



**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
MALAWI  
RAPID RESPONSE  
DISPLACEMENT 2016**

**RESIDENT/HUMANITARIAN COORDINATOR**

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## REPORTING PROCESS AND CONSULTATION SUMMARY

Tip! Prepare this section as the last part of the reporting process.

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

An After-Action Review for the project did not occur, however, each of the response clusters has conducted lessons learning exercises, which will establish what was done right, what did not happen right and how to improve if another response happens. These individual cluster lessons learnt exercises will feed into a comprehensive National Lessons Learning exercise which has been commissioned by the Government. This was due to the fact that this year's response has been unprecedented in scale, so time has been extremely limited.

- 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 report was shared widely with the members of the clusters for their inputs, feedback and information.*

- 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 report was shared with members of HCT whose membership comprise of UN agencies, International NGOs, National NGOs, Development Partners who support Humanitarian work and the Government.*

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 1,437,503		
Breakdown of total response funding received by source	Source	Amount
	CERF	1,437,503
	COUNTRY-BASED POOL FUND (if applicable)	360,334.86
	OTHER (bilateral/multilateral)	2,148,484.24
	<b>TOTAL</b>	<b>3,946,322.1</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 17/06/2016			
Agency	Project code	Cluster/Sector	Amount
UNHCR	16-RR-HCR-027	Shelter	662,186
UNICEF	16-RR-CEF-077	Health	167,047
WFP	16-RR-WFP-040	Food Aid	608,270
<b>TOTAL</b>			<b>1,437,503</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	855,693.39
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	581,809.61
Funds forwarded to government partners	
<b>TOTAL</b>	<b>1,437,503</b>

## HUMANITARIAN NEEDS

The cumulative effects of several years of multiple weather related disasters has had a substantial impact on Malawi. Malawi's weather related crises, coupled with a weak economic profile and weak land governance have combined to create a vicious cycle of food insecurity and malnutrition, with devastating consequences on basic services and, consequently, on long-term development. As a result, a substantive number of people require humanitarian support year-on-year, regardless of whether the country records a food surplus or not. A trend of increasing food insecurity is emerging, caused by prolonged dry spells, sudden floods and changes in rainfall patterns, which gradually have decimated agricultural production in several regions of the country.

In May 2016, the Malawi Vulnerability Assessment Committee (MVAC) revealed that about 6.5 million people or 39 percent of the population in the country will need support for their annual food requirement from April 2016 to March 2017. In October 2016, a field assessment to update the situation reported that the number had increased to 6.7 million people. Some of the hardest hit districts in the

southern region of the country requiring direct support for their food requirements for 9 months due to the precarious food security and nutrition situation. This is one of the longest and largest humanitarian responses in the history of Malawi.

The nutrition Standardized Measurements and Assessments in Relief and Transitions (SMART) survey conducted in 7 livelihood zones in May 2016 showed a deterioration of the nutrition situation in 5 out of 7 livelihood zones as compared to the same time in 2015. Global acute malnutrition (GAM) rates more than doubled in Lower Shire Livelihood zone from 2.8% in 2015 to 6.6% in 2016. The GAM rate for Lower Shire Livelihood Zone is considered poor according to the WHO classification of malnutrition severity. A similar trend of a worsening nutrition situation was also observed in the other livelihood zones as follows; Upper Shire from 0.6% in 2015 to 4.0% in 2016; Thyolo – Mulanje from 1.4% to 3.4%; Lake Chirwa from 1.0% in 2015 to 3.1% in 2016 and Rift Valley from 1.4% in 2015 to 3.1%. Additionally, the Mozambican crisis displaced thousands of refugees fleeing away from war towards Kapise and finally Luwani camp.

The humanitarian response covered in this report focuses on refugee camps of Luwani and Kapise, which were inundated by an influx of refugees from Mozambique. The main causes of this influx of refugees are conflicts, political prosecutions, and deteriorating living conditions in some areas of the country. The camps were prioritized for interventions for the following reasons;

- Lack of access to adequate and nutritious food – complete dependency on food distributions.
- Crowded condition of the camps and poor shelter situation
- Poor hygiene and water sanitation,
- Limited access to basic health services,
- Increasing pool of under five children with no or incomplete immunization history

Health records show that malaria, ARI and diarrhoea were the leading causes of morbidity affecting the health of camp residents. 48 % of OPD consultations were reported to be malaria. GAM was estimated at 3.5% with SAM more than 1%.

## II. FOCUS AREAS AND PRIORITIZATION

Since July 2015, Malawi has been receiving political asylum seekers across its borders from Mozambique, allegedly fleeing conflict mainly from the country's western Tete province. UNHCR and the Government reported that an average of 250 persons were arriving on a daily basis, the majority of whom were very poor with hardly any means to meet their basic needs. Multi-stakeholder and sectoral assessments that WFP/UNICEF/IOM/UNHCR participated in found that the majority of the registered asylum seekers (more than 60 percent) were boys and girls under the age of 18, including many unaccompanied and separated children, child-headed households, orphans and other vulnerable persons with specific needs. Women were estimated at 54 percent of the asylum seekers. Many arrived in a desperate condition with their personal belongings, if any, in minimal and basic state.

The nutrition status of vulnerable children was extremely compromised in an emergency, especially during the displacements; the refugee children residing at Kapise and Luwani camps were vulnerable to multiple hazards, and malnutrition was a great risk as they were exposed to diseases like diarrhoea, malaria, ARIs. They were also completely dependent on food distributions that were insufficient to meet their nutrition requirement. According to the National CMAM database, Malnutrition levels in Kapise show a GAM prevalence of >3.5% with >1% Severe Acute Malnutrition (SAM). Continuous monitoring and uninterrupted lifesaving nutritional services delivery was required at both Kapise and Luwani camps to avoid any further deterioration.

A joint WFP, UNHCR and Government rapid food security assessment mission conducted in July 2015, established that there was high food insecurity among the people of concern from Mozambique as well as the host community due to poor production and lack of income to procure food from the markets. Refugee law in Malawi renders the population entirely reliant on external assistance, with WFP food assistance meeting 90 percent of their food consumption needs.

A comprehensive shelter approach at Luwani is a life-saving priority to ensure protection from elements and provide a degree of privacy and dignity, which was a large gap for UNHCR. To prevent further deterioration in economic vulnerability, the NFI working group prioritized Non-Food Items, including cooking fuel, for 600 Mozambican refugee families on their arrival to Luwani refugee camp. This aimed to increase support to refugees through the provision of standardized core relief items in an attempt to address the crucial needs of refugees triggered by the crisis.

In view of the above facts, UNICEF, UNHCR and WFP proposed interventions aimed at:

1. Improving the nutritional status of children, identifying and treating cases of malnutrition and increasing the coverage of measles immunization in the camps;

2. Providing shelter, solar lamps and cooking fuel for 3,000 of the most vulnerable groups of refugees relocated
3. Providing critical life-saving supplies of food in the camps to ensure refugees have access to immediate protection, comprising cereals, pulses, vegetable oil, super cereal and super cereal plus, including additional nutritional needs of the most vulnerable groups such as pregnant and lactating women, children under-five, elderly and disabled persons and chronically ill, most of whom were met through provision of fortified food to avert malnutrition.

These interventions were prioritised for CERF funding as the Refugee camps were in dire situations with regards to food insecurity, the need for adequate shelter and other NFIs to protect the population from the elements and prevent the situation from deteriorating further, and levels of acute malnutrition and immunization coverage. The magnitude of GAM and SAM has reached a level where interventions are required. Outbreaks were imminent and local capacity to deal with the imminent danger were limited. These interventions thus had time critical needs, and the CERF funding provided a bridging of the funding gap.

### III. CERF PROCESS

The Government of Malawi through Department of Disaster Management Affairs (DoDMA) leads and coordinates the emergency response in line with the national contingency plan. At the same time, the UN through the HCT supports the Government in overseeing the work of the clusters; from preparedness, response planning, implementation and resource mobilization. The Food Security, Nutrition and Protection clusters are coordinated through an Inter-Cluster coordination cluster (led by DoDMA and co-chaired by the RCO) which in turn feeds back into the HCT. Participation at all levels, i.e. clusters, inter-cluster and HCT, is open to INGOs, national NGOs, UN Agencies and Government.

UNICEF is the lead UN Agency in the Nutrition Cluster with the support sector coordination mechanisms led by the Government of Malawi, namely Department of Nutrition HIV/AIDS (DNHA). A National Nutrition Emergency Response Plan was developed for June 2016-December 2017, ensuring a harmonised and coordinated nutrition emergency response by the DNHA, with UNICEF providing technical leadership to the Nutrition Cluster. The cluster coordination resulted in joint and collaborated resource mobilization and implementation of the nutrition emergency response. The CERF funds were used for the initial period of six months to support procurement of therapeutic supplies, identification and treatment of severe acute malnutrition and IYCF support in Kapise and Luwani camps. UNICEF and other UN teams consulted with MoH and partners to set priorities. The health sector prioritized immunization of measles and screening and treatment of children with Severe Acute Malnutrition.

As mentioned in the previous section, WFP, UNHCR, and Government conducted a rapid food security assessment mission in July 2015, which showed high food insecurity in the camps as well as in the host community. This assessment mission recommended urgent provision of food rations that would meet their daily calorific requirements. Food assistance was critical to prevent malnutrition and starvation, as all the refugees were entirely reliant on external food distribution, with host communities equally affected by a poor crop harvest. While this CERF-funding period indicates food requirements until the end of 2016, the food security situation was expected to worsen during the peak of the lean season between January to April 2017. This was a critical need in both Kapise transit centre and Luwani refugee camp.

The above needs were identified jointly through the relevant sector strategies developed and subsequently by the following assessments:

- Relocation Intention Survey, UNHCR, UNICEF and Government authorities: 18 April 2016;
- Initial SGV assessment, UNHCR and Government authorities: 21 April 2016;
- Feminine hygiene material use survey, UNHCR, ACF, NCA and Government authorities: 27 April 2016;
- Joint WASH Needs Assessments, UNHCR, UNICEF, ACF, MSF, MRCS and Government authorities: 17 March 2016;
- Unaccompanied and separated children baseline and verification, UNHCR, Ministry of Gender and Police: 25 April 2016;
- Information and communication needs assessment, UNHCR and Government authorities: 4 May 2016;

Opinion leaders, and women in particular, were engaged at the beginning of the intervention to discuss safety, security and protection issues in relation to camp infrastructure and service provision. Camp residents oversaw leadership of crowd control, and distribution setups. The refugees themselves primarily handled organization of women and children during screening process. Women participation in these arrangements was ensured during the process.

#### IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup>**

Total number of individuals affected by the crisis:									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	2109	1652	<b>3761</b>	2334	2209	<b>4543</b>	4443	3861	<b>8304</b>
Health	579	71	<b>650</b>	612		<b>612</b>	1191	71	<b>1262</b>
Shelter	936	625	<b>1561</b>	1002	572	<b>1574</b>	1938	1197	<b>3135</b>

<sup>1</sup> Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

#### BENEFICIARY ESTIMATION

The combined response reached an approximate total of 8,304 people of which 3,761 were females and 4,543 were males in the camps. Of all the beneficiary figures, this figure represents the highest number of beneficiaries; WFP covered the highest number and as the response covered the same geographical areas (the refugee camps), the population targeted were the same. Due to the same geographical targeting, there are no overlaps in counting the number of beneficiaries reached under the CERF intervention.

Regarding nutrition and measles vaccination provision, beneficiary numbers were based on the registration of target groups who were people living in the camps. During initial growth monitoring sessions, children were registered for nutrition services, hence an on-going record was kept to avoid double counting of the same beneficiaries. Children were weighed weekly and subsequent visits were recorded as follow up, while children being registered for the first time were recorded as 'NEW'. The identification of beneficiaries was done through meeting with chiefs and community leaders in each village of the camp, followed by door to door visits by the project team in order to identify households with children under 5 years old and pregnant women.

The shelter provision targeted the 3,000 most vulnerable refugees relocated, by considering female-headed households, children, older people, persons with physical disabilities, and other groups/persons with special needs. This is in line with the global settlement and shelter vision that all refugees are able to safely and in dignity satisfy their shelter and settlement needs in a suitable manner that will allow them to meet their basic needs and improve their quality of life, incorporating international minimum standards as defined by UNHCR, best practice in shelter for a conducive living environment that promotes human rights, age and gender and diversity approach.

Regarding food distribution, as refugee populations are entirely dependent on this, critical life-saving supplies of food were provided to 8,304 Mozambican refugees, in both Kapise transit centre and Luwani refugee camp, over six months, representing approximately 30 percent of the projected feeding population, with the entire refugee population and host community estimated to have food insecurity.

**TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup>**

	Children (< 18)	Adults (≥ 18)	Total
<b>Female</b>	2109	1652	3761
<b>Male</b>	2334	2209	4543
<b>Total individuals (Female and male)</b>	<b>4443</b>	<b>3861</b>	<b>8304</b>

<sup>2</sup> Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

## CERF RESULTS

The CERF application was mainly developed to assist the humanitarian community to achieve the provision of essential assistance at Kapise and Luwani Refugee Camps to ensure refugees have access to immediate protection, through the following objectives:

1. Provision of emergency core relief assistance and adequate shelter.
2. Provision of measles vaccination and timely identification and treatment of Severe Acute Malnutrition.
3. Provision of food distributions to improve or stabilize refugee's dignity for targeted population.

With funds received from CERF, the various agencies were able to reach a large proportion of vulnerable people within the camps with nutrition support, health and WASH facilities, Shelter, NFI and Food Support.

### **Nutrition and Health**

With CERF funding, UNICEF and ACF managed to: a) Screen at least 14% of the children under five years and refer into treatment children identified with SAM in Luwani and Kapise Refugee Camps; b) Procure and distribute life-saving nutrition commodities; c) Establish CMAM and IYCF facilities in the camps for provision of IYCF counselling services and support; d) Provide IYCF in emergencies through establishing gender responsive IYCF support groups for promotion of age appropriate IYCF and WASH practices; and e) Provide micronutrient supplementation to children aged 6-59 months.

### **Key results**

Through regular screenings (once a week for pregnant women and under-five children), IYCH sessions in erected baby tents, distribution of Ready-to-Use Therapeutic Food, therapeutic milk, and Vitamin A, and procurement of ORS with Zinc and Amoxicillin for the treatment of diarrhoea and pneumonia (common diseases in Malawi), the following results were achieved:

- 81 children found at risk of malnutrition – 7 detected with MAM and 3 with SAM. Referred to Luwani health centre or Neno district hospital for further assessment and treatment;
- 300 cartons of Ready-to-Use Therapeutic Food, 8 cartons of therapeutic milk and Vitamin A for all 622 reached, were procured and distributed which enabled timely treatment;
- 659 (89%) of children under five benefitted from activities conducted in the Baby tents. which were: IYCF counselling sessions, child play and early stimulation activities, nutrition assessment and individual counselling sessions for identified cases of feeding problems. From these sessions, the mother showed an average of 28,5% gain in knowledge as per pre-test and post-test results. Almost all beneficiaries (98%) showed an improvement in knowledge.
- IYCF practices were assessed in a survey, and improvements were shown in most of the breastfeeding practices as well as complementary feeding practices. Initiation of breastfeeding within one hour of birth improved from 74% to 90%, while continued breastfeeding at one year increased from 85% to 98% and continued breastfeeding at two years from 78% to 84%.
- Improvements in complementary feeding practices were also observed in children 2-63 months as evidenced by an increase in minimum dietary diversity score from 16% to 26% and an increase in the consumption of iron rich or fortified foods from 15% to 77% during the reporting period
- All 622 were provided with immunization for measles. A total of 569 children were treated for pneumonia and diarrhoea in the refugee camps; this is made up of 299 children with diarrhoea and 270 children with pneumonia. From host communities, further 487 children got treated for diarrhoea and pneumonia.

### ***Screening of at least 14% of the children under five years and referral into treatment for children identified with SAM***

Screening for malnutrition with Mid-Upper Arm Circumference (MUAC) and checking for edema was done once a week for all under five children and pregnant women in the camps. A total of 622 children under five years out of a planned target of 420 children were screened. Eighty-one children under five years of age were found to be at risk of being malnourished (MUAC of 12.5 – 13.5 cm). Seven (7) children detected with MAM and three (3) with SAM were referred to Luwani health centre or Neno district hospital for further assessment and treatment.

### ***Procurement and distribution of life saving nutrition commodities***

A total of 300 cartons of Ready-to-Use Therapeutic Food (RUTF) and 8 cartons of therapeutic milk (F-75 and F-100) were procured and distributed to the camp to enable the timely treatment of acute malnutrition in Neno district. Vitamin A capsules for children under the age of five years were procured with complementary funds from UNICEF and supplied to the camps through the District Health Office.

***Establishment of CMAM and IYCF facilities in the camps for provision of IYCF counselling services and support***

Two big tents were erected in the camp with space big enough for caregivers to relax and participate in group discussion sessions and come whenever they feel comfortable to breastfeed their children. The main activities in the tent included IYCF counselling sessions, child play and early stimulation activities, nutrition assessment and individual counselling sessions for identified cases of feeding problems. Seventy-one pregnant women, mothers/caregivers of 241 children under 24 months and mothers/caregivers of 328 children between 24 and 59 months were registered for the baby tent.

***Figure 1: Baby Tents in Luwani camp***



In the initial phase, 29 lead mothers were identified and trained and actively engaged into promoting and reinforcing the optimal practices. The lead mothers assisted the project team in mobilisation of beneficiaries for the sessions, and collected a list of the caregivers absent for follow-ups. Twenty-nine (29) counselling cards were distributed to the 29 lead mothers that participated in the training conducted in Luwani camp. Lead mothers were using the cards during discussion and counselling sessions. Each lead mother was responsible for caregivers living in her sanitation corridor in the camp. During sessions in the tent, lead mothers provided verbal feedback regarding the adoption of the practices. This included the challenges caregivers were facing which had an effect on IYCF.

***Figure 2: Lead mothers training Sessions.***





In total, 3 cohorts of beneficiaries were registered during the project representing ~640 beneficiaries. Each cohort was divided in small groups and a total of 83 individual counselling sessions targeting caregivers with children at risk of being malnourished conducted during the reporting period. Mothers/caregivers were invited to participate in a cycle of 8 sessions, and were graduated after successfully completing the complete package of sessions. The topics covered during the Baby Tents sessions included: exclusive breastfeeding, complementary feeding, nutrition of children between 2 and 5 years old and maternal nutrition. Children were engaged in play and stimulation activities.

**Figure 3: Baby Tent sessions**



**Provision of IYCF in emergencies through establishing gender responsive IYCF support groups for promotion of age appropriate IYCF and WASH practices**

Of the 640 beneficiaries reached in the baby tents, a total of 569 (89%) children under five benefited from the complete package of sessions by the end of the project as their mothers/ caregivers attended 100% of the sessions. Attendance by ~11% of the mothers/caregivers/Pregnant Women (PW) during education sessions was sporadic due to absenteeism while the number of registered beneficiaries was also fluctuating because of migration back to Mozambique, births, new pregnancies and new arrivals to the camp.

**Table 5.1: Number of children and pregnant women benefiting from the baby tent sessions, data disaggregated by gender**

Age groups	# of Pregnant women benefiting from baby tent sessions	# children registered		# children who benefited from the complete package of sessions	
		Male	Female	Male	Female
0-23 months		140	117	130	111
24-59 months		181	184	161	167
Total	71	321	301	291	278
	<b>71</b>	<b>622</b>		<b>569</b>	

At the beginning of the project, ACF conducted a baseline assessment to establish an overview of the current situation in terms of practices as well as to assess the impact of the project on the beneficiaries. The assessment targeted all the caregivers of children under 2 years of age in the camp. For each cohort of beneficiaries, a knowledge test on IYCF was administered initially and after completion of the 8 sessions. The average gain in knowledge was 28,5% as per pre-test and post-test comparative results. The average score for pre-test was 50,25% while post-test average score was 78,75%. Almost all (98%) of beneficiaries showed an improvement in their knowledge, as indicated in the Table 2 below. Almost two thirds of beneficiaries had a knowledge gain of 25-50%, which shows that the majority of the beneficiaries had improved knowledge.

**Table 5.2: Outcome on Knowledge Gain for Mothers and Caregivers in Luwani Camp**

Level of knowledge gain	Number of caregivers	Total %
No knowledge gain	7	2%
Less than 25% Knowledge Gain	106	31.8%
25% to 50% Knowledge Gain	198	59.4%
Above 50% Knowledge Gain	22	6.6%
<b>Total</b>	<b>333</b>	<b>100%</b>

At the end of the service provision in the camp, IYCF practices were assessed in a survey conducted with a representative sample of 199 households. Of the households surveyed (199), 100 (50.2%) and 99 (49.8%) were males and females respectively. Overall results of the survey showed improvements in most of the breastfeeding practices as well as in complementary feeding practices. Initiation of breastfeeding within one hour of birth improved from 74% to 90%, while continued breastfeeding at one year increased from 85% to 98% and continued breastfeeding at two years from 78% to 84%. Improvements in complementary feeding practices were also observed in children 2-63 months as evidenced by an increase in minimum dietary diversity score from 16% to 26% and an increase in the consumption of iron rich or fortified foods from 15% to 77% during the reporting period. The main reason for the significant increase in consumption of iron rich foods was mainly related to the fortified food and supplements received through the distributions from partner organizations operating in the camp. Unfortunately, rates of exclusive breastfeeding and timely introduction of semi-solid and soft foods did not improve. Reasons for caregivers who had stopped breastfeeding mentioned that the major reason for stopping was because of being pregnant again, some children refusing breastfeeding and other children were sick. Table 3 below highlights the results related to the practices assessed during the baseline and endline assessment that were conducted during the reporting period.

**Table 5.3: IYCF Practices in Luwani Camp**

Indicators	Age Range	Baseline		End line	
		Number/Total	%	Number/Total	%
<b>Children ever Breastfed</b>	0-23 months	135/143	94.4%	193/199	97.0%
<b>Initiation of Breastfeeding within the 1<sup>st</sup> hour</b>	0-23 months	106/143	74.1%	179/199	89.9%
<b>Exclusive Breastfeeding under 6 months</b>	0-5 months	19/23	82.6%	36/58	62.0%
<b>Introduction of Solid, semi-solid and soft food</b>	6-8 months	18/20	90.0%	15/21	71.4%
<b>Continued Breastfeeding at 1 year of age</b>	12-15 months	19/22	86.3%	46/47	97.9%
<b>Continued Breastfeeding at 2 years of age</b>	20-23 months	18/23	78.2%	21/25	84.0%
<b>Minimum Dietary Diversity Score</b>	6-23 months	19/120	15.8%	36/139	25.9%
<b>Consumption of iron rich or fortified food</b>	6-23 months	18/120	15.0%	107/139	76.9%

***Provision of Micronutrient supplementation to children (boys, girls, and including those living with disabilities) aged 6 – 59 months***

Out of the planned 622 children 6-59 months who were screened for acute malnutrition, all 622 were also provided with Vitamin “A” supplementation and immunization for measles. 156 Mothers and caregivers of children under five years were also reached with counselling on IYCF practices during the provision of child health services in the camp.

***Children under 5 years of age have access to basic health services including treatment for diarrhoea***

UNICEF ensured timely procurement of ORS with Zinc and Amoxicillin for the treatment of diarrhoea and pneumonia which are common diseases in Malawi. A total of 569 children were treated for pneumonia and diarrhoea in the refugee camps; this is made up of 299 children with diarrhoea and 270 children with pneumonia. From host communities, further 487 children got treated for diarrhoea and pneumonia. Complementary supplies for water and sanitation were leveraged through UNICEF WASH section who were also implementing interventions in the camp, hence CERF funds were not utilized for the procurement of water guard, containers and soap.

**Food Security**

By using CERF funds and contributions from other donors, WFP and WVI were able to distribute 874 mt of food commodities comprised of maize, peas, Super Cereal, Super Cereal plus, and vegetable oil to the refugee population. Out of the total 874 mt of food items being procured with this grant, some 26 mt of pulses, 16 mt Super Cereal Plus, 64 mt Super Cereal, 37 mt vegetable oil and 731 mt of maize were procured from within the country and in regional markets in South Africa and Mozambique. WFP was able to continue distributions from July to December 2016 at Kapise and Luwani reaching 8,304 beneficiaries from Mozambique with food. All asylum seekers

received individual rations of maize (13.5 kg), pulses (1.5 kg), vegetable oil (0.75 kg), to cover six months of food needs. As a measure to prevent malnutrition, WFP is also targeting children under two years of age with rations (3 kg) of fortified blended food (Super Cereal Plus). A total of 4,413 children under 12 years-old benefitted from the CERF assistance.

### Key Results

Results for outcome indicators were collected through a Post Distribution Monitoring (PDM) exercise carried out in December 2016 at Luwani camp and these are the key outcomes:

- About 72 percent of the assisted population had an acceptable Food Consumption Score (FCS), which included 12 percent more households headed by women than those headed by men. This suggests that the provision of food rations made a difference in the diets of the refugee population.
- The Dietary Diversity Score<sup>1</sup> was at a “medium dietary diversity” at over 5 food groups attributed to the availability of the food basket.
- Using the Coping Strategy Index (CSI), in average, households used less negative and less frequent coping strategies, represented by a score of 4 percent.

To measure dietary diversity, food frequency and the relative nutritional importance of the food consumed the household Food Consumption Score (FCS) was used, thereby providing a more comprehensive understanding of adequacy of household food intake. About 72 percent of the assisted population had an acceptable FCS at Luwani camp, which included 12 percent more households headed by women than those headed by men. This suggests that the provision of food rations made a difference in the diets of the refugee population. Additionally, results show that the Dietary Diversity Score (DDS), a measure of the number of food groups consumed seven days prior to the monitoring period for Luwani, was at a “medium dietary diversity” at over 5 food groups attributed to the availability of the food basket. Generally, the diet of refugees comprised of cereals, oils, and vegetables on a daily basis, complemented by pulses with animal products and fruits consumed between one and two days per week. Through the PDM beneficiaries revealed that food outside of the WFP food basket was paid for with income sourced from selling a portion of the food assistance, which nearly all respondents confirmed they did to afford milling, charcoal, firewood and other household items.

Using the Coping Strategy Index (CSI), on average, households used less negative and less frequent negative coping strategies, represented by a score of 4 percent. The proportion of beneficiaries engaging in ‘emergency’ coping behaviour to meet their food needs, such as theft or prostitution (only two reported instances) and begging, was very low likely due to WFP consistently providing full rations for 12 months in Luwani camp. At the camp complementary support and assistance such as supplementary food, the creation of kitchen gardens and additional livelihood support have had positive effects on food security.

### **Shelter and NFIs**

Regarding the provision of essential shelter and NFI assistance to Mozambican refugees in Malawi, 3,135 people were reached with shelter kits which included materials and supplies needed to allow refugees to design and construct their own shelter. In addition, they were provided with briquettes to use as cooking fuel and solar lamps to allow access to communal latrines around the camp which was unlit.

### Key results:

- The project strategy ensured that at least 600 households (3,135) people have access to semi-permanent shelters. The shelter design took into consideration the needs of families with children of different ages, and people living with a disability. For example, households had the option of selecting a design with two or four bedrooms, so that families with teenaged children could follow culturally appropriate practices in terms of sleeping arrangements. Larger families (with more than 6 members) could also be assigned a four-bedroom shelter instead of being split into two different shelters/plots. Also, plots closer to water points or the health centre were allocated to persons with mobility restrictions.
- A total of 175 people (69 women and 106 men) were trained in construction and maintenance of the transitional shelters. Training also included information on safety and security, preventing gender-based violence, and environmental protection. In addition, 38 individuals received training in construction and maintenance of semi-permanent shelters. These individuals were involved in the next phase of construction to upgrade the 533 transitional shelters to semi-permanent shelters.
- 2000 solar lamps were procured and distributed to all the 600 households relocated to Luwani

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<sup>1</sup> a measure of the number of food groups consumed seven days prior to the monitoring period for Luwani

- This helped to ensure security as the camp site is not well lit. Communal latrines for example were insecure for children, girls and women to visit at night. This was mitigated with the distribution of the solar lamps, and the PoCs reported feeling much safer after the distribution.
- To prevent deforestation, the relocated households were given briquettes to use as cooking fuel. A briquettes-making project was later implemented through JRS (Jesuit Refugee Services), the environment management partner. However, the briquette-making machine used was small and manually operated, as such only producing 48 briquettes per turn, and 300 per day. With funding from other sources, a heavy duty and electric powered machine was procured and suitable site for its operation identified. The new machine is able to produce 400 briquettes per turn, and 6400 briquettes per day which is adequate for the current population in Luwani. Deforestation is envisaged to be averted unlike in Kapise where an environmental restoration had to be carried out after relocation.

The project strategy ensured that at least 600 households (3135 people) have access to semi-permanent shelters. All shelter activities were based upon a foundation of stakeholder consultation (both within the refugee population and the host community). The shelter design took into consideration the needs of families with children of different ages, and people living with a disability. For example, households had the option of selecting a design with two or four bedrooms, so that families with teenaged children could follow culturally appropriate practices in terms of sleeping arrangements. Larger families (with more than 6 members) could also be assigned a four-bedroom shelter instead of being split into two different shelters/plots. UNHCR worked with CARE and other partners to identify and understand the situation of persons with special needs. The designs were then adjusted as needed to facilitate access by persons with special needs. For example, plots closer to water points or the health centre were allocated to persons with mobility restrictions. Child protection and the prevention of sexual and gender-based violence were mainstreamed into project activities.

Capacity building of beneficiaries was also prioritised and achieved. Persons of concern and host communities were actively involved in the construction and maintenance of the transitional and semi-permanent shelters. A total of 175 people (69 women and 106 men) were trained in construction and maintenance of the transitional shelters. Training also included information on safety and security, preventing gender-based violence, and environmental protection. In addition, 38 individuals received training in construction and maintenance of semi-permanent shelters. These individuals were involved in the next phase of construction to upgrade the 533 transitional shelters to semi-permanent shelters.

In relation to NFIs, 2000 solar lamps were procured and distributed to all the 600 households relocated to Luwani depending on family size. Families with six or more members received three solar lamps each. This helped to ensure security as the camp site is not well lit. Communal latrines for example were insecure for children, girls and women to visit at night. This was mitigated with the distribution of the solar lamps, and the PoCs reported feeling much safer after the distribution.

To prevent deforestation, the relocated households were given briquettes to use as cooking fuel. A briquettes-making project was later implemented through JRS (Jesuit Refugee Services), the environment management partner. However, the demand could not be fully met due to capacity challenges. The briquette-making machine used was small and manually operated, as such only producing 48 briquettes per turn, and 300 per day. The project also operated from a dilapidated shelter which further affected effective production. With funding from other sources, a heavy duty and electric powered machine was procured and suitable site for its operation identified. The new machine is able to produce 400 briquettes per turn, and 6400 briquettes per day which is adequate for the current population in Luwani. Deforestation is envisaged to be averted unlike in Kapise where an environmental restoration had to be carried out after relocation.

## CERF's ADDED VALUE

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

YES  PARTIALLY  NO

CERF funds enabled timely procurement of lifesaving nutrition commodities, which resulted in the lives of 1,191 children being treated during the project. Availability of funds, also enabled the timely roll out of nutrition screening activities which resulted in active case finding and referral for treatment before the nutrition condition of affected children had deteriorated. Implementation of a timely response averted outbreaks of measles as well as prevented the escalation of cases of acute malnutrition among children under five years of age. WFP reported partially, but was still able to reach the refugee population while waiting for CERF funds to come through with internal loans funded by other donors

**b) Did CERF funds help respond to time critical needs<sup>2</sup>?**

YES  PARTIALLY  NO

Yes, the CERF funds were used to respond to time critical needs. Assessments conducted before the intervention, and consultation with partners to set priorities identified that at this specific period, the critical needs were the prevention and treatment of acute malnutrition, provision of supplies to treat SAM, and poor measles coverage. The health and nutrition response was rapid and additional loss of lives or sufferings were averted. WFP managed to reach the refugee population at newly formed Luwani Camp, and as all the refugees are entirely reliant on external food distribution, successfully delivered food assistance was critical to prevent malnutrition and starvation.

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

YES  PARTIALLY  NO

Because the needs of the refugee population were huge, CERF funding reduced the gaps but also made it easier for other organisations to lobby for funds to complement efforts already being provided by WFP and UNHCR. UNICEF and ACF mobilised other resources for, for example, provision and distribution of baby kits (hygiene and care kits) to be distributed to mothers attending baby tent and IYCF counselling sessions. Additionally, through Plan International, small backyard gardens for refugees at the camp were introduced.

In total 577 baby kits were been distributed to the beneficiaries of the Baby Tents that have completed at least 80% of attendance to the sessions. The composition of the kits is indicated in the table below.

**Table 5.4 Baby Kits Composition**

Beneficiaries	Children under 24 months	Children 23 to 59 months	Pregnant women
Composition of the kit	1 chitenje 3 nappies 2 plastic pants 1 plastic pin 1 feeding set 1 baby powder 1 baby jelly 1 baby blanket 1 bag	1 chitenje 1 baby jelly 1 baby blanket 1 soap 1 bag	1 chitenje 3 nappies 2 plastic pants 1 bag.
Number of kit distributed	248	258	71

<sup>2</sup> 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.).

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

With CERF funding, the players on the ground were able to coordinate on who is doing what to ensure that the refugee population was adequately assisted with food and other complementary activities. No single agencies had sufficient resources both human as well as financial resources to cover all needs

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

Both WFP and UNHCR worked with local NGOs which resulted in strengthening capacity of the local organisations. It is also important to note that the response required many responders as well as funds for responding. This made it imperative for agencies/organizations to seek out partnerships with others because no single agencies had sufficient resources both human as well as financial resources to cover all needs. This led to greater collaboration among the institutions

## V. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Provision of CMAM services at outreach points using baby tents is an effective way of meeting the needs of hard to reach areas to attain CMAM program coverage.	Considering that the baby tent sessions were the only nutrition sensitization activity specifically targeting refugees and that there is still a regular influx of refugees in the camp, there is need to maintain IYCF and health/ nutrition counselling sessions. Luwani camp should be regarded as part of the catchment area of Luwani health centre, with some HSAs allocated to the camp. This will ensure that all health and nutrition activities conducted by Ministry of Health and other partners are also benefiting the refugees, and would allow linkages between the lead mothers and the health facility.	Ministry of Health National Nutrition Unit in collaboration with District Health teams
Prepositioning of nutrition commodities should be done to ensure accessibility in areas such as refugee camps	Review storage space for the products at health facilities within Neno and Mwanza districts and ensure that facilities with limited storage space receive assistance on how to plan for additional storage	Ministry of Health National Nutrition Unit in collaboration with District Health teams  UNICEF
Continued mentorship and support in IYCF group counselling and individual counselling as well as support for monthly review meetings is required	Site support visits and mentorship by trained IYCF counsellors in the district to community based group counselling sessions and individual counselling sessions  Support District health teams to monitor on-going nutrition activities in the camp  Include review of nutrition activities in the camp as part of the monthly District Nutrition Coordination Committee nutrition emergency review meetings	Trained IYCF counsellors within the district  MOHCC  Implementing partners  UNICEF/WHO
Empowerment of local leadership within the refugee camp is key to promoting safe motherhood in the camp	Just as is the case in Malawi where village leadership has been empowered and mandated to follow up on safe motherhood issues and set bylaws guiding respective communities, the same level of empowerment should be given to village leaders in the camp, to engage them in encouraging the women to access the health centre.  Men should also be involved in health and nutrition sensitization activities.	District Nutrition Coordination Committees

Resilience building for improvement of food security is much needed as part of the Emergency response including the refugee camps	<p>Livelihoods activities (distribution of livestock, home gardening etc.) should be implemented with a mainstreamed nutrition sensitive approach in order to improve access to a diversified nutritious diet for refugees.</p> <p>Advocacy should also be done among partner organizations and community leaders to ensure that food security and livelihood activities do not impact negatively on IYCF practices.</p>	District Nutrition Coordination Committees UN Agencies implementing livelihood and resilience activities in the district
WASH interventions are key for disease prevention	Hygiene promotion should be reinforced and focusing on baby care especially during the 1000 day	District WASH teams
Refugees at Luwani largely depend on food assistance and rely less on other sources of food which is limited.	WFP and UNHCR will support advocacy activities that help bring more support to the refugees in need of other types of assistance (livelihood activities).	WFP/UNHCR
Food Committee meetings present a platform for dialogue and communication with the Refugee Community leaders and key stakeholders and has been proven as an effective feedback mechanism.	WFP and NGO partners to ensure that the food committee meetings are held regularly and refugee committee leadership is strengthened.	WFP
Food assistance provided was sold to buy more preferred foods and therefore did not last the whole month.	WFP and partners will increase fundraising options to be able to provide a hybrid form of assistance where the population can have food but also cash to be able to buy other foods or firewood for cooking.	WFP
<p>It is difficult to construct the semi-permanent shelters during the rainy season since unburnt mud bricks easily get damaged by the rain water.</p> <p>This leads to collapse of already built walls and filling up of already dug foundation trenches. Time and funds were wasted as the damaged bricks and the labours had to be paid for double work.</p>	It is recommended that during the rainy season, T2 shelters (tarpaulin shelters with iron sheet roof) are constructed.	
Some women were less eager/willing to take part in construction work as it has been an industry traditionally dominated by males.	It was learnt that special measures employed to encourage women's participation were generally effective and needed to be scaled up. It is recommended that women must be strategically included in the construction teams and actively encouraged to participate in the construction activities. Special programs must be implemented which would ensure that women can actively participate, for example through provision of childcare near the construction site, and mentoring/development activities for interested women to become skilled supervisors.	



## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	15/05/2016 - 14/11/2016		
2. CERF project code:	16-RR-HCR-027		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of emergency core relief assistance and adequate shelter					
7. Funding	a. Total funding requirements <sup>1</sup> :	US\$ 1,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>2</sup> :	US\$ 1,172,098	■ NGO partners and Red Cross/Crescent:		US\$ 450,000	
	c. Amount received from CERF:	US\$ 662,186	■ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	960	930	1,890	936	1002	1938
Adults (≥ 18)	661	449	1,110	625	572	1197
<b>Total</b>	<b>1,621</b>	<b>1,379</b>	<b>3,000</b>	<b>1561</b>	<b>1574</b>	<b>3135</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	3,000			3135		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>3,000</b>			<b>3,135</b>		

<sup>1</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>2</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No significant discrepancies noted.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provision of essential assistance at Kapise and Luwani ensure refugees have access to immediate protection		
<b>10. Outcome statement</b>	Refugee's dignity stabilized or improved for targeted population through shelter and NFI provision.		
<b>11. Outputs</b>			
<b>Output 1</b>	Provision of emergency core relief assistance and adequate shelter		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	600 households having receive shelter assistance	3,000	3,135
Indicator 1.2	300 refugee households whose needs for basic and domestic items are met	3,000	3,135
Indicator 1.3	600 refugee households have access to supplied alternative energy sources	3,000	3,135
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Shelter provision comprising of shelter kit, poles and plastic sheeting for refugee families	Care International	Care International
Activity 1.2	Non-Food Item procurement and distribution	UNHCR/ Plan International	UNHCR/ Plan International
Activity 1.3	Briquette fuel supplied	Jesuit Refugee Services	Jesuit Refugee Services

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>
The number of registered beneficiaries kept on fluctuating because of migration back to Mozambique and new arrivals to the camp who required support.
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>
Partners and people of concern were fully engaged from the design stage as well as in the regular monitoring that was conducted. A participatory assessment was conducted using the Age Gender Diversity approach. This approach ensured people of concern of different ages, backgrounds and gender were engaged to hear their views on the success of the programme and for further improvement. A mid-year programme review was carried out to ensure the programme was on track. There was representation from people of concern in the review and their feedback was incorporated in the review of the programme.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	13/07/2016 - 12/01/2017		
<b>2. CERF project code:</b>	16-RR-CEF-077		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of measles vaccination and timely identification and treatment of Severe Acute Malnutrition					
<b>7. Funding</b>	a. Total funding requirements <sup>1</sup> :	US\$ 1,989,227	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>2</sup> :	US\$ 333,673	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 102,402	
	c. Amount received from CERF:	US\$ 167,047	▪ <i>Government Partners:</i>			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	579	561	1,140	579	612	1191
<i>Adults (≥ 18)</i>				71		71
<b>Total</b>	<b>579</b>	<b>561</b>	<b>1,140</b>	<b>650</b>	<b>612</b>	<b>1262</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	1,140			1262		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>1,140</b>			<b>1262</b>		
<i>In case of significant discrepancy</i>	No significant discrepancy noted.					

<sup>1</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>2</sup> This should include both funding received from CERF and from other donors.

<i>between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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<b>CERF Result Framework</b>			
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<b>9. Project objective</b>	Provision of essential assistance at Kapise and Luwani ensure refugees have access to immediate protection
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<b>10. Outcome statement</b>	Refugee's health stabilized or improved for targeted population through immunization and prevention of SAM.
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<b>11. Outputs</b>			
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<b>Output 1 Indicators</b>	Provision of measles vaccination and timely identification and treatment of Severe Acute Malnutrition.		
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<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
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Indicator 1.1	Children under 5 years of age have access to basic health services including treatment for diarrhoea	100% (630 boys and girls = 21% of refugee pop. <5)	569
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Indicator 1.2	Children in camp area in the age group of 6 - 59 months, screened for early identification of severe Acute malnutrition and for timely registered with lifesaving treatment	14% (420)	622
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<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
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Activity 1.1	Procurement supplies for treatment of diarrhea and pneumonia	Ministry of Health	UNICEF
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Activity 1.2	Social and behaviour change communication interventions to promote infant and young children feeding practices and support community mobilization for nutrition mass screening;	ACF	UNICEF
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Activity 1.2	Procurement of lifesaving treatment supplies to SAM children, deworming campaign (RUTF, F100, F75, Vit A, Amoxicillin, MNP, IFA and other supplies);	ACF	UNICEF
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	Establishment of CMAM and IYCF facilities	ACF	ACF
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<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>
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The number of registered beneficiaries was fluctuating because of migration back to Mozambique, births, new pregnancies and new arrivals to the camp.
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<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>
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Engaging refugees in decisions and activities from the outset is critical for accountability to the population as well as for preventing and effectively responding to protection issues. Self-appointed refugee leaders, men and women, initially were consulted.
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Legitimate and accountable refugee leadership and self-management structures was initiated when population was settled in Luwani, and communication with community systems was established as well as participatory processes supporting all sectoral activities. Community centres set the scene for daily socializing and community activities. A community-based approach was adopted to ensure the safety and security of the settlement at Kapise and Luwani, as well as for the management of the camp.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	08/07/2016 - 07/01/2017		
<b>2. CERF project code:</b>	16-RR-WFP-040		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of essential assistance at Kapise and Luwani ensure refugees have access to immediate protection					
<b>7. Funding</b>	a. Total funding requirements <sup>1</sup> :	US\$ 2,440,551	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>2</sup> :	US\$ 2,440,551	▪ NGO partners and Red Cross/Crescent:		US\$ 29,408	
	c. Amount received from CERF:	US\$ 608,270	▪ Government Partners:			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	2,656	2,573	5,229	2,109	2,334	4,443
Adults (≥ 18)	1,826	1,245	3,071	1,652	2,209	3,861
<b>Total</b>	<b>4,482</b>	<b>3,818</b>	<b>8,300</b>	<b>3,761</b>	<b>4,543</b>	<b>8,304</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	8,300			8,304		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>8,300</b>			<b>8,304</b>		

<sup>1</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>2</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The total number of beneficiaries reached was slightly more than what was planned due to the continued influx of asylum seekers from Mozambique. Therefore, the maximum number of asylum seekers reached 8,304 for six months at Luwani and Kapise settlement combined.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provision of essential assistance at Kapise and Luwani ensure refugees have access to immediate protection		
<b>10. Outcome statement</b>	Refugee's dignity stabilized or improved for targeted population through food distributions.		
<b>11. Outputs</b>			
<b>Output 1</b>	Food and nutritional products distributed in sufficient quantity and quality and in a timely manner to targeted beneficiaries.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Quantity of food assistance distributed, disaggregated by type of commodities, as % of planned	100% (875mt =672.3mt cereals, 75mt pulses, 75mt supercereal, 16mt supercereal plus, 37mt vegetable oil)	100% (874mt = 731 mt cereals, 26 mt pulses, 64 mt Super Cereal, 16 mt Super Cereal Plus, 37 mt vegetable oil)
Indicator 1.2	Number of women, men, boys and girls receiving food assistance, disaggregated by beneficiary category, sex as % of planned	100% (8,300 refugees=1,826 women, 1,245 men, 2,575 boys, and 2,656 girls))	100% (8,304 refugees = 1,652 women, 2,209 men, 2,334 boys, and 2,109 girls)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Food procurement: WFP will purchase vegetable oil internationally or regionally as the locally available vegetable oil does not meet WFP standards. Local purchase of cereals, pulses and Super Cereal will be the preferred option in terms of the lead time and specifications depending on the availability of food commodities locally. Due to current low levels of maize stock availability in the country, it is likely that the maize requirements for the operation will need to be sourced from the regional market.	WFP	WFP
Activity 1.2	Procurement of commercial transport services: WFP will procure commercial transport services (or use its truck fleet where necessary) for dispatching food items from its central warehouse in Blantyre to the final distribution points. Food dispatches will be based on monthly food distribution plans.	WFP	WFP
Activity 1.3	Distribute food assistance on a monthly basis: In collaboration with UNHCR and the government, WFP will arrange monthly food distributions through World Vision International, its cooperating partner at Luwani Refugee Camp. While at Kapise	WFP	WFP/World Vision International



	transit camp, food distributions will be conducted all times as when new people arrive from Mozambique. WFP will arrange refresher training for World Vision International and government staff involved in the refugee food assistance operation.		
Activity 1.4	Monitor and report on programme implementation: WFP in collaboration with World Vision International will conduct onsite, output, post-distribution monitoring (PDM) of the food assistance operation.	WFP	WFP/World Vision International

**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Since July 2015, Malawi has been receiving political asylum seekers across its borders from Mozambique, allegedly fleeing conflict mainly from the country's western Tete province. UNHCR and the Government reported that an average of 250 persons were arriving on a daily basis the majority of whom were very poor with hardly any means to meet their basic needs. Multi-stakeholder and sectoral assessments that WFP participated in found that the vast majority of the registered asylum seekers (more than 60 percent) are boys and girls under the age of 18, including many unaccompanied and separated children, child-headed households, orphans and other vulnerable persons with specific needs. Women are estimated at 54 percent of the asylum seekers. A joint WFP, UNHCR and Government rapid food security assessment mission conducted in July 2015, established that there is high food insecurity among the people of concern from Mozambique as well as the host community due to poor production and lack of income to procure food from the markets. This assessment mission recommended urgent provision of food rations that would meet their daily calorific requirements. Refugee law in Malawi renders the population entirely reliant on external assistance, with WFP food assistance meeting 90 percent of their food consumption needs.

Using CERF funds, WFP was able to distribute 874 mt of food commodities comprised of maize, peas, Super Cereal, Super Cereal *plus*, and vegetable oil to an asylum-seeking population from Mozambique at Kapise settlement and Luwani refugee camp. Out of the total 874 mt of food items being procured with this grant, some 26 mt of pulses, 16 mt Super Cereal *Plus*, 64 mt Super Cereal, 37 mt vegetable oil and 731 mt of maize were procured from within the country and in regional markets in South Africa and Mozambique.

With CERF funds and contributions from other donors, WFP was able to continue distributions to the asylum-seeking population from July to December 2016 at Kapise and Luwani reaching 8,304 beneficiaries from Mozambique with food. However, while the total reached population matched, WFP reached fewer women and more men than planned. This is because planning figures were from projections made after looking at the patterns of new arrivals in 2015, however, the numbers changed drastically in 2016 as more men fled the conflict than did women. All asylum seekers received individual rations of maize (13.5 kgs), pulses (1.5kgs), and (0.75 kgs) vegetable oil, to cover six-month food needs. As a measure to prevent malnutrition, WFP is also targeting children under two years of age with (3 kg) rations of fortified blended food (Super Cereal *Plus*). A total of 4,413 children under 12 years-old benefitted from the CERF assistance.

Results for outcome indicators were collected through a Post Distribution Monitoring (PDM) exercise carried out in December 2016 at Luwani camp. To measure dietary diversity, food frequency and the relative nutritional importance of the food consumed the household Food Consumption Score (FCS) was used, thereby providing a more comprehensive understanding of adequacy of household food intake. About 72 percent of the assisted population had an acceptable FCS at Luwani camp, which included 12 percent more households headed by women than those headed by men. This suggests that the provision of food rations made a difference in the diets of the refugee population. Additionally, results show that the Dietary Diversity Score (DDS), a measure of the number of food groups consumed seven days prior to the monitoring period, for Luwani families was at a "medium dietary diversity" at over 5 food groups attributed to the availability of the food basket. Generally, the diet of refugees comprised of cereals, oils, and vegetables on a daily basis, complemented by pulses with animal products and fruits consumed between one and two days per week. Through the PDM beneficiaries revealed that food outside of the WFP food basket was paid for with income sourced from selling a portion of the food assistance, which nearly all respondents confirmed they did to afford milling, charcoal, firewood, and other household items. WFP is following up with UNHCR and other partners to provide options which will ensure that refugees are provided with complementary food rations for families to access diverse food and accessibility of cash for other household needs.

The Coping Strategy Index (CSI) is an indicator that measures how families deal with food gaps and the behaviours they adopt to address them. On average, households used less negative and less frequent negative coping strategies, represented by a score of 4 percent. The proportion of beneficiaries engaging in 'emergency' coping behaviour to meet their food needs, such as theft or prostitution (only two reported instances) and begging, was very low likely due WFP consistently providing full rations for 12 months in Luwani camp. At the camp complementary support and assistance such as supplementary food, the creation of kitchen gardens and additional livelihood support have had positive effects on food security.

**13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:**

As part of its refugee programme, WFP ensures assistance is provided to all bona fide refugees, including women- and child-headed households which are at greatest risk of discrimination. Victim support and reporting information is also displayed at distribution sites to ensure incidents are effectively handled should they arise. Additionally, WFP in collaboration with UNHCR World Vision International and Plan International have been implementing complaints and feedback mechanisms to ensure that refugees have a voice that influences improvements in the programme.

WFP continued to provide food assistance in a safe and dignified manner in 2016. At both Dzaleka and Luwani camps, food distributions continued to take place in an easily accessible central location, and were organized in a staggered manner based on family size to avoid overcrowding and extended waiting times. The food management committees, protection officers and camp police helped to maintain order on distribution days. In addition, the distribution exercises were planned to finish before dark.

Despite food assistance being provided at full ration for 12 months, some respondents highlighted that the food assistance received did not last for the whole month, thereby increasing the risk of theft. WFP is exploring the possibility of a hybrid food assistance modality for the refugee population, where in-kind food is provided together with cash for the refugees to be able to use the cash for other household needs.

Meanwhile, WFP and partners continued to share messages on protection rights and prevention of sexual and gender based violence (SGBV). These messages were disseminated in the form of skits, posters and house visits by refugee leaders. At Luwani camp, WFP's partner Plan International communicated information through community-based participatory methods such as plays, house visits, and public talks as a majority of the population is illiterate. WFP has established help desks and suggestion boxes at distribution sites at both camps to address concerns.

**14. Evaluation: Has this project been evaluated or is an evaluation pending?**

EVALUATION CARRIED OUT

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.

EVALUATION PENDING

NO EVALUATION PLANNED

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-CEF-077	Nutrition	UNICEF	INGO	\$102,402
16-RR-WFP-040	Multi-sector refugee assistance	WFP	INGO	\$29,408
16-RR-HCR-027	Shelter & NFI	UNHCR	INGO	\$450,000

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAR	After Action Review
ARI	Anti-Retroviral Infections?
CMAM	Community-based Management for Acute Malnutrition
CSI	Coping Strategy Index
DDS	Dietary Diversity Score
DNHA	Department of Nutrition HIV/AIDS
FCS	Food Consumption Score
GAM	Global Acute Malnutrition
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MoH	Ministry of Health
MUAC	Mid-Upper Arm Circumference
MVAC	Malawi Vulnerability Assessment Committee
NFI	Non-Food Items
NRU	Nutrition Rehabilitation Units
OPD	Out Patient Department
OTP	Outpatient Therapeutic Program
PDM	Post-distribution monitoring
PW	Pregnant Women
RUTF	Ready to Use Therapeutic Food
SAM	Severe acute malnutrition
SGBV	Sexual and Gender Based Violence
SMART	Standardized Measurements and Assessments in Relief and Transitions
WASH	Water, Sanitation and Health