual and Reproductive Health is a sub-section of the Health cluster. Through collaboration with Civil Society Organizations, GBV awareness was set up among the IDPs camps and host communities, where they were urged to report cases. WHO also recruited a GBV/PSEA focal person to support GBV and PSEA activities with the reprinting and dissemination of PSEA materials for staff and communities.

e. People with disabilities (PwD):

The project enabled people living with disabilities to benefit from primary health care services that were offered at the mobile health brigades.

f. Protection:

WHO through the Health Cluster has been working in collaboration with the Protection Cluster ensuring that all the affected persons are receiving services like Mental and Psychosocial services. Moreover, with this project, Mental health psychosocial officer has been recruited to reinforce and work closely with a technical working group on MPHSS and ensure IDPs and host communities have received services of MPHSS provided by WHO in collaboration with IOM, UNHCR and DPS/SPS.

g. Education:

N/A

9. 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.

While cash programs can be effective in addressing various humanitarian challenges, the specific complexities surrounding cholera outbreaks necessitate alternative approaches in ensuring the safety and well-being of affected populations.

In areas impacted by cholera, such as Zambezia, direct cash distribution may pose risks due to heightened vulnerability of the population. Implementing targeted interventions such as qualitative kits, case management, health care providers trainings, addressing rumours, and working directly with the local communities may be more appropriate. Distributing cash directly to beneficiaries might expose them to heightened risks, as they could become targets for theft or extortion.

Parameters of the used CVA modality:				
Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

10. Visibility of CERF-funded Activities

Title	Weblink
Oscar Alfredo Jacksony, Enfermeiro Geral do hospital distrital de Nacala Porto na província de Nampula e responsável do Centro de Tratamentor	https://www.facebook.com/OMSMocambique/videos/631894635534766
Video	https://twitter.com/OMSMocambique/status/1667552018653753345
video	https://twitter.com/OMS_Afrique/status/1630526990129217536
Stories	https://www.afro.who.int/pt/countries/mozambique/news/primeiro-colera-depois-o-ciclone-oms-e-prestacao-continuada-de-servicos-de-saude?country=44&name=Mozambique&fbclid=IwAR19kFE9687SCFBZOLDrNMYLIAVhgN4KBdJujzdLznuzRK1Wab3PZjbRcQY
Stories	https://www.afro.who.int/countries/mozambique/news/outbreak-response-training-bolsters-mozambiques-cholera-control https://www.who.int/about/funding/contributors/ocha-and-who

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS I

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-FAO-002	Agriculture	FAO	NNGO	\$60,794
23-RR-FAO-002	Agriculture	FAO	GOV	\$4,796
23-RR-FAO-002	Agriculture	FAO	GOV	\$4,483
23-RR-FAO-002	Agriculture	FAO	GOV	\$5,771
23-RR-FAO-002	Agriculture	FAO	GOV	\$4,483
23-RR-IOM-007	Shelter and Non-Food Items	IOM	NNGO	\$57,486
23-RR-FPA-008	Sexual and Reproductive Health	UNFPA	GOV	\$32,500
23-RR-FPA-008	Sexual and Reproductive Health	UNFPA	NNGO	\$35,494
23-RR-FPA-008	Sexual and Reproductive Health	UNFPA	NNGO	\$38,694
23-RR-CEF-010	Health	UNICEF	GOV	\$25,000
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	NNGO	\$195,258
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	NNGO	\$229,500
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	INGO	\$69,153
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	INGO	\$83,542
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	INGO	\$143,312

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS II

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$85,375
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$29,056
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$43,822
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$74,803
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$21,265
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$25,255
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$4,100
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$85,870
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$177,540
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$275,125
23-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$2,893
23-RR-WFP-007	Food Assistance	WFP	NNGO	\$62,576
23-RR-WFP-007	Food Assistance	WFP	INGO	\$5,449
23-RR-WHO-009	Health	WHO	GOV	\$15,231