



**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
MOZAMBIQUE
RAPID RESPONSE
FLOODS**

RESIDENT/HUMANITARIAN COORDINATOR

Ms Jennifer Topping

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The monthly CERF monitoring process, set up at the start of the project implementation phase, assisted the Humanitarian Country Team (HCT) in Mozambique to follow up on implementation progresses. Therefore, by the end of May 2013, six of the eight projects had been completed, with the remaining two projects - of UNFPA and FAO - completed in August and November 2013 respectively, as these required the reprogramming of activities through non-cost extensions.

On 15 October 2013, with only one project still ongoing and in considering the need to prepare the report on the use of CERF funds, the HCT Chair called the first meeting of agencies that had received CERF funds. This meeting discussed the reporting process using the new CERF guidelines, and the required reporting format. During the meeting it became clear that by end of November 2013 all projects, including the one from FAO, should be completed, and it was agreed that by 27 November 2013, a second meeting should be held to review the sectors' harmonized report and discuss the lessons learnt.

By 12 December 2013, all narrative reports from implementing agencies were submitted to the RC/HC. The agencies and implementing partners (IPs) including UNICEF, WFP, IOM, UNFPA, WHO and Mozambique Red Cross, UN Habitat, IOM, Save the Children, Samaritan Purse, Douleurs Sans Frontieres (DSF), ISAAC, World Vision International (WVI), Oxfam and relevant Government entities at central, provincial and district level, actively participated in and contributed to this AAR process.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

The Mozambique Humanitarian Country Team Working Group (HCT WG) is the emergency preparedness, response and coordination forum, composed of 10 clusters led by UN agencies and including the International Organization for Migration (IOM), Red Cross and NGOs. On decisions regarding key emergency response issues, several consultative meetings were arranged with the HCT WG. This approach was used from the beginning of the CERF process from project prioritization, CERF application, and harmonized report review to lessons learnt discussion.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The CERF report was shared with HCT WG members and relevant Government sectors at central, provincial and district level for review, and comments were integrated in this final report. The district authorities were also included as they had participated in the implementation of CERF projects in the field.

1. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 30,618.690		
Breakdown of total response funding received by source	Source	Amount
	CERF	5,842,338
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	N/A
	OTHER (bilateral/multilateral)	13,366,439
	TOTAL	19,208,777

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 30 January 2013			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-012	Water and sanitation	899,870
UNICEF	13-CEF-013	Protection / Human Rights / Rule of Law	101,650
UNICEF	13-CEF-014	Health	210,790
UNFPA	13-FPA-003	Health	108,990
IOM	13-IOM-003	Shelter and non-food items	1,002,288
WFP	13-WFP-004	Food	1,595,184
WFP	13-WFP-005	Coordination and Support Services Logistics	713,937
WHO	13-WHO-005	Health	500,591
Sub-total CERF Allocation			5,133,300
Allocation 2 – date of official submission: 18 March 2013			
FAO	13-FAO-017	Agriculture	709,038
Sub-total CERF Allocation			709,038
TOTAL			5,842,338

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)

Type of implementation modality	Amount
Direct UN Agencies /IOM Implementation	3,941,699
Funds forwarded to NGOs for implementation	1,749,850
Funds forwarded to government partners	150,789
TOTAL	5,842,338

HUMANITARIAN NEEDS

On 12 January 2013, Mozambique Authorities declared an orange alert to upgrade the country preparedness measures in view of high water flows into Mozambique from countries upstream as a result of heavy rains, mainly from the Republic of South Africa (RSA). This situation, combined with the in-country heavy rains that lasted for more than a week, caused an increase in the hydrometric levels in the main river basins in the southern (Limpopo, Incomati, Inhanombe and Save) and central (Zambezi, Pungoe and Buzi) regions.

The flooding affected approximately 450,000 people throughout the country; in Gaza alone 250,000 people were affected, including 142,500 women, 107,500 men, and of them 29,500 children under age 5. In less than 10 days the floods claimed the lives of 55 people throughout the country. It caused total or partial damages to 2,979 houses, seriously impacted infrastructure (such as roads and drainage systems) and the provision of basic services (such as electricity and safe water supply), and inundated 679 houses. In the capital, Maputo, nine temporary accommodation centres (ACs) were established in safe locations to provide shelter to about 5,492 people.

The situation continued deteriorating and on 22 January 2013, ten days after the declaration of orange alert, the Government of Mozambique (GoM) through the Disaster Management Coordination Council (CCGC), in an extraordinary meeting, increased the alert levels by issuing an institutional red alert, which intensified response actions. This allowed the National Unity for Civil Protection (UNAPROC) to take all necessary measures to save people through search and rescue operations, mainly those stranded in isolated areas. Following this alert, the peak of high water outflow from RSA reached Limpopo and Incomati basins, causing flooding to Chokwe and Guija districts in Gaza Province and claimed the lives of an additional 24 people. The situation became complex with the effects of the soil saturation and the fragility of the Chokwe dyke, already damaged by the heavy rains brought by tropical depression Dando in 2012 and not fully rehabilitated to provide the required flood protection to Chokwe town.

The hardest-hit districts were Chokwe and Guija in the Gaza Province, where about 155,000 people took shelter at 15 different accommodation centres (ACs), while more than 80,000 people took refuge in their community of origin. In Chihauquelane ACs (30 km from Chokwe District) only, the number of people sheltered was more than 70,000. The prolonged sheltering of people in ACs posed great health and protection risks especially to the most vulnerable such as women, children, and the elderly in a province with the highest HIV/AIDS prevalence in the country – 25 per cent of the people between 15-24 are estimated to be living with HIV in Gaza. Furthermore, 5,000 were evacuated to Chibuto district and another 17,500 people were displaced in the nearby coastal city of Xai-Xai, and other in the districts of Bilene, Chicualacuala and Phafure.

In summary, a total of 79 people lost their lives between 11 to 27 January 2013, most of them in Gaza Province (38 people). At the time of the CERF application formulation, assessments from the areas reached indicated that more people were at risk of being affected as the situation was still evolving. Most of the affected people were stranded in locations only reachable by helicopter, specialised boats or trucks. A large number of the population affected that reached the ACs were in need of almost all essential services. They arrived with no personal belongings, no food to survive and in need for shelter, water, health assistance and protection. Simultaneously in other provinces (Inhambane, Manica, Sofala and Zambezia), continuous rains affected thousands of people and damaged infrastructure and crops.

The situation called for immediate humanitarian assistance to the most vulnerable people. During the early stage of the emergency the Government and Humanitarian Country Team Working Group (HCT WG) clusters mobilized and used in-country stocks from its regular development programs to address the most pressing needs, such as water, health, food and shelter, especially for the most vulnerable groups such as children, women-headed households, pregnant and lactating women, and the elderly, in the province with heightened risk due to high HIV prevalence (Gaza). While the emergency situation was evolving and the response progressing the Government's and partners' response capacity became overwhelmed by the growing needs of the continually increasing number of people requiring life-saving assistance. In view of the situation and following the discussion and analysis of the humanitarian conditions of the affected population, the HCT agreed to request for CERF grants to timely respond to the growing demand for life saving humanitarian assistance, while internal resources mobilization efforts were also ongoing.

II. FOCUS AREAS AND PRIORITIZATION

Since the onset of floods, several multi-sectoral teams from the Government and HCT clusters were deployed to the areas affected (Chókwe, Guijá, Chibuto and Xai Xai) in Gaza Province to support relief operations. Preliminary assessments indicated that populations affected were in urgent need for shelter, food, water and sanitation, education, protection and psycho-social support. As the time people were forced to stay in ACs was increasing, and considering the large number of people, there was a serious risk of epidemic outbreaks. Therefore, the establishment of emergency healthcare services was crucial. Below is the summary of humanitarian needs:

Water, Sanitation and Hygiene (WASH): The population affected and displaced was in immediate need of safe water supplies, basic sanitation and hygiene services that were unavailable in the ACs. These services were crucial to ensure minimum acceptable living conditions in all ACs set up in several locations as well as to prevent cases of water-and-vector borne diseases.

Shelter: UN Habitat, IOM and Mozambique Red Cross (CVM) co-led a shelter cluster assessment from 24-26 January 2013, which found that some locations – e.g. Chihauquelane (with approx. 55,000 IDPs) – needed immediate shelter. In other locations with smaller numbers in Macia and Hokwe, identified IDPs were sheltered in churches and schools. The cluster thus settled on an operating number of 20,000 IDPs – to begin immediate shelter support targeting those IDPs residing under trees or in unsafe ACs. After a first response with in-country stocks, the high number of affected people, particularly those in ACs required a quick and appropriate humanitarian response, in order to avoid loss of lives and protect the most vulnerable groups. This sector response was combined with non-food items (NFI) assistance to cover the basic survival needs of the affected population.

Food Security: The Ministry of Agriculture's preliminary information indicated that an estimated 110,000 ha of crops, including maize, rice and beans which was at the flowering and grain formation stage, had been lost in Gaza province (approximately 3% of the national planted area). The main harvest, expected for March/April was therefore entirely lost in the areas affected. This situation created an urgent need for immediate food assistance to an estimated 150,000 people including those who had lost all their belongings, crops and those residing in ACs and with host families on higher land. At the time the flooding started the population already had little or no food reserves left as many of them had suffered crop losses at the beginning of the planting season due to dry spells in October-December 2012. Households had therefore replanted in the low lands which were destroyed by the floods. In December 2012, the Vulnerability Assessment Committee (VAC) report already indicated that some 20,000 people were at risk of acute food insecurity in Gaza before the floods occurred. The Food Security Cluster members were using food stocks from regular programs to provide immediate assistance to at least 100,000 people who were accessible, but the stocks was only to suffice for 7 days' rations while people were entirely reliant on aid and still in isolated areas.

Health: Floods disrupted provision of life saving basic health services. The three main health facilities in Chokwe, Guija and Chibuto were flooded and all in-patients were evacuated to ACs. Further exposure of the population to poor weather increased the risk of diseases such as malaria, respiratory infections and diarrhoea. Though no outbreaks of communicable diseases had been reported in the affected areas, the risk factor was there and preparedness was critical as the flood waters was expected to take weeks or months to recede. Moreover, other risk factors were the mental and psycho-social related illness due to sudden displacement, loss of family members, property and livelihood. As many health facilities (health centres and hospitals) had been seriously damaged, the regular provision of nutrition services was clearly at stake, and the nutritional status of children under age five was at risk, requiring particular attention to displacement sites and flooded areas as malnourished children started to be admitted to health centers.

Protection: A preliminary rapid assessment was done by a multi-sectoral team consisting of UNICEF, the Ministry of Women and Social Affairs (MMAS) and Ministry of Health (MoH) from the 24-29 January 2013, which found that a significant number of women headed households, girls, unaccompanied minors, elderly people, and people living with HIV/AIDS who had been facing serious limitation to their ability to quickly recover. At the time, prepositioned relief materials were not sufficient to cover all of the needs to ensure the usual functioning of the protection system, the provision of sexual and reproductive Health (SRH) services to manage obstetric and newborn complication at health facilities and HIV prevention and GBV services in the flood affected districts. The results of this rapid assessment indicated that family reunification, material support to prevent and respond to violence and abuse and psycho-social support to the affected population, particularly children, was immediately required.

Education: The sector assessment had indicated approximately 100 schools totally or partially damaged or inundated, putting at risk the education of about 50,000 children. A-part from impeding access to school premises, children had lost all their school materials and all academic activities had been disrupted, increasing the risk of psychological problems arising. The need to restart lessons and psycho-social activities to reduce the impact of the disaster on children was crucial and immediately needed to bring back a sense of normalcy through the functioning of the education system.

The movement of emergency items was also severely affected as the road and basic infrastructures was damaged by floods. The capacity to move, store and distribute humanitarian commodities to the population affected was immediately required as well as the

reinforcement of existing logistical equipment as available resources became overwhelmed in face of the flood magnitude. The difficult access to some affected areas made necessary the use air transport, as well as the need for appropriate procedures to put in place to speed up the logistics response. Therefore, it demanded special support from Government and HCT to rapid and efficiently assist the humanitarian actors with common logistic services, including transport, storage and handling which was in need of financial resources to jump start the operations.

III. CERF PROCESS

This CERF application was developed under the auspices of the Mozambique HCT WG. The successful adoption and implementation since 2007 of the Cluster Approach ensured a good level of coordination for emergency preparedness and humanitarian response. Following the declaration of the Institutional Red Alert on 22 January 2013, daily meetings of the Disaster Management Technical Council (CGTC) were held between the GoM and partners. This ensured adequate hydrometric monitoring in-country and in upstream countries (such as RSA, Zambia and Zimbabwe). In addition to monitoring the hydrological trends, the CTGC monitored response progress including the gaps in the field. To respond to the emerging gaps, the GoM requested the full activation of the emergency Contingency Plan for the 2013 season.

In response to this request and taking into account the situation in the field, the UN Resident Coordinator (UNRC) requested a meeting with all cluster leads on Sunday 27 January 2013 to analyse the magnitude of the humanitarian needs and response and look for immediate financial support. The meeting agreed on the strategy to fine-tune the response coordination with the Government sectors at central level and with in-country donors. Apart from the regular briefing on the situation, the UNRC on Tuesday 29 January 2013, just before finishing the CERF application, convened a meeting with in-country donors (embassies and international cooperation agencies) to present the situation and main gaps, and requested their support to timely and efficiently respond to main humanitarian needs, which received positive feedback.

As indicated previously, the assessments conducted had identified serious gaps in humanitarian response, especially in the following areas: Shelter, Food Security, WASH, Health and Protection and Logistics. Logistics became an important need, taking into account that the GoM's capacity was overstretched as floods had damaged basic infrastructures, such as roads access and bridges. Based on the assessment and visits to the areas affected, two decisions were taken by the HCT:

- i. Urgently apply for CERF Rapid Response Window, focusing the response in the areas most affected in Gaza Province and prioritize life-saving activities in those sectors for a period of three months. To this end, selected clusters were asked to submit their proposals within 24 hours in order to have a first draft of projects on Monday 28 January 2013 to be reviewed and ready to be send on Wednesday 30 January to CERF Secretariat; and
- ii. Develop a Humanitarian Relief and Early Recovery Proposal (a kind of in-country Flash Appeal) with the aim of providing donors with a comprehensive analysis of the emergency context, including humanitarian needs, current response and the most likely scenario for the coming weeks. This document also presented cluster response plans with an estimated funding requirement by sectors, which includes early recovery key activities. The first draft of the Humanitarian Relief and Early Recovery Proposal document was released on Thursday 31 January 2013.

Priority needs and sectors were identified through consultations between the GoM, HCT members and local authorities, following a review of available assessment data and response capacities. To the maximum extent possible, projects aimed to complement the activities and available resources of the GoM, as well as activities by the Red Cross Movement and NGO partners. The criteria used for the selection of activities, which were done during an extraordinary cluster meeting, were:

- Focus on life-saving assistance through the provision of food relief, water and sanitation services and shelter, as well as basic health care and protection and select geographic locations heavily affected by floods – districts in Gaza province;
- Respond to the specific needs of most vulnerable groups and individuals in need of protection and assistance, especially people settled in temporary displacement sites;
- Vulnerability issues: while there was recognition of the limited data to effectively map and define vulnerability based on clear indicators, each cluster had developed specific indicators to define vulnerable categories of people in need of special attention and targeting such as women and child headed households, population who lost all their livelihood, unaccompanied and separated children and elderly people. In addition, areas with thematic consideration such as GBV and SRH.
- As conditions allow, provide support to returnees that are voluntary, safe and dignified and;
- Provide critical common services that enable such actions.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: 250,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Water and sanitation	61,488	39,442	100,930
	Protection / Human Rights / Rule of Law	4,575	1,185	5,760
	Health	75,000	87,000	162,000
	Shelter and non-food items	54,907	48,814	101,721
	Food	95,000	55,000	150,000
	Coordination and Support Services Logistics	95,000	55,000	150,000
	Agriculture	65,010	38,490	103,500

BENEFICIARY ESTIMATION

It was acknowledged that beneficiary estimation and disaggregated data collection at the initial stage of the emergency operations was challenging as some people were still stranded while others were living with host families and some areas were still inaccessible; but all of them were in need of assistance. In addition to this, the original planning figure of 150,000 people was revised upwards as the situation evolved to approximately 250,000 people requiring assistance in Gaza Province. When people started to be settled in ACs opened in the safe areas along the affected districts, the existing Government emergency management structures such as Provincial and Districts Operational Centres, local community leaders and the HCT clusters had to be fully mobilized to respond and address those challenges. They combined different tools and mechanisms to avoid the double counting of people affected either in the ACs or in the affected areas as follow:

- i. Organize population settled in ACs according to their community of origin and request community leaders to keep records of their respective community members. This list was regularly updated and shared with Government authorities and HCT clusters in the field throughout the response phase. However, as some of the communities affected had initially been isolated, the occupation ACs did not take place at the same time, meaning that the list of records had to update regularly to ensure that no affected people without proper assistance remained;
- ii. The IOM Disaster Tracking Matrix (DTM) was used to complement the community leaders' lists of population affected. The DTM consisted of tracking all people in ACs as well as in affected areas and registering them in order to monitor the progress of humanitarian assistance and to address the identified gaps;
- iii. Another mechanism used, in this case by WFP, was the provision of identification cards in the first distribution of emergency items. In the following distributions, the beneficiaries were identified based on the cards provided. For the distribution carried out by NGOs Implementing Partners (IPs), WFP trained its IPs on how to undertake the registration and distribution to avoid double counting beneficiaries.

However, it is important to mention that this is not a process free of challenges: the number of people tended to fluctuate and grow day by day as well as populations' needs.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	121,500	141,930
Male	93,500	108,070
Total individuals (Female and male)	215,000	250,000
Of total, children <u>under</u> age 5	45,500	30,000

CERF RESULTS

Following the CERF disbursement, the HCT clusters in collaboration with implementing partners under the leadership of Government were able to rapidly scale up the humanitarian response by delivering essential services and reaching more beneficiaries across the flood affected districts in Gaza province. The humanitarian agencies were able to deploy a high number of experienced staff, enhancing field outreach. Therefore all ACs were assisted. About 150,000 people whose basic livelihood had been disrupted and settled in the ACs were provided with food assistance and in view of reducing their dependence to food aid, agricultural tools and seeds had been distributed to ensure their food security. This benefited approximately 19,700 households.

Approximately 110,000 women and men were provided with safe water for drinking (including water treatment products), cooking and personal hygiene. Men and women in all ACs were provided with a total of 624 safe communal and 400 families latrines (among them 288 allocated to women headed households). The population was also familiarized with the construction of washing facilities (tip-tap) and self constructed latrines through the implementation of Community Total Led Sanitation (CLTS), benefiting approximately 7,880 households. In affected areas four health units and nine schools were cleaned, rehabilitated, provided with hygiene kits and targeted with hygiene promotion activities to benefit over 160,000 people. Regarding shelter, more than 100,000 IDPs were provided with shelter kits and therefore protected from poor weather and enabling the restoration of their dignity.

The health and protection sectors were able to assist more than 160,000 men and women including girls and boys with the set-up of emergency primary health care in ACs. After the clearing of debris it was possible to re-establish health services in the districts affected, allowing more people to access the services in affected areas. In view of malaria prevention, approximately 46,600 mosquito nets were distributed both in ACs and; this was complemented with spraying which benefited more than 64,256 people.

Approximately 30,000 women were assisted with sexual and reproductive health kits and related information and 3,500 adolescent girls were provided with hygiene kits. To prevent Sexual Transmitted Infections (STI) and other related diseases, the hospital in Chokwe and Guija were assisted with 20 STI treatment kits while the population in ACs and affected areas were granted access to more than 200,000 condoms as well as GBV prevention services. One of the major challenges faced was engaging men in sexual and reproductive health and GBV related activities, as they tended to look at these as women related issues.

With CERF it was possible to scale up psycho-social support and recreational activities as well as train 66 Social Action workers and 6 community activists to use psycho-social kits and support affected children. To this end it was possible to provide 200 psycho-social kits and set up child friendly spaces based on the "Return to Happiness Approach", benefiting more than 5,760 people. Through CERF it was possible to set up common logistics services which allowed the movement of emergency relief items to accessible and isolated areas which still had people stranded and in need of life saving assistance. The sectors were able to move 60m3 of aid to isolated areas using helicopter, and transport approximately 3,000m3 of cargo from Government and HCT partners to Gaza affected areas. Finally, the CERF helped to improve the operational capacity to deliver humanitarian aid in affected areas, increasing field presence and broadening and consolidating partnership and coordination with Government and NGOs partners at central and field levels.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES **PARTIALLY** **NO**

With the CERF disbursement the HCT clusters and IPs in collaboration with Government sectors were able to rapidly scale up the response through delivery of essential services to flood affected and displaced people. As the Government and HCT partners response capacity was overwhelmed by the population's need for humanitarian assistance; the CERF helped to improve that capacity, enabling the provision of shelter and water, sanitation and hygiene services directly to 110,000 people and indirectly to an additional 100,000 additional people in affected areas. It supported the timely provision of food assistance to 150,000 people, basic and emergency health care and treatment to approximately 250,000 people following the cleaning and rehabilitation of health services in Chokwe and Guija which were disrupted by floods, as well as the timely procurement and restoration of destroyed medical stock and drug supply chain management. The CERF helped to ensure access to education and psycho-social activities in safe and protected settings, such as school-friendly spaces; assisted the provision of essential NFIs such as shelter, mosquito nets, blankets and torches; and supported the provision of GBV and sexual and reproductive health assistance to women and young girls in a province facing high HIV prevalence. It helped the HCT and Government to enhance the national operational capacity to respond, through the establishment of common logistical services that helped to reach isolated areas not reached before CERF disbursement; as well as to support local authorities' capacities, particularly in Chokwe town, with cleaning and solid waste removal so that the basic social services could be re-established. Above all the CERF was critical in decreasing the affected population's exposure to health risk and further loss of lives.

b) Did CERF funds help respond to time critical needs¹?

YES **PARTIALLY** **NO**

The major gaps and critical needs of the affected people related to shelter, food security, health, water, sanitation and hygiene, protections, GBV, sexual and reproductive health and education. The CERF successfully responded to these needs by providing shelter and distributing food rations to the population in the ACs and returning site. The CERF helped to manage children's psycho-social needs by ensuring continuation of lessons and establishing playing facilities in all ACs. It was possible to provide medical care with in-patient services to those appearing critically ill and ambulatory services to others. To complement this, the population affected benefited from the safe environment and improved sanitation facilities. The common logistical services established was critical to ensure rapid movement, storage and distribution of emergency items to different affected sites, reducing the time people had to wait to receive assistance. These joint services helped to save lives, minimize suffering as well as support the functioning of the social fabric.

c) Did CERF funds help improve resource mobilization from other sources?

YES **PARTIALLY** **NO**

When the selected sectors of the HCT were preparing the CERF to target life saving needs it was clear that additional resources should be required taking into account the significant increase in number of people in need of assistance in and out of the ACs. Bearing this in mind, the HCT initiated the in country resource mobilization efforts. When the CERF disbursed a total of \$5,842,338, the in-country donors or through respective headquarters allocated in-kind and cash resources equivalent to \$13,366,439 which complemented the CERF and reinforced national response capacity.

d) Did CERF improve coordination amongst the humanitarian community?

YES **PARTIALLY** **NO**

The HCT WG has more than 100 partners including UN agencies, NGOs and Red Cross, as integral parts of the 10 clusters. All clusters joined together to discuss and agree on key priorities to be targeted by CERF to ensure that urgent needs are addressed across various sectors while other resources were still being mobilized. The \$5.8 million enabled the humanitarian actors to jumpstart the response by working together in a coordinated manner to assist the population in need. In this regards, the CERF enabled a closer collaboration and coordination at inter-cluster level and with Government sectors at central, provincial and district levels. At the central level the HCT's role was to strengthen its advocacy reinforced to ensure that all humanitarian actors including the GoM systematically observed and fulfilled affected people's rights. At the field level regular coordination meeting were held to streamline the response operation and rationalize the existing human and material resources. This required a lot of intra-agency coordination as well as with GoM sectors to ensure that duplication of activities is avoided.

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The timely allocation of CERF was very useful to scaling up immediate response activities to meet the affected population immediate survival needs in Gaza province.	The timely CERF support to field operations should be continued.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
At the initial stage of the emergency, while the magnitude was still uncertain, the high influx of people to the highland (e.g Chihaqueplane) raised challenges for the population number estimations, timely provision of humanitarian assistance as well as field coordination and camp management.	Continue supporting the decentralization of Government authorities to build up on the existing provincial, districts and local community structures to deal with rapid onset crisis.	HCT partners in collaboration with Government
The Cluster Approach is a good coordination mechanism and offers a forum for discussion, information sharing, intervention and resources prioritizations as well as encourages cooperation and collaboration between Government sectors and humanitarian actors.	Continue strengthening these coordination platforms as well as build partners' capacity to use these invaluable resources to avoid duplications, optimize existing limited resources and provide quality services to affected populations. For instance, with the set up of common logistics services for all actors including Government and partners helped to rapidly move goods to assist people in isolated areas.	HCT clusters leaders, members and Government sectors
There is a need to maintain a good level of cluster representation at the sub-national levels in and outside the emergency context in view of reinforce local authority's response capacities and facilitate the transition from response to recovery phases.	Partners should always work either within or outside the emergency context, alongside with respective government counterparts at central and decentralized levels. This will build trust, partner capacity and foster coordination and harmonisation of approach when in emergency setting.	Government sectors, HCT clusters members
There is still a need to improve the National Disaster Information Management System (IMS) to more effectively manage the response operations.	Support the Government with specific projects to build lasting disasters IMS adjusted to national specificities and needs before the rain season.	Government and HCT partners
	During the preparedness phase, while the information management system is being developed, in-country actors should consider allocating adequate resources for Information Management Manager that should be readily deployed to the field levels to support the emergency operations.	Government and HCT partners
	Regular training to Government staff and humanitarian actors on the use of tools to collect, analyse, process data and produce good quality information.	HCT WG and Government counterpart
	During preparedness establish a dedicated assessment and Information Management team to support the field operations through timely provision of quality	HCT clusters and Government/ CTGC sectors

	information, management of existing websites for timely decision making process and intervention.	
Though CERF funds targeted only the most critical needs, it was crucial to mobilize complementary resources from in-country donors helping to cover the population affected overall needs.	Continue using the Financial Tracking System (FTS) to show how donor resources are making difference in people affected lives.	HCT
High staff turnover is common features for both Government and Partners, therefore they should be ready to deal with this issue particularly when in crisis contexts.	During the preparedness phase, updating the list of cluster members and 'who does what and where information' is crucial in emergency response situation	HCT cluster leads and members and Government sectors
	Continue with earlier deployment of experienced staff (since the issuance of early warning) to facilitate the rapid needs assessment and implementation of operation plans.	HCT cluster leads and members and Government sectors
Insufficient understanding of international policies and the risks associated with the distribution of powdered milk to >5 in emergency settings. Additional CERF funds enabled the provision of related message dissemination in the ACs through radio programmes and mobile unit.	Brief all humanitarians' actors on the international policies and the associated risks of distributing powdered milk for > 5 in emergency settings.	Nutrition Cluster and Ministry of Health
Use of guidelines on Core Commitment for Children in emergencies (CCCE) - helped UNICEF and partners to focus on key priorities, including protection against violence and abuse, family tracing and reunification and capacity building for provision of psychosocial support.	To be continued and expanded to other emergency actors to ensure they continue playing their role in a professional manner that meet, at least, the minimum standards.	Protection cluster and Ministry of Women and Social Affairs
Equity: Well acknowledged intersectoral collaboration/ coordination at field level (through engagement of activists from different sectors) were crucial for rapid delivery of hygiene promotion services to population affected.	Broader use of methodologies/guidance is crucial for reaching most at risk with right services.	Cluster members and Government sectors.

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[24 January – 24 July 2013]
2. CERF project code:	13-CEF-012	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency WASH – Limpopo Flood Response		
7. Funding	a. Total project budget:	US\$ 2,260,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,008,486	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 899,870	▪ <i>Government Partners:</i>
			US\$ 499,697.41
			US\$ 23,268.52
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	55,000	60,558	N/A
b. Male	45,000	39,442	
c. Total individuals (female + male):	100,000	100,930	
d. Of total, children <u>under</u> age 5	19,500	19,000	
9. Original project objective from approved CERF proposal			
The objective of the Emergency WASH project is to provide immediate and life-saving assistance to 100,000 displaced people with emergency water supply, emergency sanitation and emergency hygiene promotion, thus providing minimum safe conditions for reducing the risk to public health by water and sanitation-related diseases.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 100,000 people (20,000 families) are using safe water supplies in displacement areas and/or their return communities <ul style="list-style-type: none"> - Initial Target: 15 litres/person/day - Water trucking operations reach at least 5 displacement areas - 20,000 families have received 'Certeza' (water purification material) to treat water at household level • 100,000 people (20,000 families) in displacement areas use sanitation facilities <ul style="list-style-type: none"> - Initial Target: 1 latrine/10 families in displacement areas - 2,000 emergency latrines are installed, separate by gender - Sanitation facilities are kept clean and hygienic • 100,000 people (20,000 families) reached by hygiene promotion activities <ul style="list-style-type: none"> - Hygiene campaigns are conducted in at least 5 displacement areas - Soap is distributed to 20,000 families 			
11. Actual outcomes achieved with CERF funds			

Outcomes through CERF funding:

1. Provision of safe water for drinking, cooking and personal hygiene
 - 35,500 affected people received safe drinking water through water trucking in ACs (Chihaquelane and Hokwe) and Chiaquelane resettlement area. About 5,986,000 litres of safe water were delivered as a result of strong collaboration/partnership involving WASH Cluster and Government partners.
 - 50,000 families have received 'Certeza' (water purification material) to treat water at household level. Before distribution of CERTEZA households were trained in how to use it. Additionally, 1,500 vulnerable households (child headed households, People Living with HIV&AIDS, people with disabilities and the elderly) received water filters for household water purification and were trained on how to use and maintain them.
 - 25,294 people (approximately 5,058 families) were able to access and use safe drinking water through the disinfection of 111 community water supply facilities in Chokwe and Guijá districts.
 - Over 44,380 people (approximately 8,880 households) are able to access and use sustainable water supply facilities through the rehabilitation of 69 water points in Chokwe and Chibuto districts. These interventions were complemented by the establishment and training of community water management committees (hereinafter referred to as Water Committees), which are responsible for operating and maintaining their water facilities in line with the National Water Policy.

2. Provision of 2,300 emergency latrines in displacement areas
 - 100,000 people had access and were using safe sanitation facilities in the ACs through the construction of 624 communal latrines.
 - Over 20,000 Households from Chokwe, Guijá, Chibuto districts were directly reached by intense marketing of self-constructed safe household latrines through the implementation of Community-Led Total Sanitation (CLTS) approach²; as a result, 10 Communities are now candidates for Open Defecation Free communities. Additionally, the self-construction of household traditional latrines was also complemented by the construction of hand washing facilities (tip-tap) and pits for solid waste disposal.
 - Four Health facilities in Chokwe (Lionde, Nconhane, Chokwe town) and Guija (Chivonguene) districts and nine primary schools with safe environmental sanitation through the rehabilitation of sanitation facilities and support on clean-up and disinfection activities.
 - Supported community clean up campaigns in origin areas through provision of cleaning tools kits (wheel barrow, shovel, liquid disinfectant and soap powder, bucket, mop, broom and waste bin) and hygiene promotion activities.

3. Emergency hygiene promotion for the proper use of sanitation facilities and hand washing with soap
 - Over 28,260 households received hygiene kits (soap, bucket, jerry can, plastic sheeting, underwear for girls and adults, sanitary pad, tooth brush and tooth paste) to facilitate proper hygiene practices and appropriate household water collection and storage.
 - About 229 community activists (of which more than 60 per cent are women) were trained and engaged in the dissemination of hygiene and sanitation good practices in the ACs of the districts affected. Over 100,930 people were directly reached by sanitation and hygiene promotion activities in all ACs; a range of community and household approaches were employed using face-to-face dissemination through trained community activists as well as mass media through local community radios.
 - Over 900 learners (of which 59 per cent girls) from 9 primary schools in Chokwe and Manjacaze districts actively participating in school hygiene and sanitation activities; 210 learners (out of 900) were trained as school hygiene & sanitation promoters and are members of the school child-to-child sanitation & hygiene clubs in their schools.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

² CLTS is an integrated approach to achieving and sustaining open defecation free (ODF) status. CLTS entails the facilitation of the community's analysis of their sanitation profile, their practices of defecation and the consequences, leading to collective action to become ODF.

If 'YES', what is the code (0, 1, 2a or 2b): 01

Please describe how gender equality is mainstreamed in project design and implementation

Gender and equity were considered both in accommodation and resettlement centres as well as for school WASH interventions. It consisted of provision of separated sanitation facilities for girls and boys and men and women; provision of hygiene supplies; engagement of woman and girls in sanitation and hygiene promotion activities; provision of WASH supplies to most vulnerable groups.

14. M&E: Has this project been evaluated?

YES NO

No evaluation of the WASH cluster was conducted; however, progress reports were provided by implementing partners accompanied by periodic monitoring visits that were carried out during the reported period. Additionally, the cluster lead had a lesson learned sessions to assess and reflect the implementation of the emergency response in order to improve future humanitarian preparedness and response intervention.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[25 January – 21 July 2013]
2. CERF project code:	13-CEF-014	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Re-establishment of basic health services in flood affected areas of Gaza Province		
7. Funding	a. Total project budget:	US\$ 1,650,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 820,370	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 210,790	▪ <i>Government Partners:</i>
			US\$ 2,500.00
			US\$ 48,969.50
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	85,000	74,600	N/A
b. Male	39,924	35,227	
c. Total individuals (female + male):	124,924	109,827	
d. Of total, children <u>under</u> age 5	21,000	18,600	
9. Original project objective from approved CERF proposal			
To support MoH efforts to restore access to basic health services and to provide emergency services to populations affected by floods in Gaza Province			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Affected population has access to malaria prevention interventions Affected population has access to primary health care services Morbidity and mortality in the flood affected areas reduced 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> In particular, through the CERF funding, UNICEF contributed to the emergency relief efforts in the health sector through the following activities: Provision of emergency tents – Soon after the onset of the emergency, there was a need to setup emergency clinics and wards for patients. Since UNICEF had prepositioned tents, 8 tents were mobilized and sent to the affected area of which 6 were transported and set up in affected flood areas (1 tent in Centro de Saude de Macia, 4 tents in Chiaquelane and 1 tent in Chokwé city). Other two tents were sent to Cabo Delgado, where in the same period an outbreak of cholera epidemic was reported and therefore the tents were used as cholera treatment centers (CTC). Distribution of Long lasting insecticide treated nets – the CERF enabled the immediate purchase and distribution of 20,000 mosquito nets to ACs open in Gaza province in the early stage of the emergency. Due to the scale of the emergency and the increased number of population in needs, the quantities of mosquito nets had to be increase using other funds, reaching a total number of 45,000. This enabled to fully meet the minimum requirement of at least two mosquito nets each household. In this 			

regards, 5,000 mosquito nets were mobilized and sent to Chihauquelane AC the week after the flood. In the following two weeks, more mosquito nets were mobilized reaching the total of 20,000 mosquito nets diverted from the existing development program (antenatal care distribution system). The logistics was conducted in such way that the mosquito nets could be replaced with those being procured with CERF funds. By mid-February the distribution was completed and the target families in all ACs had been provided with the mosquito nets and protected from malaria.

- Spraying for malaria control - By April, displaced people started to return to their areas of origin; in order to minimize the spread of malaria infections in the area, a plan was approved to implement a spatial spraying (fogging) in the first week of return of the affected people (from April 15th) and then indoor residual spraying in the following week (from May 3rd). The intervention was conducted by Government counterparts responsible for prevention and control of malaria in Gaza province. Funds from the CERF grant supported both interventions, covering training cost, supervision, fuel, equipment maintenance and allowances for the spray operators and supervisors. The spatial spraying operation in Chokwé and Guijá districts benefited 64,256 people and 14 spray operators. The indoors spraying started when the population had fully returned to their homes and had finalized cleaning of the houses including removing the accumulated mud and cleaning of interior walls. For this operation 88 spray operators were trained and conducted the intervention in 45 days covering 89% of the existing households in Guija and Chokwe Districts: overall, nearly 110.000 people benefited from this intervention.
- Refurbishment of damaged health facilities - Most of the hospitals and health centers affected by the floods had accumulated debris and needed to be cleaned before being reopened. UNICEF supported the cleaning operation by providing the necessary Personal Protective Equipment (PPE) and tools (rubber boots, plastics aprons, cleaning gloves, masks, disinfectants, liquid and powder soaps, floor mops, rubbers mops, cleaning cloths, buckets, shovels and rakes) to effectively clean the hospitals. Two directly affected hospitals (Chokwé Rural Hospital and Centro de saúde de Guija) and two indirectly affected hospitals in the surrounding area (Macia Health Center and Chibuto Rural Hospital) were supported. The last two were included because these hospitals became crowded as consequence of interruption of activities in hospitals of the affected areas. The materials procured and donated included boots, gloves, aprons, and masks.
- Nutrition - UNICEF supports the MoH in the implementation of the new protocol (approved in 2010) for the children with severe acute malnutrition treatment and rehabilitation in all the provinces, through the capacity building of health workers, community health workers and leaders and the provision of job aids and therapeutic milks. Just after the floods, nutrition rehabilitation training materials were produced to support the training of 80 health workers in the districts of Bilene, Guijá, Manjacaze and Xai-Xai in Gaza province.
- Social mobilization and health promotion - To ensure that health and nutrition support reach more people, UNICEF signed a Program Contract Agreement with the organization Douleur's Sans Frontieres (DSF), a NGO operating in the affected areas. Under the agreement, DSF worked with 9 CBOs who mobilized 135 activists in Chokwé, Guijá and Chibuto of which 75 worked in Chihauquelane ACs and implemented the following activities: hygiene promotion and sanitation sessions; home care visits; screening for acute malnutrition; identification of vulnerable people (pregnant women, and new-born); support for patients on ARV treatment and tuberculosis, and referral for patients. During the emergency, at least 37,440 people benefited from home based care conducted by these activists.

In addition to the work accomplished through DSF, the UNICEF Communication for Development Unit & Gaza Provincial Delegation of the Institute of Social Communication (ISC) carried out the following activities:

- supported its partners to establish, train and equip volunteer (> 100) networks in the major accommodation centres;
- Equipped community radios in Xai Xai, Chibuto and Mabalane with thematic manuals on HIV, Child survival and violence prevention to support content production and promoted communication for behaviour change (including hygiene promotions, health behaviour, water treatment and constructions of latrines) and counselling among the most vulnerable people.
- Distributed over 50,000 leaflets on nutrition, HIV, malaria and diarrhoea prevention in the all ACs set up in Gaza province.
- Since the onset of the emergency professional team from ISC provided audio-visual presentations and skilled facilitation to initiate debate and discussions addressing risky sexual behaviours; stigma and discrimination associated with HIV; the prevention of early pregnancy; the prevention of malaria, cholera and diarrhoea; hygiene and sanitation; and violence against women. Almost 115,000 people participated in these awareness sessions.
- Through loud speakers they have also announced vital information for the population, such as the opening of new services in the ACs (such as vaccination points, HIV counselling and testing tents, etc.).
- Using the mobile communication unit was able to support the reencounter of more than 50 lost children in the first three weeks of the emergency.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

N/A

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 1 Please describe how gender equality is mainstreamed in project design and implementation</p> <p>Gender was considered during the rapid needs assessment and the implementation of health activities in the ACs and affected areas such as: Identification of vulnerable group naturally included disaggregated data on sex and age; As part of the intervention engaged with woman and girls in promotion health prevention activities; provision of special kits to most vulnerable groups. For malaria prevention the assistance was universal targeting both women and men and boys and girls. For health clinics, women and children both sex benefited the most due to the type of services offered (maternal and child services, nutrition, PMTCT and common diseases prevention).</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>There was no specific evaluation activity; however, joint monitoring visits were regularly carried out in the field, in collaboration with local government and health sector partners. Additionally, the UNICEF Health staff had organized lessons learned sessions to assess and reflect the implementation of the emergency response in order to improve future preparedness and response interventions. In relation to data, it was collected on a regular basis through need assessment reports, reports produced by the IPs and INGC and field visits. Epidemiological data was produced from Health facility registries and sent on a weekly basis to district and province levels. However, limited data was collected by UNICEF staff using the humanitarian performance monitoring matrix.</p>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	[24 January – 24 July 2013]
2. CERF project code:	13-CEF-013	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection / Human Rights / Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project title:	Protection of flood affected families and children in Gaza Province		
7. Funding	a. Total project budget:	US\$ 670,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 266,250	▪ NGO partners and Red Cross/Crescent: US\$ 100,000.00
	c. Amount received from CERF:	US\$ 101,650	▪ Government Partners: US\$ 0,0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4,550	4,575	N/A
b. Male	3,550	1,185	
c. Total individuals (female + male):	8,100	5,760	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
The project is aimed at ensuring that vulnerable groups, with a specific focus on child headed households, elderly headed households, disabled people are protected against life threatening violence and abuse, are provided with psycho-social support and with material to attend to their basic material and hygienic needs.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 750 families in Chokwe, Chibuto, Guija and Xai-Xai have received a basic kit of materials and have managed to address nutritional and shelter needs. 2,000 children with signs of distress have recuperated psychologically from the stress of the emergency and demonstrate no negative effects of the event on their well-being and prevention of GBV are operational in the transition centers. Community activists and committees provide psychosocial support to 5000 families and children, with the support of psychosocial support kits in child friendly spaces within the 10 transition centers. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 1,152 family kits distributed to equal number of families in Chokwe, Chibuto, Guija and Xai-Xai. The kits are comprised of basic household items (cooking utensils, cutlery, buckets for collecting water and bedding) to address part of the material needs of affected vulnerable households. 200 psychosocial kits provided to support quality implementation of psychosocial support to children. Kits were developed using 'Return to Happiness' methodology and include toys, puppets, cards and training guides to ensure adequate use of kit. 66 Social Action and Health staff and 6 community activists were trained on the use of the psychosocial support kit. Measures to prevent GBV in the ACs were implemented, including printed materials support to the local police, training of local 			

<p>leaders on GBV, general public awareness rising on GBV.</p> <ul style="list-style-type: none"> • Distribution of 2,622 torches (using UNICEF additional funding) to vulnerable families, including child and elderly-headed households 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'NO' (or if GM score is 1 or 0): 1 Please describe how gender equality is mainstreamed in project design and implementation</p> <p>Gender and equity were considered both during the rapid needs assessment and the implementation of Protection activities in the ACs: identification of most vulnerable group naturally included segregation for sex and age. As part of the intervention, the project ensured engagement of woman and girls in protection promotion activities and provided special kits to most vulnerable groups.</p> <p>In the distribution of family kits and torches priority was given to vulnerable households including child and elderly headed households. The high number of females who benefited from the project reflects the fact that most of the child and elderly headed households are run by female/girls rather than male/boys. The awareness rising on GBV as well as the sharing of information on the response mechanisms was held publicly, with no restriction or discrimination.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The Protection sector response intervention did not include an evaluation. However, monitoring visits were regularly carried out during the reported period. Additionally, the cluster had organized a joint lessons learned sessions to assess and reflect the implementation of the emergency response in order to improve future humanitarian preparedness and response interventions.</p>	

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:	WHO		5. CERF grant period:	21 January – 21 July 2013
2. CERF project code:	13-WHO-005		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded
4. Project title:	Reestablishment of basic health services in flood affected areas of Gaza province			
7. Funding	a. Total project budget:	US\$ 1,650,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 820,370	▪ NGO partners and Red Cross/Crescent:	US\$ 59,000
	c. Amount received from CERF:	US\$ 500,591	▪ Government Partners:	US\$ 63,050
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	75,000	75,000	With the cleaning of the debris and re-establishment of the health services in the districts affected more people were able to access essential health services interrupted during the peak of the floods	
b. Male	75,000	87,000		
c. Total individuals (female + male):	150,000	162,000		
d. Of total, children <u>under</u> age 5	30,000	30,000		
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"> To support MoH efforts to restore access to the basic health services and to provide emergency Primary Health Care services to populations affected by floods in all affected provinces; To strengthen capacity to detect and respond quickly and effectively to any epidemic threat, especially diarrheal diseases (cholera) and malaria To strengthen effective coordination, supervision, monitoring and evaluation of the health emergency response to the floods in affected areas. 				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> Regular, accurate and timely data about the health situation in flood-affected areas Affected population has full access to quality primary health care services Timely identification and effective response to any epidemic (measured by Attack and Case Fatality Rates) in the flood affected districts Well-coordinated emergency health response to the floods affected areas All the above reduced the morbidity and mortality in the flood affected areas 				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> Regular, accurate and timely data about the health situation in flood affected areas collected and analysed This enabled quick detection and response to epidemics, the disease surveillance and early warning system was strengthened moving from passive to proactive surveillance. A reliable health situation monitoring system was established in the flood affected districts of Chokwe, Guija, Chibuto and Xai-Xai. Epidemiological data have been collected and analysed daily to identify any unusual epidemic prone disease trends. Diarrheal diseases, malaria and acute respiratory infectious diseases were analysed daily in all affected districts of the province. 				

<ul style="list-style-type: none"> • Access to quality primary health care services were re-established for affected populations • Access to quality primary health care services were made available in the flood affected districts of Chokwe, Guija, Chibuto and Xai-Xai. More than 25,440 people were provided with care and health services in 15 ACs in Gaza province. • Close monitoring of epidemic diseases (especially diarrheal diseases and malaria) in the flood affected districts • Given the high risk of outbreaks in ACs, a close monitoring of epidemic prone diseases was established with daily monitoring and trend analysis especially for diarrheal diseases, malaria and acute respiratory infections. More than 6,025 malaria cases have been diagnosed and treated from which 30% were among children less than 5 years old. More than 4,703 people were treated for acute respiratory infections from which 58% were children less than 5 years old. And More than 3,705 diarrheal cases were diagnosed and treated from which 47% were among children less than 5 years old. • Well-coordinated emergency health response to the floods • The health cluster and the MoH worked closely with civil society to provide a well-coordinated emergency response to the flood affected districts of Gaza. This close collaboration was strengthened at central and provincial level with the Red Cross reaching to timely assist affected communities to conduct health promotion, hygiene and support activities; • Reduced morbidity and mortality in the flood affected areas • The well-coordinated emergency health response to the flood affected districts of Chokwe, Guija, Chibuto and Xai-Xai resulted in a reduced morbidity and zero mortality for the affected populations. More than 25,440 people were provided with quality health care and services. No outbreaks of cholera, malaria or respiratory infectious diseases were registered. No avoidable death was registered during the emergency period. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a</p> <p>Gender issue was systematically taken into account during the needs assessment phase and was reflected in the project activities and outcomes. Gender was an integral and important part of the health care delivery system as universal access was provided to women and men, girls and boys.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>The evaluation key findings show that the health cluster achieved its planned outcomes by using a sound epidemiologic surveillance and monitoring system, re-establishing access to quality health care services for affected communities, preventing and reducing mortality and morbidity of epidemic prone diseases such as cholera, malaria and respiratory infections. See attached the evaluation report.</p>	

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:	UNFPA	5. CERF grant period:	[14.02.2013 – 14.08.2013]	
2. CERF project code:	13-FPA-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing	
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded	
4. Project title:	Reestablishment of basic health services in flood affected areas of Gaza province			
7. Funding	a. Total project budget:	US\$ 321,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 820,370	▪ NGO partners and Red Cross/Crescent:	US\$ 17,700
	c. Amount received from CERF:	US\$ 108,989	▪ Government Partners:	US\$ 00
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	75,000	87,269	Initially it was expected to reach women and men settled in all AC with Sexual and Reproductive Health (SRH) kits, Family Planning, and prevention of GBV. After the commencement of the project we found out that the number of men adhering to the services was limited and with the accelerated return to affected areas fewer men had been targeted. This was one of the reasons for UNFPA to request for reprogramming of activities in view of targeting communities of origin which helped to increase men beneficiaries. We learnt that there is a stereotyped tendency by men to consider SRH as “women issues” and very intense mobilization is necessary to ensure men participation and use of services.	
b. Male	75,000	68,569		
c. Total individuals (female + male):	150,000	155,838		
d. Of total, children <u>under age 5</u>	30,000			
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"> To support MoH to ensuring availability of supplies to manage obstetric and newborn complication at health facilities To ensure youth friendly services to prevent HIV new infection on resettlement centres To strengthen response on SRH and prevention of GBV through a participative approach. 				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> Pregnant woman access to quality Emergency Obstetric Care Adolescents and young people are informed on HIV prevention to avoid new infection. Adolescent and young people are receiving counselling on SRH and GBV 				
11. Actual outcomes achieved with CERF funds				
<p>With CERF funds UNFPA was able assist:</p> <ul style="list-style-type: none"> 30,000 women in disaster affected communities with SRH kits and related information; Health facilities were provided with 20 Sexual Transmitted Infections treatment (STI) kits (due to abrupt increase of STI cases); 				

<ul style="list-style-type: none"> • Health posts in transit centers ensured that women and girls were educated and provided with relevant information on family planning; • 100,000 condoms were distributed and made available in strategic areas so that ACs population has regular access to it; • 3,500 of most vulnerable women and girls of reproductive age received hygiene kits • 36,120 adolescent and young people (18,173 girls and 17,947 boys) benefited from counseling and peer education sessions in community of origin; • Through UNFPA IPs (such as Save the Children) 80,000 condoms have been distributed in origin sites. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'NO' (or if GM score is 1 or 0): 2a.</p> <p>Please describe how gender equality is mainstreamed in project design and implementation.</p> <p>More than a third of CERF funds were allocated to interventions aimed at improving women and girls' access to reproductive health services and strengthen community mechanisms and capacities to promote gender equality and minimize GBV. In the case of youth friendly services another third of funds was allocated to Interventions aimed at weaken cultural, social values and practices that reproduce gender discrimination and promote a culture of equality, specially promoting community awareness (involving parents) to address the specific needs of adolescents on sexual and reproductive health and protection.</p> <p>In project design we stressed the need to address gender specific needs e. g. issues related GBV and access of adolescents and young people to SRH services in order to minimize the risks of HIV infection since the province has very high adult HIV prevalence rates (25%).</p> <p>During implementation community leaders, parents and school teachers were involved to discuss the need of youth friendly spaces and access of adolescets and young people to SRH services. Since Gaza is charatirized of male dominated socity we consider the involvement of men in discussion key to get consensus in very sensitive issues of SRH. Moreover, as mentioned a third part of funds was allocated for acquisition and distribution of Reproductive Health kits to ensure clinical delivery of assistance for pregnant woman.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>UNFPA did not conduct an impact evaluation of this project. However, UNFPA did undertake regular monitoring of the project. In nutshell the monitoring process was part of overall project management. Monitoring made after second month of interventions showed that there were still gaps to be addressed and one of those gaps was the need to involve community leaders and parents in the discussion relating to Sexual and Reproductive Health of adolescents and young people. As recommendation from that monitoring a technical gap relating to MISP for SRH was addressed and project strengthened the work with Adolescent and Youth Association in the communities affected.</p>	

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:	IOM		5. CERF grant period:	[22.01.13 – 22.07.13]
2. CERF project code:	13-IOM-003		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Shelter and non-food items			
4. Project title:	Lifesaving Humanitarian Shelter and response to populations in Gaza Province displaced by flooding			
7. Funding	a. Total project budget:	US\$ 2,000,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 1,897,030	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 842,896 ▪ <i>Government Partners:</i> US\$ 0 	
	c. Amount received from CERF:	US\$ 1,002,288		
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	20,000	54,907	The increase in the number of beneficiaries reached is a result of higher than expected beneficiaries in need of assistance. Additionally, due to an excellent coordination with our partners, IOM was also able to increase operational support for the distribution of additional shelter NFIs, which increased the number of IDPs who benefited from CERF funding throughout the emergency.	
b. Male	30,000	48,814		
c. Total individuals (female + male):	50,000	103,721		
d. Of total, children <u>under</u> age 5	8,500	n/a		
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"> • Overall Objective : To provide life-saving shelter and NFI assistance to vulnerable displaced people by 2013 January floods in Gaza Province, Mozambique. • Specific Objective 1: To provide immediate shelter and NFI assistance to 50,000 IDPs currently residing in temporary accommodation areas without safe cover or shelter infrastructure available. • Specific Objective 2 : To coordinate and track needs identification, delivery, and distribution of NFIs to 50,000 IDPs in at least 14 accommodation centres spread throughout Gaza Province in Chicualacuala, Guija, Chokwe, Bilene, Chibuto and XaiXai. 				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> • 50,000 IDPs are sheltered in accordance with sphere standards • 10,000 IDP families are sheltered in accordance with sphere standards, in temporary accommodation centres or upon return to their destroyed home locations 				
11. Actual outcomes achieved with CERF funds				

<p>1. Supplied shelter to IDPs residing in open air reception points in districts affected in Gaza provinces in accordance with SPHERE standards</p> <ul style="list-style-type: none"> • Purchased, cleared and distributed of shelter kits (consisting of tarps, poles and ropes) to districts affected in Gaza province; • Provided temporary shelter to 20,165 families (101,721 people) vulnerable IDPs in 22 Accommodation Centres in Gaza Province <p>2. Improved sanitation for affected IDPs in relocation and origin areas</p> <ul style="list-style-type: none"> • Constructed 400 latrines in Chihaquelane, which directly benefited 400 families (2,896 individuals) among them 288 for women; • Clean-up of Chokwe City; <ul style="list-style-type: none"> - Cleared trash and debris to facilitate the circulation and access to Chokwe city; - Cleared and cleaned 2 health centres: Chokwe Rural Hospital in Bairro 1 and Community Health Post in Bairro 3; - Cleared and cleaned schools: Chokwe Secondary School in Bairro 1, and Elementary Schools in Bairro 1 and 2 as well as Africa Amiga School in Bairro 2; - Cleared, recovered and ensured roads access: Avenida do Trabalho, Rua de Combatentes, 7 de Abril, Avenida de Mozambique and parts of Eduardo Mondlane (Chokwe's main road); - Drainage of stagnated water in Bairro 3; - Establishment and training of committees for community hygiene and sanitation in Bairro 4 (50 families), Bairro 5 (35 families); <p>The cleanup helped reduce and prevent the spread of life-threatening diseases that can arise with lack of sanitation particularly with large amount of trash and stagnated water in homes and communal areas such as hospitals and schools. It is estimated that the cleanup benefited over 11,000 households and approximately 70,407 individuals in the largest affected community.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> <ul style="list-style-type: none"> • An increase in the number of beneficiaries reached is a result of higher than expected beneficiaries in need of assistance. Additionally, due to excellent coordination with our partners, IOM was also able to increase operational support for the distribution of additional shelter kits which increased the number of IDPs who benefited from CERF funding throughout the emergency. • A change in the proposed strategy was a result of IDPs having to return home in affected areas, which were heavily destroyed by the flood or relocate to newly subdivided plots in relocation communities. IOM immediately responded by facilitating CERF funding for the rehabilitation of Chokwe City, which allowed the rehabilitation of IDPs original homes and made communities safe and habitable. • Approximately 36,000 families decided to relocate to newly subdivided plots. IOM Save the Children and other partner organization provided tarpaulin shelters for over 20,000 of those families. Additionally, 400 families benefited from latrines in their new homes, which also helped reduce life-threatening sanitation problems. It is estimated that over 2,896 individuals in Chihaquelane, the largest relocation community benefited from this intervention. 	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'NO' (or if GM score is 1 or 0): 01 Please describe how gender equality is mainstreamed in project design and implementation</p> <p>Through DTM, IOM and partners were able to identify and benefit the most vulnerable households by prioritizing distribution of goods to those in most need, in particular, female headed households. In addition, the sanitation services provided were separated between men and women and lighting services set up to ensure that women have access to this services in safe conditions particularly during the night.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>IOM did not conduct an impact evaluation on the items distributed. However, it set up an office in Gaza Province with experienced operations manager who managed distribution and coordination with government sectors and NGO partners throughout the emergency. Further, IOM conducted regular visits to affected areas to assess the response progress. Through DTM, IOM was able to have regular updates on the situation in affected areas as well as areas requiring further attention. The tool was also able to monitor NFIs distributions and overall needs of IDPs. In addition, IOM kept detailed reporting documentation concerning movements of materials from the warehouse to districts, as well as detailed reports from partners.</p>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	FAO	5. CERF grant period:	[21.03.13 – 30.11.13]
2. CERF project code:	13-FAO-017	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency livelihoods assistance for flood affected households in Gaza Province		
7. Funding	a. Total project budget:	US\$ 1,800,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,147,381	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 709,038	▪ <i>Government Partners:</i>
			US\$ 90,997
			US\$ 11,000
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	38,000	65,010	A total of 19700 households have received various types of seed with CERF funding. FAO was able to help many more individuals than initially planned owing to cheaper than expected seed purchase prices.
b. Male	26,000	33,490	
c. Total individuals (female + male):	65,000	98,500	
d. Of total, children <u>under</u> age 5	16,000	N/A	
9. Original project objective from approved CERF proposal			
To enable 13,000 most vulnerable flood victims to promptly resume their food production through distribution of basic agriculture inputs (assorted seeds and tools).			
10. Original expected outcomes from approved CERF proposal			
Reduced dependency on food aid through own food production and access by the 13,000 most vulnerable households. The initiative will not only enhance food availability but also minimize flood victim's vulnerability thus offering an immediate relief and averting a situation of otherwise long term destitute.			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 6,000 of the most vulnerable families received seeds and tools in May, 2013, a critical time, when food stocks were non-existent and the families were dependent on emergency food aid; Affected families provided means to produce fast growing vegetable crops for consumption and sale; Improved affected families diets, increasing income and reducing dependence on food aid. <p>The second distribution of maize and groundnut seed will provide food and income for a further 13,700 families. The expected result of the two distributions is reduction of household vulnerability to climatic shocks by increasing resilience through the successful production of diverse food and cash crops.</p>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
Seed purchase price was considerably lower than anticipated and this allowed FAO to supply seed to a greatly increased number of households' beneficiaries. A delay in procurement of seeds resulted in the tardy delivery of seed to vulnerable households in the			

second distribution. The reason for the delay was that FAO has been forced to cancel an already complete tender process in July and the reopening of another process after receiving a written request from the National Director of Agrarian Services to include rice seed in the kits to distribute to the households. This happened after previous agreement with provincial and district governments and partners not to include rice in the kits. Furthermore, the supplier selected in the second tender did not comply with all terms of the contract, failing to deliver part of the seeds and respective certification. However, FAO managed to buy additional quantities of maize seed from another supplier and cover the above-mentioned number of beneficiaries.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'NO' (or if GM score is 1 or 0): 01

Please describe how gender equality is mainstreamed in project design and implementation

It is an accepted fact in Mozambique that the majority of small-scale farmers are women. The project focused on the need to ensure that the benefits of this intervention accrued proportionally both to women and men. It was anticipated that about 58% of the beneficiaries would be women. In reality this figure proved to be higher at about 66%, including girls.

14. M&E: Has this project been evaluated?

YES NO

If 'NO', please explain why the project has not been evaluated

The project has not been evaluated but joint monitoring visits took place regularly throughout the implementation phase to ensure that the intervention resulted in the outcome reported above.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	[30.01.13 – 31.07.13]
2. CERF project code:	13-WFP-004	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Food		
4. Project title:	Relief Food Assistance To Flood Affected Population In Gaza Province		
7. Funding	a. Total project budget:	US\$ 6,800,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 6,686,671	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 138,277 ▪ <i>Government Partners:</i> US\$ 0.00
	c. Amount received from CERF:	US\$ 1,595,184	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	95,000	98,380	N/A
b. Male	55,500	51,620	
c. Total individuals (female + male):	150,000	150,000	
d. Of total, children <u>under</u> age 5	10,500	16,740	
9. Original project objective from approved CERF proposal			
To provide immediate life-saving and life-sustaining food assistance to 150,000 beneficiaries for 3 months.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Life-saving and sustaining food requirements are met for 150,000 people whose basic livelihoods were been totally disrupted by floods during three months. • Adequate minimum caloric in-take among targeted populations ensured. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Immediate food assistance provided to 150,000 flood affected people with a complete ration composed of Maize (480g/p/d), Corn Soy Blend (50g/p/d), pulses (60g/p/d), vegetable oil (20g/p/d) and salt (5g/p/d) from February to April 2013 in order to meet life-saving and sustaining food requirements. • The total commodities provided were 4,106 mt of cereals, 238 mt of Corn Soy Blend, 745 mt of pulses, 136 mt of vegetable oil and 56 mt of salt. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

If 'NO' (or if GM score is 1 or 0): 01

Most households are headed by women in the southern part of Mozambique. Traditionally, men travel to South Africa to seek employment in the mines. In addition, HIV/AIDs prevalence in Gaza is very high, which leads to early deaths, particularly among men. As a result, the majority of the households are headed by women. Food assistance takes into consideration the special needs of women in the affected sites by ensuring that distributions are taken close to where the communities are hosted or living. WFP strives to ensure that women do not walk long distances to avoid exposure to GBV. Furthermore, WFP prioritizes vulnerable people including pregnant women, disabled people, children heading households and the chronically ill.

14. M&E: Has this project been evaluated?

YES NO

If 'NO', please explain why the project has not been evaluated

WFP projects are evaluated at the end of the year as part of the corporate standard reporting process. This emergency response project will be evaluated in December 2013. However, WFP and the Food Security Cluster staff have monitored the implementation of the activities throughout the project implementation and reporting period and addressed the recommendation from the monitoring teams as proposed. Furthermore, overall project implementation during the emergency response was followed up closely by the CTGC, which includes Government Sectors, UN Agencies and national and international NGOs.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	30-Jan-2013-31-Jul-2013
2. CERF project code:	13-WFP-005	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Coordination and Support Services Logistics		<input checked="" type="checkbox"/> Concluded
4. Project title:	Common logistics service to ensure appropriate access to population affected by floods in Gaza Province		
7. Funding	a. Total project budget:	US\$ 1,920,171	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,360,768	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 713,937	▪ <i>Government Partners:</i>
			US\$ 0.00
			US\$ 0.00
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	N/A	N/A	N/A
b. Male	N/A	N/A	
c. Total individuals (female + male):	N/A	N/A	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Effectively coordinate the logistics cluster through the reinforced structure and deliver an estimated 3,088cbm or 535mt of life-saving relief items to the affected areas. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> The relief items availed in time delivered to the destinations, the funding levels permitting. Logistics Cluster activities effectively coordinated and information available to all cluster members and logistics gaps avoided. 			
11. Actual outcomes achieved with CERF funds			
<p>With the CERF funding, the Logistics Cluster led by WFP ensured immediate augmentation of the logistics capacity facilitating timely delivery of life-saving emergency aid to the affected populations. In order to secure an uninterrupted supply of humanitarian aid to the affected areas, the Logistics Cluster put in place an operation based on receipt of cargo in Maputo and Beira, onward road transport to Gaza, intermediate storage in key locations and transport by road, boat or helicopter to the final delivery point:</p> <ul style="list-style-type: none"> Specially, a Logistics Cluster helicopter was made available from 31st January and used to deliver approximately 60m3 of life-saving aid to areas not accessible by other means. The helicopter was demobilised on 9 February when the areas became accessible by other means. The Logistics Cluster contracted helicopter was also used for two assessment missions. Further, intermediate storage was made available for the humanitarian actors in Xai Xai and Chiaquelane in Gaza as well as for incoming relief items in the central cities of Maputo and Beira. Primary transport from Maputo and Beira as well as secondary transport in Gaza was carried out for the deliveries of relief items. Approximately 3,000m3 of relief items were transported for 12 cluster members including INGC, Plan International, Concern, Save the Children and Care (COSACA), Save the Children, Samaritan's Purse, IOM, Oxfam, WFP, UNICEF, LWF, CVM/IFRC, and UNFPA. Finally, the Logistics Cluster has supported cluster members in receipt of relief items also facilitated the receipt of two chartered aircrafts at Maputo airport with shelter and operational support equipment. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): N/A If 'NO' (or if GM score is 1 or 0): N/A	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL (See attached report – Logistics Cluster Lessons Learnt October 2013 report). WFP projects are evaluated at the end of the year as part of the corporate standard reporting process. This emergency response project will be evaluated end of December 2013. However, WFP and the Food Security Cluster staff have monitored the implementation of the activities throughout the reporting period and addressed the recommendation from the monitoring teams as proposed. Furthermore, overall project implementation during the emergency response was followed up closely by the CTGC, which includes Government Sectors, UN Agencies and national and international NGOs.	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-CEF-012	Water, Sanitation and Hygiene	UNICEF	Samaritan's Purse	INGO	\$220,527	15-Apr-13	24-Jan-13	Community, school and health services rehabilitations and WASH
13-CEF-012	Water, Sanitation and Hygiene	UNICEF	World Vision Mozambique	INGO	\$78,151	11-Apr-13	24-Jan-13	Community WASH
13-CEF-012	Water, Sanitation and Hygiene	UNICEF	Save the Children	INGO	\$182,692	30-Apr-13	24-Jan-13	Community, school and health services rehabilitations and WASH
13-CEF-012	Water, Sanitation and Hygiene	UNICEF	ISAAC Mozambique	NNGO	\$18,327	11-Mar-13	24-Jan-13	Community sanitation and hygiene
13-CEF-012	Water, Sanitation and Hygiene	UNICEF	ICS Gaza	GOV	\$5,839	3-Mar-13	24-Jan-13	Communication for development and WASH behaviour change
13-CEF-012	Water, Sanitation and Hygiene	UNICEF	DPOPH-Gaza	GOV	\$17,430	16-May-13	24-Jan-13	School sanitation and hygiene
13-FPA-003	Health	UNFPA	COALISAO	NNGO	\$17,700	6-Feb-13	8-Feb-13	
13-IOM-003	Shelter & NFI	IOM	Save the Children International	INGO	\$600,000	8-Apr-13	22-Jan-13	Includes purchase of NFIs and Air Freight coordinated with Save the Children - Nairobi
13-IOM-003	Shelter & NFI	IOM	Samaritan's Purse International Relief	INGO	\$134,507	8-Mar-13	22-Jan-13	
13-IOM-003	Shelter & NFI	IOM	Ananda Marga Universal Relief Team	NNGO	\$48,246	1-Jun-13	1-Jun-13	
13-IOM-003	Shelter & NFI	IOM	Cruz Vermelha de Mocambique	RedC	\$58,926	13-Mar-13	22-Jan-13	

13-WHO-005	Health	WHO	Government/ MoH	GOV	\$63,050	10-Feb-13	10-Feb-13	
13-WHO-005	Health	WHO	Red Cross	RedC	\$59,000	10-Feb-13	10-Feb-13	
13-CEF-014	Health	UNICEF	DPS Gaza	GOV	\$43,466	6-Mar-13	15-Apr-13	
13-CEF-014	Health	UNICEF	ICS Gaza	GOV	\$10,004	21-Mar-13	15-Apr-13	
13-CEF-014	Health	UNICEF	Doleurs Sans Frontieres	NNGO	\$2,500	4-Mar-13	1-Apr-13	
13-CEF-013	Protection	UNICEF	Doleurs Sans Frontieres	NNGO	\$100,000	13-Jun-13	1-Jun-13	Partner was already working as part of the coordinated emergency relief programme
13-FAO-017	Food Assistance	FAO	Samaritans Purse	INGO	\$43,036	1-Jun-13	1-May-13	
13-FAO-017	Food Assistance	FAO	Kulima	NNGO	\$23,692	1-Jun-13	1-May-13	
13-FAO-017	Food Assistance	FAO	ISAAC	NNGO	\$24,269	1-Jun-13	1-May-13	
13-FAO-017	Food Assistance	FAO	Gaza- Provincial Department of Agriculture- The District Service for Economic Activities	GOV	\$11,000	1-Aug-13	1-May-13	Partners were already working as part of a coordinated emergency relief programme before they received funds from CERF
13-WFP-004	Food Assistance	WFP	Samaritan's Purse	INGO	\$56,694	4-Jul-13	15-Feb-13	
13-WFP-004	Food Assistance	WFP	World Vision Mozambique	INGO	\$81,584	29-Apr-13	15-Feb-13	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACs	Accommodation Centres
CCGC	Disaster Management Coordination Council
CLTS	Community Let Total Sanitation
CTC	Cohlera Treatment Center
CVM	Mozambique Red Cross
CTGC	Disaster Management Technical Council
DSF	Douleur Sans Frontiere
DTM	Disaster Tracking Matrix
GBV	Gender Based Violence
GoM	Government of Mozambique
HCT WG	Humanitarian Country Team Working Group
IPs	Implementing Partners
ISC	Institute for Social Communication
MISP	Minimum Initial Services Package
MoH	Ministry of Health
MoU	Memorandum of Understanding
NFI	Non Food Items
NGOs	Non Government organization
RSA	Republic of South Africa
SRH	Sexual and Reproductive Health
UNAPROC	National Unity for Civil Protections
UN RC	United Nation Resident Coordinator
VAC	Vulnerability and Capacity Assessment
WWW	Who-does-What-Where