CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

MOZAMBIQUE
RAPID RESPONSE
CHOLERA
2024

24-RR-MOZ-62928

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, including the start of the 2025 HCP process, the drought emergency in southern/central Mozambique, and preparedness action for the rainy/cyclonic season (Oct-Apr). Nevertheless, the inputs were collected by the Report Focal Point (UNOCHA) from recipient agencies, with contributions from implementing partners (including NGOs and relevant government counterparts) and cluster coordinators. During these exchanges, 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 January 2024, CERF allocated a total of US$ 1.5 million to Mozambique from its Rapid Response window to support the provision of urgent life-saving assistance across seven priority provinces impacted by the cholera outbreak (i.e. Zambezia, Nampula, Cabo Delgado, Sofala, Tete, Manica and Niassa). This CERF allocation enabled the WASH and health sectors to receive adequate and prioritised support to reinforce existing capacity in order to tackle on the one hand the most urgent humanitarian needs and on the other to contain the outbreak, reaching a total 225,145 people. CERF funding was particularly instrumental in rapidly implementing emergency response activities in those central 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 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 as well as the 2023-2024 Joint Cholera Response Plan (UNICEF & WHO).

CERF's Added Value:

With the funds received from CERF, the health and WASH sectors were able to reduce gaps and promptly scale up their activities across Mozambique, assisting those people most severely affected by the cholera outbreak, complementing ongoing efforts against the 2023-2024 Joint Cholera Response Plan (UNICEF & WHO) and the Freddy, Floods, and Cholera Emergency Response Plan. Through the approval of the application, appealing agencies were able to scale up emergency assistance in the prioritized areas to alleviate the suffering of the affected population. Although the number of districts affected was high (55), the funded interventions helped curb the emergency, keeping the outbreaks generally short (average 42 days with cases), the number of cases low (average 55 cases / district) and the fatality rate at minimum(0.2%). UNICEF and WHO have also managed to avoid having cases during the four winter months from July to Oct 2024.

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

Yes ☒ Partially ☐ No ☐

Through this allocation, CERF enabled humanitarian partners across Mozambique to provide urgent assistance to people affected by the cholera outbreak. As an illustration of this, within the first 3 months of CERF-funded activities, humanitarian partners were able to reach a total of more than 7,000 people for cholera treatment and over 10,000 people for acute watery diarrhoea (AWD) treatment. In addition, some 1,000 health workers, community leaders and volunteers benefited from refresher training on warning and community-based surveillance, 214 health workers benefited from refresher training on case management, and 793 people were sensitized on PSEA during emergency response. Since the start of the funded activities, despite the high cholera cases across the country, the fatality rate remained at 0.1%, demonstrating the positive impact of a timely multisectoral and well-coordinated response. By the end of the allocation, a total of 225,145 people were directly reached with targeted aid, including 69,243 women, 50,201 girls, and 47,896 boys.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

CERF funds have been instrumental in scaling up the emergency response to the cholera outbreak, 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 water disinfection, rehabilitation of water systems, vaccination campaign, distribution of medical supplies, activation of mobile clinics, etc. Moreover, thanks to targeted community engagement strategies, cholera surveillance and prevention was strengthened and misinformation on the outbreak decreased.

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 33% 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 the cholera outbreak, 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, from UNICEF side, on top of CERF (27%) other donors were Ireland (28%), ongoing ECHO/EU project crisis modifier (15%) as well as core UNICEF funding (30%). Moreover, thanks also to the localization achievements supported by this allocation (33% 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 Areas[1]:

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

Through this CERF grant, a total of 117,558 women and 100,410 girls in cholera-affected areas were provided with safe and accessible channels to report SEA and GBV by personnel who provided assistance to the impacted populations. In addition, emergency sanitation facilities considered separated latrines for men and women, and wards separated by gender (men's ward and women's ward) in all cholera treatment centres (CTCs).

Projects activities reached a total of 22,915 people with disabilities (PwD), for example, through the establishment of accessible public emergency latrines and water points. The specific needs of PwD were identified and hygiene communication activities adapted for different vulnerable groups.

In terms of education, partners identified the schools in communities affected by cholera and organized the training of teachers on cholera prevention alongside distribution of hand washing material to reduce risk of cholera transmission in schools. Training costs were partially covered by CERF funds, while kits were purchased using funds from other donors.

Overall, vulnerable groups were given targeted assistance, with special measures envisaged to ensure their priority access to services and their safe, meaningful and dignified participation to the greatest extent possible.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**39,200,000**
CERF	1,500,000
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	31,300,000
Total funding received for the humanitarian response (by source above)	**32,800,000**

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

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

Agency	Project Code	Sector/Cluster	Amount
UNICEF	24-RR-CEF-001	Water, Sanitation and Hygiene	726,750
UNICEF	24-RR-CEF-001	Health	128,250
WHO	24-RR-WHO-001	Health	645,000
Total			**1,500,000**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**997,408**
Funds sub-granted to government partners*	242,878
Funds sub-granted to international NGO partners*	149,159
Funds sub-granted to national NGO partners*	110,555
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**502,592**
Total	**1,500,000**

* 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:

At the time of this allocation, Mozambique was facing its worst cholera outbreak in 25 years, with over 42,000 in-patient cholera cases reported across seven provinces. While the situation initially improved during the 2023 dry season (May-September), it worsened again with the start of the rainy season (October-April). From 16 October to 23 November 2023, there was an average of 300 new cases each week. The last week of November a concerning 24% increase in cases was reported, with the outbreak expanding to nine more districts. This trend continued into the new year. In the first week of January 2024, the outbreak reached three more districts, resulting in 585 new cases of cholera and 4 associated deaths. Additionally, 27 districts were reporting acute watery diarrhoea. The spread of cholera was fuelled by insufficient access to clean water, poor sanitation and hygiene infrastructure, as well as a lack of preparedness and weak surveillance. This compounded by a health system stretched thin by limited resources and workforces, and strained by challenges like COVID-19, polio, measles, and cyclones. Additionally, there was a regional dimension to this outbreak, with cholera cases reported also in the neighbouring Zimbabwe, Malawi, and Zambia raising concerns about cross-border transmission.

Operational Use of the CERF Allocation and Results:

In January 2024, CERF allocated a total of US$ 1.5 million to Mozambique from its Rapid Response window to support the provision of urgent life-saving assistance across seven priority provinces impacted by the cholera outbreak (i.e. Zambezia, Nampula, Cabo Delgado, Sofala, Tete, Manica and Niassa). This CERF allocation enabled the WASH and health sectors to receive adequate and prioritised support to reinforce existing capacity in order to tackle on the one hand the most urgent humanitarian needs and on the other to contain the outbreak, reaching a total 225,145 people.

People Directly Reached:

These CERF allocations enabled the implementation of response interventions for the affected population from January to June 2024. Overall, by the end of the implementation period, most of the projects were able to reach or to exceed the initial targeted number of beneficiaries, with a total of 225,145 people directly reached through these CERF activities.

In partnership with the government of Mozambique and with national non-governmental organisations, all the project implementing agencies contributed to support the beneficiaries directly:

UNICEF reached 225,095 people with integrated Health, WASH and Social Behaviour Change cholera response activities. For an instance, a total of 2,879 people were reached for cholera treatment in cholera treatment centres and 2,444 people for community-based cholera and acute watery diarrhoea (AWD) treatment. Moreover, access to sufficient and safe water for drinking, cooking, and personal hygiene was ensured to 72,729 people, and 198 emergency latrines were built in cholera treatment centres.

WHO supported about 170,900 people by ensuring the continuity of health services and the reinforcement of the health partners' coordination. For an instance, a total of 7,872 people were treated for cholera and over 30,000 people for acute watery diarrhoea. Moreover, 688 health workers and volunteers benefited from refresher training on community-based surveillance, 214 health workers benefited from refresher training on case management, and 793 people were sensitized on PSEA during emergency response.

People Indirectly Reached:

In addition to the 225,145 people directly reached by these CERF interventions, additional community members were reached indirectly.

For instance, the total population of all the districts targeted with Health, WASH and Social Behaviour Change cholera response activities is estimated to have indirectly benefited from the activities, given that they will present a reduced infection risk. This represents a catchment population of 1,200,000. Of these, 481,832 people were indirectly reached with communication messages to improve acceptance of Oral Cholera Vaccination via radio in Manica province.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Health	57,780	44,940	62,060	49,220	214,000	48,315	38,111	50,259	37,623	**174,308**
Water, Sanitation and Hygiene	65,830	54,956	47,679	45,535	214,000	69,243	57,805	50,151	47,896	**225,095**

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	21,400	22,559
Host communities	192,600	202,586
Other affected people	0	0
Total	**214,000**	**225,145**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	65,830	69,243	4,463	4,301
Men	54,956	57,805	3,719	3,584
Girls	47,679	50,201	3,570	3,441
Boys	45,535	47,896	3,124	3,010
Total	**214,000**	**225,145**	**14,876**	**14,336**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 24-RR-CEF-001

1. Project Information			
Agency:	UNICEF	**Country:**	Mozambique
Sector/cluster:	Water, Sanitation and Hygiene Health	**CERF project code:**	24-RR-CEF-001
Project title:	Early action to provide emergency access to community health services, safe water, sanitation and hygiene (WASH) and Risk Communication and Community Engagement (RCCE) in cholera-affected communities and health centres in Mozambique		
Start date:	01/01/2024	**End date:**	30/06/2024
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 10,211,282**
	Total funding received for agency's sector response to current emergency:	**US$ 1,500,000**
	Amount received from CERF:	**US$ 855,000**
	Total CERF funds sub-granted to implementing partners:	**US$ 502,592**
	Government Partners	US$ 242,878
	International NGOs	US$ 149,159
	National NGOs	US$ 110,555
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF **reached 225,095 people with integrated or complementary Health, WASH and Social Behaviour Change cholera response activities**.

- For **Health,** UNICEF in coordination with its partners, responded to the ongoing cholera outbreak in 8 provinces[2] out of the 7 initially planned, reaching a total of 2,879 people for cholera treatment in CTC and 2,444 people for community based cholera

[2] 8 out of the 11 provinces were affected by the outbreak this year and targeted by UNICEF using CERF funds, namely Niassa, Cabo Delgado, Nampula, Sofala, Zambezia, Tete, Manica and Maputo provinces. Maputo province was covered by UNICEF partner previously working in Zambezia, when cases in Zambezia decreased

and acute watery diarrhoea (AWD) treatment. In addition, 529 health workers benefited from refresher training on case management. Moreover, new partnerships with NGOs and provincial health services were established and the set-up of 12 cholera treatment centres (CTC) was supported.

- As per **Water, Sanitation and Hygiene (WASH)**, UNICEF and partners ensured access to sufficient and safe water for drinking, cooking, and personal hygiene to 72,729 people. In addition, 198 emergency latrines were built in Cholera Treatment Centers; 27,769 people were reached with cholera case follow-up approach (CATI); and reached through mobile media units, community sessions, and sensitization in public places about 115,674 people with Health, WASH and hygiene messages and about 481,832 people were indirectly reached by radio with messages aimed at improving vaccine acceptance.

3. Changes and Amendments

UNICEF has procured less supplies than planned in the CERF budget. Due to the short implementation timeframe and lengthy procurement processes, existing stocks were used and could not be restocked during the project time frame. Other donors' funds were used to restock supplies. Also, in addition to the 7 provinces initially targeted, intervention also reached Maputo province, as this province was unexpectedly affected by a cholera outbreak as well.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	0	0	**0**	0	0	0	0	**0**
Host communities	1,515	1,360	600	525	**4,000**	1,291	1,159	511	447	3,408
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**1,515**	**1,360**	**600**	**525**	**4,000**	**1,291**	**1,159**	**511**	**447**	**3,408**
People with disabilities (PwD) out of the total										
	53	44	42	37	**176**	**45**	**37**	**36**	**32**	**150**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	0
Returnees	0	0	0	0	**0**	0	0	0	0	0
Internally displaced people	6,583	5,495	4,768	4,554	**21,400**	6,924	5,780	5,015	4,790	**22,509**
Host communities	59,247	49,461	42,911	40,981	**192,600**	62,319	52,025	45,136	43,106	**202,586**
Other affected people	0	0	0	0	**0**	0	0	0	0	0
Total	**65,830**	**54,956**	**47,679**	**45,535**	**214,000**	**69,243**	**57,805**	**50,151**	**47,896**	**225,095**
People with disabilities (PwD) out of the total										
	4,089	3,407	3,271	2,862	**13,629**	**4,301**	**3,584**	**3,441**	**3,010**	**14,336**

5. People Indirectly Targeted by the Project

The total population of all the districts targeted with Health, WASH and SBC cholera response activities is estimated to indirectly benefit from the activities given that they will present a reduced infection risk. This represents a catchment population of 1,200,000. Of these, 481,832 people were indirectly reached with communication messages to improve acceptance of Oral Cholera Vaccination via radio in Manica province.

6. CERF Results Framework

Project objective	Improve cholera prevention and treatment to contain current cholera outbreak in Mozambique
Output 1	Public Health and Nutrition response to cholera outbreak

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	H.11 Number of people receiving treatment for acute watery diarrhoea (incl. cholera)	2,500	2,879	Consolidation of partners monthly and final reports Daily cholera bulletin form government
Indicator 1.2	CC.1 Number of humanitarian workers trained (Number of healthcare providers from health facility and community receiving refresher training in detecting, referral, and appropriate management of AWD and Cholera cases	1,500	529	Consolidation of partners monthly and final reports
Explanation of output and indicators variance:		As mentioned in the Interim report, the number of health workers trained was lower than planned due to a lower-than-anticipated identification of health workers. One of the reasons for this is that the outbreak affected more rural areas than usual this year, with patients isolated and treated in small rural health centres rather than large CTCs, where a smaller number of health staff can be identified.		

Activities	**Description**	**Implemented by**
Activity 1.1	Monitor cholera case management in Cholera Treatment Centres and provided targeted support through refresher training and health supplies	Kukumbi, Peace Wind Japan, Solidar Swiss, Mentor Initiative, provincial health services of Manica, Nampula and Maputo In Mozambique, the cholera treatment centres and the treatment process is almost entirely managed by the government, with support from partners. Generally, WHO provides direct support to MoH with additional staff and training. UNICEF health staff and partners also periodically visited the CTC, assessing the quality of the treatment and providing support when needed. UNICEF partners also funded some district-level refresher training of Health workers on case management and IPC done by the provincial MoH teams

Activity 1.2	Community-based surveillance and treatment	Kukumbi, Peace Wind Japan, Solidar Swiss, Mentor Initiative, provincial health services of Manica, Nampula and Maputo Cholera surveillance is generally weak in Mozambique. Due in part to poor health education and also to long distances between communities and health centres, people do not always immediately report symptoms to health workers or seek treatment at the health centre. UNICEF supported the government to establish a network of trained community actors, like community health workers, but also community and religious leaders, who can quickly be informed when a person in their community presents symptoms, and facilitate the referral of the patient to the nearest CTC

Output 2	Water, sanitation and hygiene response to cholera outbreak			
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	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use asper agreed sector standard	62,500	72,729	Consolidation of partners monthly and final reports
Indicator 2.2	WS.9a Percentage of people who report using a safe, dignified and functional sanitation facility with functional handwashing facility (with soap/cleaning agent and water)	8,250	9,900	Consolidation of partners monthly and final reports
Indicator 2.3	Number of people reached with case follow up activities	27,500	27,769	Consolidation of partners monthly and final reports
Explanation of output and indicators variance:		The achievement of the Indicator 2.1 is slightly over the initial target. This is due to a larger number of hand pump repaired through UNICEF partners than initially planned.		

Activities	**Description**	**Implemented by**
Activity 2.1	2.1: WASH and Infection Prevention and Control (IPC) in CTC	Provicial Directorate of Public Works (DPOP) of Tete Kukumbi, Peace Wind Japan, Solidar Swiss, Mentor Initiative Although CTCs are managed by the government, they have limited funds and capacity to equip the centres with adequate WASH facilities and material to follow IPC protocols. Depending on the cases, UNICEF partners ensure that the CTC have sufficient supply of chlorinated water through trucking, connection to existing network or water treatment. Partners installed emergency latrines and showers, and distributed hygiene material for hand

		washing, laundry, disinfection through sprayers, chlorine solution storage, general cleaning in the CTC.
Activity 2.2	2.2: Cholera cases follow up in communities (CATI approach)	Provincial Directorate of Public Works (DPOP) of Tete Kukumbi, Peace Wind Japan, Solidar Swiss, Mentor Initiative For each CTC, UNICEF partners recruited and trained community volunteers, set up a team responsible for visiting the house of any new patient arriving at the CTC within 24h., implemented hygiene promotion, disinfection, hygiene and water treatment product disinfection and filled a form for case mapping and investigation
Activity 2.3	2.3: WASH in hotspot and at-risk communities	Provincial Directorate of Public Works (DPOP) of Tete, Kukumbi, Peace Wind Japan, Solidar Swiss, Mentor Initiative UNICEF partners assessed the community with the highest number of cases, and implemented community level activities aiming at improving water, sanitation and hygiene and reduced risk of transmission. This consisted in hand pump repair, promotion of self-construction of household latrine, sensitization around the risk of consuming untreated surface water, bucket chlorination and in some cases distribution of household chlorination products.

Output 3	Risk Communication and Community Involvement response to cholera outbreak			
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 3.1	WS.17 Number of people receiving WASH/hygiene messaging	105,000	115,674	Partners final reports
Indicator 3.2	CC.4 Number of affected people trained and/or who participated in information or awareness sessions (Number of people reached with communication message to improve acceptance of Oral Cholera Vaccination)	50,000	481,832 (indirectly reached)	The number is an estimation of ICS community radio listeners. The number is calculated taking into account 80% of people over 15 years old, owners of a radio and living in the ICS community radios catchment areas
Explanation of output and indicators variance:		As mentioned in the interim report, 481,832 people (277% of target) were indirectly reached through communication messages to improve acceptance of the oral cholera vaccine on the radio. The initial plan was to directly reach 50,000 people through non-radio communication means, but the urgency		

		from the Ministry of Health to implement the vaccination campaign in early January prevented UNICEF from using any other means of communication
Activities	**Description**	**Implemented by**
Activity 3.1	3.1 Community awareness and mobilization on cholera prevention and health seeking behaviors	Kukumbi, Peace Wind Japan, Solidar Swiss, Mentor Initiative, Social communication institute (ICS) of Niassa, Cabo Delgado and Maputo These activities were usually implemented by NGOs as well as at a larger scale by provincial Social Communication Institutes (ICS). It consisted in community session, door to door, focus group discussion, radio shows, projection of movies through mobile media units
Activity 3.2	3.2 Prevention and mitigation of rumors and misinformation about cholera	Provincial Directorate of Public Works (DPOP) of Tete, Kukumbi, Peace Wind Japan, Solidar Swiss, Mentor Initiative, Social Communication Institute (ICS) of Niassa, Cabo Delgado and Maputo Potential false rumours related to cholera transmission were identified by NGOs during community meeting or CATI activities, as well as ICS and UNICEF Social Behavior Change specialist through social listening, social network and press reviews. Identified rumors were directly addressed through either radio or TV shows. UNICEF also trained journalists in Zambezia province in response to cases of journalists fuelling false rumors that led to cholera-related violence against authorities
Activity 3.3	3.3: Support Vaccination campaign with social communication	Social Communication Institute de Manica Vaccination campaign support was provided via radio communication under ICS supervision. The initial plan was to directly reach 50,000 people through non-radio communication means, but urgency from the Ministry of Health to implement the vaccination campaign in early January prevented UNICEF from using any other means of communication

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[3] 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.**

[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.

a. Accountability to Affected People (AAP)[4]:

In line with UNICEF's AAP approach, the project engaged with affected population throughout the implementation cycle. UNICEF and partners consulted communities and community leaders during the assessment stage to confirm the location of cholera affected communities and neighbourhoods. For repair of water points, community-based committees received refresh training to manage the day-to-day operation and maintenance of rehabilitated water points. Communities were also sensitized about project's components and selection criteria during WASH hygiene item and cholera kit distribution. As part of RCCE activities, implementing partners conducted regular house-to-house visits throughout implementation and used household-based questionnaires 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, community health workers and activists on delivery of health services and 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:

All partners working with UNICEF funding have promoted the use of Linha Verde (LV) among their beneficiaries to report any form of abuse. As the WASH cluster lead, WASH-related LV complaints are sent to UNICEF, who can follow up with relevant actors to address the issues raised/identified.

Since not all beneficiaries are able to use LV, due to lack of access to a phone or illiteracy, some partners also use a separate community-level feedback and complaint mechanism, such as using FCM focal points to whom beneficiaries can report issues. During WASH supply distribution, 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. Regular field visits by UNICEF and implementing partners is an essential tool to directly engage with affected communities, collect information and receive feedback and complaints.

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

All UNICEF implementing partners received PSEA training, with a focus on SEA risks in public health emergencies, and assistance in developing and setting up internal mechanisms for reporting and handling SEA. For partners who work extensively with frontline and community workers, a Training of Trainers (ToT) approach was used, and the cascading of training was closely monitored. In addition, selected Government partners involved in the cholera response also received PSEA training.
All CATI tools and other tools used for direct interaction with communities included key messages on PSEA to remind frontline workers of their obligation to report SEA and the available reporting channels. Communities were sensitized to report SEA-related incidents through hotlines, help desks at distribution points and other face to face mechanisms. Wider dissemination of awareness raising messages on PSEA was done through dedicated radio spot broadcasting via community radios in affected areas.

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

Through this CERF grant, a total of 234,798 people affected by cholera were provided with safe and accessible channels to report SEA and GBV by personnel who provide assistance to affected populations. In addition, emergency sanitation facilities considered separated latrines for men and women in cholera treatment centres

e. People with disabilities (PwD):

Though good data is rarely available on the number of people with disabilities, UNICEF estimates that between 5-10% of each community are PDWs. UNICEF utilizes and promotes inclusive programming and, when possible, targets people with disabilities and marginalized

[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.

families. These types of activities include establishing mechanisms to reduce barriers for accessing to WASH services at the community level.
The inclusion of children with disabilities will be achieved through a) refresher training of UNICEF's implementing partners; b) targeted outreach for identification and case referral; and c) support costs to overcome barriers faced by children with disabilities. Cholera case management will be adapted to include children with disabilities or PWDs and their caregivers as one per cent of the total target.
Partners must ensure that eight per cent of the public emergency latrines are accessible, and that water points can also be accessed by PwD. The specific needs of PwD will be identified and hygiene communication activities will be adapted for different vulnerable groups

f. Protection:

Protection, like PSEA, gender, and APP, is mainstreamed in all of UNICEF's activities. PSEA, VAC, GBV implementation capacity are considered during the selection of the partners and discussed in cluster meetings and trainings. For WASH interventions specifically, latrines, water points, and distribution will be undertaken in a manner that minimizes protection risks

g. Education:

As part of their overall cholera response strategy, UNICEF partners identified the schools in communities affected by cholera and organized the training of teachers on cholera prevention alongside distribution of hand washing material to reduce risk of cholera transmission in schools. Training costs were partially covered by CERF funds, while kits were purchased using funds from other donors

8. Cash and Voucher Assistance (CVA) N/A

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.

Cash and voucher assistance is not relevant to these activities

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

9. Visibility of CERF-funded Activities: communication materials shared by UNICEF reached 1.7 million people and engaged 6,000 on social media platforms.

Title	Weblink
Social media – X	Link here
Social media – X	Link here

Social media – X	Link here
Social media - Facebook	Link here
Social media - Facebook	Link here
Human Interest Story	Link here

3.2 Project Report 24-RR-WHO-001

1. Project Information			
Agency:	WHO	**Country:**	Mozambique
Sector/cluster:	Health	**CERF project code:**	24-RR-WHO-001
Project title:	Reinforce the timely detection and respond to cholera acute watery diarrhoea in 7 priority provinces of Mozambique		
Start date:	15/01/2024	**End date:**	14/07/2024
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding		
	Total requirement for agency's sector response to current emergency:	**US$ 7,662,361**
	Total funding received for agency's sector response to current emergency:	**US$ 57,000**
	Amount received from CERF:	**US$ 645,000**
	Total CERF funds sub-granted to implementing partners:	**US$ 0**
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

With CERF funding, WHO swiftly intervened to support national health authorities in saving lives. This vital, life-saving assistance was delivered across several key areas of the response, including:

- Coordination efforts,
- Community-based surveillance,
- Infection prevention and control measures,
- Enhanced case management, and
- Providing equipment and supplies to cholera treatment centres.

The allocated CERF enabled WHO to support the Ministry of Health in responding to the ongoing cholera outbreak in 8 provinces out of the 7 initially planned in the project. The activities implemented allowed also to ensure the continuity of health services and to reinforce the health partners' coordination. From 15 January to 14 July 2024, a total of 7,872 people with cholera were treated, over 30,000 people received treatment for acute watery diarrhoea, 3,338 IDPs were assisted, 688 health workers and community leader and volunteers benefited from refresher training on warning surveillance and community-based surveillance, 214 health workers benefited from refresher training on case management, and 793 people were sensitized on PSEA during emergency response. A cumulative total of 527,911 homes were visited, 102,366 talks in the community were held and 66,295 bottles of Certeza (purified water) were distributed.

In total, around 170,900 people benefited from this project out of the 214,000 people targeted. Since the start of the project, the number of lives lost due to cholera is 7 given a CRF of 0.1% which demonstrated the positive impact of a timely response.

3. Changes and Amendments

During the implementation of the project a new district in the implementing provinces and a new province (Maputo) started reporting cholera cases, thus some activities were implemented in these new areas.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	5,778	4,494	6,206	4,922	**21,400**	4,422	3,595	5,065	3,938	**17,020**
Host communities	52,002	40,446	55,854	44,298	**192,600**	42,602	33,357	44,683	33,238	**153,880**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**57,780**	**44,940**	**62,060**	**49,220**	**214,000**	**47,024**	**36,952**	**49,748**	**37,176**	**170,900**
People with disabilities (PwD) out of the total										
	2,889	2,247	3,103	2,461	**10,700**	2,411	1,598	2,421	1,999	**8,429**

5. People Indirectly Targeted by the Project

The entire population of the health areas of the health units that reported cases of cholera benefited indirectly from the project. This population benefited from lectures on cholera prevention measures that were carried out in the community, from water purifiers that were distributed at home, from community kits (consisting of soap, hypochlorite or water purifier). And these actions mentioned above contributed to this population having access to cholera risk communication messages and supplies for water treatment.

6. CERF Results Framework

Project objective	Reinforce the timely detection and respond to cholera and acute watery diarrhoea in 7 priority provinces of Mozambique
Output 1	An early detection of cholera-suspected cases is effective

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	CC.1 Number of humanitarian workers trained (Number of health workers and community leaders and volunteers from the affected provinces receiving a refresher training on early warning surveillance and community-based surveillance)	300	688	Attendance sheets, training reports, Mission reports
Indicator 1.2	H.5 Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 24 hours (considering 10 alerts per months)	80	78	mission reports, outbreak investigation report
Indicator 1.3	Number of laboratory kits procured and distributed to healthcare facilities.	5	5	Invoices
Explanation of output and indicators variance:		The high number of humanitarian workers trained was due to the number of affected districts that exceeded on what was initially planned, leading us to cover more provinces than anticipated. Regarding to the alerts, same cases were reported in remote or hard-to-reach areas, which significantly delayed response times and limited our capacity to conduct timely investigations.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provide refresher trainings on early warning surveillance and community-based surveillance, including the use of surveillance and case-finding tools, to promote early action and response and reduce loss of life	WHO, SPS/DPS,
Activity 1.2	Reinforce the AWD/cholera investigation and alert by conducting field missions with a multidisciplinary team for	WHO, SPS/DPS

	verification of disease alerts and field-based outbreak investigations and by improving reporting mechanisms	
Activity 1.3	Procure and distribute required laboratory reagents and supplies, including RDT and supplies for sample collection, transport, and culture, to allow an early confirmation of cholera-suspected samples and early declaration of the outbreak	WHO

Output 2	A timely response is provided in districts affected by cholera and Acute Watery Diarrhoea (AWD)

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.11 Number of people receiving treatment for acute watery diarrhea (incl. cholera)	28,000	39,543	Sitreps, DHS2
Indicator 2.2	CC.1 Number of humanitarian workers trained (Number of healthcare from the affected provinces receiving a refresher training on case management)	200	214	Reports
Indicator 2.3	H.1a Number of emergency health kits delivered to healthcare facilities.	105	111	Delivery guides
Explanation of output and indicators variance:		[A total of 39, 543 people were diagnosed and had access to treatment in the affected areas (7 provinces out of 11), of which **31,671** were treated for acute diarrhoea and 7,872 for cholera. With this funds we covered more provinces that the initial planned]		

Activities	**Description**	**Implemented by**
Activity 2.1	Establish cholera treatment structures (ORPs at community level and CTUs and CTCs for more severe cases)	WHO, SPS/DPS
Activity 2.2	Deploy WCO surge staff and MoH/ Rapid Response teams to the affected districts to investigate, assess risk, identify priority actions, and implement timely initial control measures to potential cholera/AWD cases to reduce the risk of loss of lives and to maintain the case fatality below the threshold of 1%	WHO
Activity 2.3	Procure and distribute drug modules of the cholera kits (central, peripherical, and community kits) to treat cholera cases, medical supplies that are not included in the drug modules of the cholera kits (beds, buckets), critical medical supplies such as ringer lactate solution for the intravenous rehydration of severe cholera patients, tents for the establishment of structures for patient treatment and hygiene kits for affected households to reduce the spread of cholera (composition of the hygiene kit: 1 bucket, 1 bar of soap, 1 bottle of water purifier, and 1 powder detergent).	WHO

Output 3	Ensure strong cholera response coordination and monitoring

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 3.1	Number of cholera dashboard developed and functional for real-time data analysis	1	1	Link
Indicator 3.2	Number of rapid assessments conducted on community knowledge, attitudes and perceptions related to cholera prevention and transmission	2	2	Report
Indicator 3.3	Number of sitreps shared	12	24	Sitreps
Explanation of output and indicators variance:		the sitreps were produced and shared on a weekly basis		

Activities	**Description**	**Implemented by**
Activity 3.1	Support the improvement of the cholera dashboard to improve real-time data analysis at district and national levels and use the findings to guide and monitor the interventions	WHO, SPS, DPS
Activity 3.2	Conduct a rapid assessment of community knowledge, attitudes, perceptions, behaviours structural barriers, drivers, levels of trust and social norms that could impact AWD/cholera transmission and implement corrective actions	WHO, SPS/DPS
Activity 3.3	Coordinate production of information products to update various audiences on situation and response	WHO, MoH

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[5] 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.**

[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/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas here.

a. Accountability to Affected People (AAP)[6]:

WHO had been following the cholera situation in the country and the need to have adequate hospitalization conditions in CTC. Engagements with recovered patients, his relatives, districts and provincial authorities allowed the active participation on the establishment of CTCs and CTUs, assuring the chose of the right place (consensus of the community), contributing with ideas and local materials for the CTCs. Community leaders which initially refused the existence of the disease, became the mobilizers for other patients in the community to come to the hospital immediately after the first symptoms of the disease. Communities were also engaged on trainings to detect and report priority disease and conditions.

b. AAP Feedback and Complaint Mechanisms:

The WHO's internal reporting mechanisms and Linha Verde the humanitarian response hotline were disseminated, as this mechanism can receive complaints against actors from various organizations and the complaints were forwarded to the appropriate unit within each organization for proper follow-up. Groups discussions and awareness raising campaign, which were intended to help the community and potential survivors of SEA to better understand how SEA allegations are handled were conducted, always making clear the issue of confidentiality of the complaint, and the follow-up of complaints by the competent entity, maximizing their safety and effectiveness.

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

During the response activities conducted in Cabo Delgado, Zambezia, Nampula and Maputo, the focus was to share the key messages of PSEA to the health sector and to the community.
In addition, the WHO is part of the PSEA Network group to ensure that it always follows the Inter Agency Collaborating intervention standard for better intervention and coordination of activities, and to fulfil the prevention function through training and community awareness. A total of 793 people were sensitized on PSEA during this period. All emergency officers working on cholera outbreak did the mandatory training on PSEA and were briefed on PSEA before his deployment. Key messages on PSEA were delivered to participants of cholera related trainings.

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

In all CTCs and CTUs set up by WHO, the wards were separated by gender (men's ward and women's ward), as well as the bathrooms for women and men. Priority was also given to pregnant women and children under 5 , however, first respecting the severity criterion.

e. People with disabilities (PwD):

The project has treated all the people likely needing health services, including PWD. WHO to promote the Convention on the Rights of Persons with Disabilities (CRPD) strategy, it has ensured that the project is people-centred and the implementation of activities will promote the protection and safety of beneficiaries, especially Women and girls with disabilities.

f. Protection:

During the implementation of the project, WHO officials on the ground held meetings with health professionals and community actors to raise awareness not to charge or ask for sexual favors or other material goods in the process of distributing water purifiers, community kits, including during the spraying of houses for decontamination, and these meetings were also held with the communities during field activities so that if this type of situation occurred, they could report it to the hotline or to the person responsible for the US who was chosen as the focal point to receive these reports.

[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.

g. Education:

During the training and implementation of community surveillance in 2 districts of Tete Province, 16 primary teachers were trained on key signals and symptoms of priority diseases. And them will use this knowledge to pass to their students and their families

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

WHO has not started implementation of CVA for health response

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Vencendo a cólera em Milamba-Cabo Delgado	Vencendo a cólera em Milamba-Cabo Delgado | OMS | Escritório Regional para a África (who.int)
OMS apoiou Moamba em itens essenciais para a resposta ao surto, como a doação de camas, kits de cólera, medicamentos, livros de registo de casos de cólera	Uma semana após a... - World Health Organization Mozambique | Facebook
OMS apoia mais de 28.750 pessoas que encontraram refúgio em Namapa, no distrito de Eratí, em Nampula.	A World Health Organization... - World Health Organization Mozambique | Facebook
Reforço da vigilância a cólera em Sofala: treinados 219 líderes	Técnicos da World Health... - World Health Organization Mozambique | Facebook

OMS e MISAU investem em medicamentos essenciais para o tratamento da cólera	No quadro da resposta ao... - World Health Organization Mozambique | Facebook
WHO supports remote conflict-affected communities and health facilities in Mozambique with access to clean and safe water	[WHO's Operational Update on Health Emergencies - March 2024]
United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Partner in global health	[https://www.who.int/about/funding/contributors/ocha-and-who]
Reforço das capacidades dos Agentes Polivalentes de Saúde	https://www.facebook.com/share/p/XAEdh18j5o727jjb/
OMS e MISAU apoiam comunidades em Nampula após o naufrágio que gerou 98 óbitos, decorrente dos rumores e desinformação sobre a cólera na região.	https://www.facebook.com/share/p/my5NDnvVH3qn3s3A/
14 pontos focais de vigilância da província de Sofala, foram treinados pela OMS na componente de gestão de dados relacionados a cólera.	https://www.facebook.com/share/p/TiJ5uxJJD9VwC39d/

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Total CERF Funds Transferred to Partner US$
24-RR-CEF-001	Water, Sanitation and Hygiene	UNICEF	$66,199
24-RR-CEF-001	Health	UNICEF	$45,563
24-RR-CEF-001	Multi-Sector	UNICEF	$20,286
24-RR-CEF-001	Multi-Sector	UNICEF	$30,936
24-RR-CEF-001	Multi-Sector	UNICEF	$110,555
24-RR-CEF-001	Multi-Sector	UNICEF	$21,950
24-RR-CEF-001	Health	UNICEF	$11,243
24-RR-CEF-001	Health	UNICEF	$9,845
24-RR-CEF-001	Health	UNICEF	$58,807
24-RR-CEF-001	Multi-Sector	UNICEF	$80,950
24-RR-CEF-001	Multi-Sector	UNICEF	$46,259