

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
MALAWI
RAPID RESPONSE
CYCLONE IDAI
2019**

19-RR-MWI-35650

RESIDENT/HUMANITARIAN COORDINATOR	MARIA JOSE TORRES MACHO
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REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	4 October 2019
<p>On the 4th October, the UNRCO coordinated the After-Action Review reflecting on the utilization of funding received, identifying challenges encountered and areas for improvement for the wider UNCT Malawi. The six UN agencies who received CERF funding for the Storm Response, namely WFP, UNICEF, UNFPA, UN Women, IOM and UNHCR, participated in the AAR. Prior to the AAR, all UN agencies participated in an AAR planning meeting and completed individual agencies reports through consultation with partners at the cluster level. The UN Resident Coordinator (UNRC) opened and chaired the meeting while OCHA ROSEA Humanitarian Affairs Officer facilitated the discussions.</p>	
b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The final draft of the RH/HC Report was sent to the UN Country Team for review. Their comments were implemented in the report.	
c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
The final version of the RC/HC Report was sent to the CERF recipient agencies. They were asked to share it with their implementing partners and government partners.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

While responding to the lean season, Malawi experienced heavy rains due to Cyclone Idai which led to severe flooding in most districts in southern Malawi. More than 868,900 people were affected, including more than 86,980 displaced, with 60 deaths and 672 injuries. In total, fifteen districts and 2 cities were impacted. Following the floods, the Government of Malawi declared a state of disaster and activated the remaining 10 clusters (WASH, Health, Education, Logistics, Agriculture, Protection, Shelter & Camp Management and Early Recovery) to respond.

The allocation of CERF funding enabled the Humanitarian Country Team, the Government of Malawi and its partners to respond to an escalating crisis in a timely, efficient manner providing people with life-saving assistance and preventing a worsening humanitarian crisis. We are proud to confirm that CERF funding supported life-saving interventions in food security, nutrition, health and WASH, emergency shelter and non-food items, protection assistance to people affected by the floods. Specifically, the funding enabled UN agencies and partners to assist 991,104 people of which, 82,047 people were assisted with health care services; 18,191 were provided with dignity kits; 88,124 provided with emergency shelter and non-food items; 561,179 under five children and lactating women were screened for acute malnutrition; 51,300 primary school children accessed school and resumed classes; 81,536 beneficiaries received cash transfers to top-up their nutritional basket; and 1,181 children under five years of age were saved after successfully recovering from Severe Acute Malnutrition (SAM).

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	43,200,000
FUNDING RECEIVED BY SOURCE	
CERF	3,352,045
COUNTRY-BASED POOLED FUND (if applicable)	N/A
OTHER (bilateral/multilateral)	11,262,420
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	14,614,465

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)

Date of official submission: 05/04/2019			
Agency	Project code	Cluster/Sector	Amount
IOM	19-RR-IOM-017	Camp Coordination / Management - Camp Coordination and Camp Management	56,628
IOM	19-RR-IOM-017	Emergency Shelter and NFI - Shelter and Non-Food Items	200,771
UN Women	19-RR-WOM-004	Protection - Sexual and/or Gender-Based Violence	125,163
UNFPA	19-RR-FPA-025	Protection - Sexual and/or Gender-Based Violence	208,526
UNHCR	19-RR-HCR-019	Emergency Shelter and NFI - Shelter and Non-Food Items	195,743
UNHCR	19-RR-HCR-019	Protection - Protection	147,666

UNICEF	19-RR-CEF-060	Education - Education	300,938
UNICEF	19-RR-CEF-061	Protection - Child Protection	165,957
UNICEF	19-RR-CEF-062	Health - Health	450,000
UNICEF	19-RR-CEF-063	Nutrition - Nutrition	200,000
WFP	19-RR-WFP-038	Logistics - Common Logistics	200,070
WFP	19-RR-WFP-039	Food Security - Food Assistance	1,000,000
WFP	19-RR-WFP-040	Nutrition - Nutrition	100,583
TOTAL			3,352,045

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	2,470,015
Funds transferred to Government partners*	239,188
Funds transferred to International NGOs partners*	3,433
Funds transferred to National NGOs partners*	393,231
Funds transferred to Red Cross/Red Crescent partners*	246,178
Total funds transferred to implementing partners (IP)*	882,030
TOTAL	3,352,045

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

A Tropical Cyclone formed in the Mozambique Channel and drifted to Malawi on 5 March causing heavy rains accompanied by strong winds. This heavy and persistent rain led to severe flooding across some districts in southern Malawi damaging infrastructure, including houses, roads, bridges, and irrigation systems. 868,895 were affected, including 86,976 displaced, with 60 deaths and 672 injuries recorded according to the Government. In total, fifteen districts and 2 cities were impacted. The worst-affected districts include Nsanje, where 81,000 were affected with 17,402 people displaced. Phalombe recorded 102,816 affected people with 5,526 displaced, while Chikwawa had 61,209 people affected and 35,888 people displaced. The flooding affected 15 districts and two cities and 71% of the most affected and people in need were in six districts (Nsanje, Phalombe, Chikwawa, Chiradzulu, Zomba, Machinga). Most of the displaced were living in displacement sites such as schools, churches, community buildings and other temporary shelters.

In addition to the inter-agency assessments conducted, several other assessments were also conducted by different agencies which provided important disaggregated data which helped to prioritize the response. At the beginning of the flooding crisis, Malawi Red Cross Society conducted an initial rapid assessment and noted the following: 75,000 people were displaced with 31,667 males, 45,164 females. Of these, 8,947 are children under five, 5,136 pregnant and lactating women (PLW), and 139 people living with disabilities. According to the assessments, the 15 most affected districts listed below are vulnerable to flooding having been severely affected in 2015. Over one million people affected and over 170,000 people displaced. The floods had an impact in the following sectors:

Agriculture and Livelihoods: At the moment of the floods, most Southern districts were still receiving lean season assistance. The impact of the flooding on crops meant that displaced and flood-affected people could harvest very little to nothing, placing them in a situation of food insecurity. The flood devastation did not spare agricultural production factors such as land and drainage systems and washed away crops (most of which were at maturity stage) and livestock. The impact of the disaster consequently affected the food, nutrition and income security of affected households whose main

livelihood depends on Agriculture. Results from the inter-agency assessments showed that a total of 63,444 hectares of crop land and approximately 23,000 livestock species belonging to 252,465 farming households were significantly affected by the floods. Crop destruction had a negative impact on the food availability post-disaster. Although markets in most affected districts were functioning, and food stocks were available, commodity prices increased significantly by close to 50%.

Shelter: The impact of the floods and heavy rains caused significant damage to houses (both partial and complete) with other structures submerged in the flooded waters. Many displaced people had their homes and personal property damaged by the flooding and face elevated shelter needs. People sought safety in 173 sites in schools, public buildings and higher grounds. Close to 80% of internally displaced people (IDP) sites in the affected districts were schools where the 87,000 displaced people were using school classrooms for shelter as well as other school facilities including water and sanitation. While there were some people who returned to their homes to begin rebuilding, most people living close to their homes were living and sleeping in the open.

Education: Assessments conducted in the 4 worst target districts of Nsanje, Phalombe, Chikwawa and Zomba noted close to 80,000 learners affected. While some schools suffered infrastructure damage, others were used to host IDPs as noted under the shelter. Out of the 174 schools in the four affected areas, 104 were used as camps or shelters. Overall, 80% of the IDP sites were schools. This significantly disrupted learning resulted in overcrowded or non-operational schools. This had a negative impact on the children particularly on the benefits of learning.

Food Security: The overall impact of the crisis on food security and nutrition, whether directly or indirectly was huge, considering that the affected people lost nearly all their food commodities at their homes. Basically, some of the food items were soaked or washed away by the flood water. While the food commodities lost included maize grain, flour and pulses, many of the people in the camps had little or no food to live on, daily. Although there was some assistance, assessments conducted noted that this had been inadequate considering the numbers of people in need. This situation generally had a bearing on the nutritional status particularly of women and children. Food prices increased by 40-50% in some local markets, further limiting access to food.

Health: Health facilities services were disrupted where the roads were washed away hampering access. In addition, there was disruption of continuum of care for people with chronic illnesses and on long term illnesses such as human immunodeficiency virus (HIV), Tuberculosis (TB) and non-communicable diseases was also highlighted. Immunizations for under 5 children and pregnant women were not being provided due to disrupted cold chain in some health facilities. Pregnant women remained at risk of pregnancy complications and unattended deliveries. The poor sanitation conditions in the camps and unavailability of safe water increased the chances of acute waterborne diseases and cholera.

Nutrition: An estimated 178,192 children (under 5s and PLWs) were affected across the districts. A total 13,792 under 5s and 8,219 PLWs were displaced from their homes and lived in the 173 sites. Despite efforts, the food security situation and overall nutrition outlook continued to deteriorate. Urgent action was therefore needed, to step up the response including mass screening in all the camps and ensuring comprehensive nutrition and health services such as immunization, Vitamin A supplementation and complementary food support, beside curated nutritional support.

Protection: Most of the displaced populations were accommodated in schools and using classrooms as shelter, which were gender-separated. There was however poor or no lighting in the facilities, posing a threat to security of women, girls and children and possibility of gender-based violence (GBV). Overall there was no privacy for those living in camps especially women and adolescent girls as toilets and bathrooms are inadequate. Adolescents were at high risk of sexual exploitation and violence considering that there is no separation between sexes in some camps. With the impact of floods, piece-work (which most people were relying on as source of income) was not available/scarcely. This increased the risk of people resorting to negative coping practices as a way of meeting food and other needs. The assessments however also highlighted some limitations with data that is not disaggregated by age, sex and disability, posing challenges to determine and quantify the type of support needed for men, women, adolescent girls and boys as well as people with disabilities.

Transport, Logistics and Communication: Many roads and bridges were damaged or destroyed, limiting mobility for both residents of affected areas and emergency responders. In Mangochi district, four bridges were damaged as a result of rivers in the area overflowing. One area in Nsanje was only accessible by boat or air and in Phalombe some areas were cut off completely. While Malawi Defense Force (MDF) engineering battalion were engaged in the emergency repairs of critical access routes to enable movement of people and assistance to the affected, there were areas that remained cut-off and without access to basic services.

WASH: With a generally low sanitation coverage in the affected districts and with the collapse of most toilets, most IDPs were sheltered in schools. Some water sources, particularly those that were open, were contaminated. There was a possibility of faecal and pesticide contamination of the water points due to latrines that had collapsed and washed away into agriculture fields and waterways. While schools that were being used had latrines and handwashing facilities, these were not designed to accommodate the additional number of persons occupying the school resulting in some sites reporting open defecation.

3. PRIORITIZATION PROCESS

All the prioritized sectors sought to provide life-saving interventions to ensure that the affected people have access health, nutrition and protection services to reduce the risk of and prevent secondary issues related to health and nutrition. Interventions were designed to complement the holistic delivery of humanitarian assistance in the 15 districts which were considered vulnerable in their exposure to the floods as well as other ongoing shocks including the lean season. An important component of the support was the Logistics, which, considering the access challenges highlighted, provided means to deliver supplies to hard to reach areas. The requested funds therefore provided the much-needed resources to ensure that time-sensitive and critical life-saving activities were implemented while government and partners continued to mobilize additional resources for recovery and long-term interventions.

At the time of the application, funding for the Flood Response Plan was at about 30%. Considering the urgency to respond, CERF funds were critical to kick-start implementation in some of the key sectors that were yet to be funded – including health and protection.

This CERF allocation was therefore used to achieve the following life-saving results:

- 51,300 learners in schools affected by the disaster in 4 districts access quality teaching and learning materials in safe learning spaces;
- 81,716 people will benefit from cash transfers which will be distributed in a timely manner to targeted beneficiary households;
- 82,047 people will benefit from the integrated outreach health services delivered in IDP sites and host communities
- 632,339 women and children will benefit from nutrition support including mass screening;
- 14,200 women and girls will benefit from the distribution of dignity kits there-by contributing to the restoration of their dignity;
- 15,400 children will receive support to ensure protection from violence, abuse, exploitation;
- 40,178 people including women and children will benefit from the protection interventions including prevention of SGBV;
- 53,237 people supported with CCCM activities.

All agencies benefitted from the logistics support provided by WFP whose objectives were to:

- To ensure availability and efficient operation of Marine, and Road transport services as well as warehousing;
- To ensure accurate, timely and relevant information is provided to all stakeholders;
- To ensure basic communication systems are functioning at optimum level amongst all relevant stakeholders from time to time.

Considering that a majority of displaced households were camping in the schools thereby disrupting learning, the CERF provided shelter materials and non-food items (NFIs) 15,750 displaced households. This support included provision of NFIs to 6,750 people who lost household materials during the flooding. In addition, IOM conducted displacement tracking through the Displacement Tracking Matrix (DTM). This provided mapped information of displacement sites as well as detailed inter-sectorial information on all accessible sites. Considering that water levels were receding, and some people intended to return to their homes, the DTM collected information on return movements to reflect the changing dynamics of emergency. With the destruction crops and livelihoods, WFP will support 81,716 vulnerable households for two months with cash transfers which gave affected households the choice to purchase the most essential items.

Due to the emergency, there was a need for establishing and strengthening community managed child-friendly spaces for children and young adolescents in evacuation sites in order to address their psychosocial needs. Funding for protection critically contributed to mitigating risks of abuse, exploitation, violence and neglect of children and women through provision of psychosocial support services to women, children and adolescents. The allocated funds procured children's corner kits, which provided play materials and materials to facilitate psychosocial support for children and young adolescents up to the age of 18 years at children's corners. In ensuring the preservation of dignity of women and girls, dignity kits were also be provided.

The for the education sector focused on restoration of temporary safe learning spaces and the continued provision of quality education and psychosocial support for children and schools affected by flooding. 80% of IDP sites were schools which significantly disrupted learning. While decongesting schools, children required alternative safe learning spaces. Approximately 77,100 children had access to safe and quality learning through provision of school in a box kits as well as adequate teaching materials. The intervention expected helped to restore normal learning in schools and sustain the gains achieved by development programmes which remained at risk if the situation did not improve.

With the support of partners, significant efforts were made to ensure that the impact was contained particularly with regards to health and disease outbreak management. Due to access constraints some communities had been cut off from accessing essential health services. Given the overcrowding at IDP sites and the harsh living conditions in the makeshift shelters, coupled with lack or very low coverage of safe water and sanitation, and disruption of health services, outbreaks of epidemic prone diseases were imminent. The health cluster provided support for two mobile health clinics for IDPs sites including the hard-to reach areas.

It was however noted that there were other critical and complementary clusters that had not been included in the application. WASH cluster was one of the most critical needs in IDP sites. Partners distributed water treatment chemicals and efforts were undertaken (with other resources) to ensure that affected populations had access to safe water.

Overall, the CERF funds helped restore basic needs including access to health, shelter, protection and emergency education to people affected by floods. The allocation remained a critical resource guaranteeing that life-saving interventions of the affected community were activated and sustained thus reducing the extent of suffering, while the Government and partners continued to mobilize more funds for resilience and recovery.

4. CERF RESULTS

CERF allocated \$3,352,045 to Malawi to provide life-saving assistance to Malawians affected during the floods caused by Cyclone Idai. This funding enabled UN agencies and partners to assist 991,104 people of which, 82,047 people were assisted with health care services; 18,191 were provided with dignity kits; 88,124 provided with emergency shelter and non-food items; 561,179 under five children and lactating women were screened for acute malnutrition; 51,300 primary school children accessed school and resumed classes; 81,536 beneficiaries received cash transfers to top-up their nutritional basket; 1,181 children under five years of age were saved after successfully recovering from Severe Acute Malnutrition (SAM).

IOM (Emergency shelter and NFI) provided Camp Coordination & Camp Management (CCCM) support to 12,470 HHs (53,237 people (15,031 women, 15,585 girls, 11,996 boys and 10,625 men) displaced by flooding in 81 sites located in Chikwawa, Nsanje, Zomba and Phalombe districts of Southern Malawi. IOM, through the Displacement Tracking Matrix (DTM) tool component, supported the Government of Malawi (GoM) and the humanitarian community with accurate and timely information on the affected populations displaced in sites, therefore facilitating advocacy and planning for the delivery of assistance, as well as monitoring provision of humanitarian assistance.

UN Women (Protection) distributed protection and relief supplies to all of the 151 community policing forums in Nsanje and Phalombe to strengthen and equip community protection and police structures in order to prevent SGBV in flood affected areas. UN Women also increased knowledge on SGBV among communities through a sensitization meeting which benefitted approximately 24,368 people (11,988 women, 5,217 adolescent girls, 5,323 men and 3,180 boys. Additionally, UN Women strengthened the capacities for Disaggregated Data Collection, Analysis and Dissemination for Effective Humanitarian Action in Malawi through the review and development of National Tool for collection of Sex Disaggregated Data and conducting Training of Trainers to enhance collection of Sex, Age, Disability to enhance program delivery during humanitarian crises.

UNFPA (Protection) procured and distributed a total of 14,200 dignity kits to adolescent girls, lactating mothers and elderly women in the 7 affected districts of Balaka, Nsanje, Chikwawa, Phalombe, Mangochi, Mulanje and Zomba from April to September 2019. UNFPA also provided much needed support in the management of menstrual hygiene and thereby restoring dignity and respect for 14,200 displaced women and girls living in the camps and affected communities. The kits contained, sanitary pads, a pair of pants, a wrapper cloth, some bathing and washing soap, tooth brushes and a pail.

UNHCR (Protection) through Plan International reached out to 9232 (5,893 males, 3,343 female) households with NFIs; 3,991 women and girls at risk with dignity kits and solar lamps; 8,929 persons with specific needs (PSNs) and referred to social services. Directly the project reached out to 34,887 (6,029 men, 6,196 women, 11,020 boys, 11,642 girls) individuals in the districts of Nsanje, Phalombe, Chikwawa and Zomba. 13 (7 males, 6 females) PIM staff were trained in PSEA, Gender Based Violence, Protection, Fraud and Corruption. They were also trained on age, gender and diversity (AGD) approach for them to recognise different needs for specific groups during monitoring and adhering to the Core Humanitarian Standards.

UNICEF (Education) and the Ministry of Education, Science and Technology (MoEST) enabled 51,300 (24,624 boys, 26,676 girls) primary school children to access schools and resume their classes immediately after the floods in Chikwawa, Nsanje, Phalombe and Zomba districts. This was achieved through the provision of 670 school in a box kits and 570 recreation kits to 133 schools in the four flood affected districts. The resumption of teaching and learning also contributed to protecting children from physical and psychological exploitation and harm. This brought a sense of normalcy in children and community which is crucial to the healing processes after emergencies.

UNICEF (Child Protection) and its partners supported establishment and strengthening of child-friendly spaces/ children's corners at evacuation sites and in affected communities, providing at least 15,000 children with access to psychosocial support (PSS), play, socialization and learning in the six most affected districts (Chikwawa, Nsanje, Phalombe, Zomba, Mulanje, Machinga). UNICEF procured and delivered 220 children's corners kits to District Social Welfare Offices (DSWO) in all six districts. UNICEF also supported upskilling of PSS service providers through a Training of Trainers (ToT) that capacitated 64 trainers to cascade training of service providers in the emergency-affected districts.

UNICEF (Health) and partners provided integrated mobile clinic services reaching a total of 60,674 people with services of OPD consultations (45,865), HIV services (1,609), Reproductive health consultations (4,942), Expanded Program on immunization (EPI) (20,303 of which, 15,200 were from Measles rubella (MR) campaign and routine EPI registered 5,103 under 5 years, of which 3,320 were children under the age of 1), and Screened nutrition services (4,224), of which 2,934 children with acute malnutrition were referred for further management. UNICEF also provided the above lifesaving basic services in more than 47 camps and host communities in the targeted communities of the districts of Zomba, Balaka, Mangochi and Thyolo).

UNICEF (Nutrition) admitted for treatment 1,233 children with severe acute malnutrition (SAM) in the Community-based Management of Acute Malnutrition (CMAM) program of which 95.8 percent successfully recovered, 1.8 percent defaulted from care while 1 percent died. A total of 561,179 (261,594 boys, 299,585 girls) were screened for acute malnutrition and this contributed highly to the CMAM admissions. UNICEF, through the cluster mechanism strengthened and ensured an effective nutrition response and coordination systems that foster nutrition resilience through linkages to nutrition sensitive sectors. UNICEF procured 220 cartons of F75, 150 cartons of F100 and 20,000 bottles of Amoxycillin syrup and supported timely last mile distribution of these lifesaving nutrition supplies through the Central Medical Stores Trust (CMST).

WFP (Logistics) co-led the Logistics Sector in Malawi to support up to 34 organizations, including government, national and international NGOs and UN Agencies. Services offered included logistics coordination, information management, and facilitation of access to transport, and storage. The Sector facilitated road transport for over 6,800mt of relief cargo, river transport services accessed by 193 passengers on the behalf of 12 organizations and facilitated storage for over 4,494 m³ of relief cargo at WFP central logistics hub in Blantyre and 3 extended delivery points (EDP) in the south of Malawi. This allowed for life-saving assistance to timely reach the people most in need and helped all partners involved in the response to plan better their assistance given access restrictions.

WFP (Food Security) and its partners reached 100 percent for the targeted population in Chiradzulu and 99 percent of population targeted in Zomba under CERF's contribution, that is, some 81,536 people (16,307 households at an average size of 5) in both Zomba and Chiradzulu. WFP provided cash-based transfers of MK18,000 per household (approximately US\$ 25), equivalent to the value of the monthly food basket of 50kgs of cereals, 10kgs of pulses and 2L of vegetable oil.

WFP (Nutrition) procured 42mt of Super Cereal Plus (CSB++) for treatment of moderate acute malnutrition (MAM) for children and 9mt of Ready to Use Therapeutic Food (RUTF) for treatment of Severe Acute Malnutrition (SAM) in adolescents and adults with focus on malnourished TB and ART patients. A total of 2,333 MAM children and 3,261 adults and adolescents were treated for moderately malnutrition and severely malnutrition, respectively from April to June 2019 in Nsanje, Neno, Mwanza, Zomba, and Thyolo. Overall, all the programme performance indicators for the Supplementary Feeding Programme were within the SPHERE with average recovery rate at 90 percent, death rate at 0.3 percent, default at 5 percent and non-response at 4 percent.

5. PEOPLE REACHED

Overall, the UN agencies and their implementing partners reached more people than initially planned. At total of 991,104 were reached during the response against a target of 592,839. During the course of the response, UN Agencies were able to use optimize the use of available resources in order to respond according to the humanitarian needs.

To effectively target beneficiaries and ensure accurate reporting on beneficiaries reached, Agencies used community committees to verify that beneficiaries receiving assistance were the intended beneficiaries by using national identity cards (a unique identifier) for verification during distribution and ensuring that beneficiaries were not duplicated. The reported beneficiaries are those reached and consistently reported on monthly basis, which avoided multiple counting as this was based on unique identifier. Other Agencies such as WFP also used distribution reports at end of every distribution cycle that were reviewed, checked against the planned distribution lists and tracked for consistency by WFP. Furthermore, UNICEF used end user monitoring to estimate number of people reached with the different life-saving supplies, safe water, hygiene promotion and sanitation services.

IOM (Emergency Shelter and NFI) initially planned to target a total of 1,500 HHs (approximately 6,750 persons) with Shelter Support. However, the difference between the budgeted and actual procurement costs of shelter kits resulted in a surplus, enabling the targeting of an additional 700 Households / 2,643 individuals (746 women, 774 girls, 596 boys and 527 men). As a result, a total of 2,200 shelter kits were procured and distributed to 2,200 HHs / 9393 individuals comprising of 2,750 girls, 2,652 women, 2,116 boys and 1,875 men).

UN Women (Protection) initially planned to target 30,000 but managed to reach 25,978. This is because the time the project planned the affected populations were in camps and at commencement of the project that people had been moved out from the temporally shelters in camps and were in the host villages. At the same time, number of young people below of the age of 18 years the decreased because most of them were attending classes when the activities were being carried out.

UNFPA (Protection) Initially, 9,200 dignity kits were planned to be procured at an estimated cost of US\$20 per kit. However, the unit cost for the dignity kits turned out to be significantly lower (approximately US\$10.98 per dignity kit) due to the fact that each item was procured from different suppliers. As such, there was an overall substantial saving of US\$82,984 as the planned 9,200 dignity kits were procured at a cost of US\$101,016. However, in such an environment of high demand, UNFPA identified and procured 5,000 additional kits at an estimated cost of US\$54,900. The budget for procurement of dignity kits was reduced from US\$184,000 to US\$155,977 though the number of dignity kits procured increased from 9,200 to 14,200 due to the reduction in the unit price for dignity kits.

UNHCR (Protection) reached 34,887, much higher than the initial target of 9,000. PIM made savings from the procurement of some items such as ropes and stoves as the original price budgeted for the items was higher than the purchase price. As such, more items were procured to benefit more people while other funds were reallocated within the project.

UNICEF (EDUCATION) met its target of enabling 51,300 (24,624 boys, 26,676 girls) primary school children to access schools and resume their classes immediately after the floods in Chikwawa, Nsanje, Phalombe and Zomba districts. This was achieved through the provision of 670 school in a box kits and 570 recreation kits to 133 schools in the four flood affected districts.

UNICEF (Child Protection) and its partners supported establishment and strengthening of child-friendly spaces/ children's corners at evacuation sites and in affected communities, providing at least 15,400 children with access to psychosocial support (PSS), play, socialization and learning in the six most affected districts (Chikwawa, Nsanje, Phalombe, Zomba, Mulanje, Machinga).

UNICEF (Health) initially planned to reach 88,396 with health services but managed to reach 82,047. This was because originally, 10 mobile teams were planned. However, in the course of implementation two mobile teams per district were found to be adequate and adding more mobile teams would jeopardize other health activities as health workers are taken out of the regular service. For this reason, in total 8 mobile teams were used, which caused 80% achievement.

UNICEF (Nutrition) managed to screen 561,179 children under five, which was higher than the 178,172 targeted. This was due to increased efforts on active case finding and mass screening for early identification and referral of children with acute malnutrition. This contributed to the more children (1,233) admitted for SAM treatment compared to the targeted 104 children with SAM.

WFP (Food Security) reached 81,536 people which was over the planned number of beneficiaries of 68,140. This was owing to savings in transfer values as a result of lower and stabilized prices of food commodities on the market. WFP provided cash-based transfers of MK18,000 per household (approximately US\$ 25), equivalent to the value of the monthly food basket of 50kgs of cereals, 10kgs of pulses and 2L of vegetable oil.

WFP (Nutrition) reached 5,594 people, slightly higher than the 5,378 people that were targeted. Savings made through procurement made it possible for WFP to procure 42mt (instead of 41.127mt) of Super Cereal Plus (CSB++) for treatment of moderate acute malnutrition (MAM) for children and 9mt of Ready to Use Therapeutic Food (RUTF) for treatment of Severe Acute Malnutrition (SAM) in adolescents and adults with focus on malnourished TB and ART patients. This enabled WFP to reach more people during the response.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY¹

Category	Number of people (Planned)	Number of people (Reached)
Host communities	51,300	56,894
Refugees	0	386
Returnees	0	0
Internally displaced persons	540,853	933,824
Other affected persons	700	0
Total	592,853	991,104

¹ Best estimates of the number of people directly supported through CERF funding by category.

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE²

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	79,623	160,332	166,497	186,401	592,853
Reached	64,883	149,057	360,012	417,152	991,104

² Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES) ³

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned (Out of the total targeted)	130	193	125	160	608
Reached (Out of the total reached)	187	205	61	92	545

³ Best estimates of the number of people with disabilities directly supported through CERF funding.

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)⁴

By Cluster/Sector (Planned)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Education - Education	0	0	25,650	25,650	51,300
Emergency Shelter and NFI - Shelter and Non-Food Items	4,418	4,390	3,496	3,446	15,750
Food Security - Food Assistance	16,013	18,057	16,695	17,375	68,140
Health - Health	39,778	39,778	39,778	39,778	159,112
Nutrition - Nutrition	1,480	67,043	55,103	60,231	183,857
Protection - Child Protection	0	0	6,930	8,470	15,400
Protection - Protection	600	850	800	900	3,150
Protection - Sexual and/or Gender-Based Violence	4,350	10,350	8,000	17,200	39,900

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)⁴

By Cluster/Sector (Reached)	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Education - Education			25,650	25,650	51,300
Emergency Shelter and NFI - Shelter and Non-Food Items	16,654	21,227	23,016	27,227	88,124
Food Security - Food Assistance	19,569	21,199	19,976	20,972	81,716
Health - Health	21,660	23,466	17,722	19,199	82,047
Nutrition - Nutrition	1,600	67,227	262,738	300,774	632,339
Protection - Child Protection	0	0	6,930	8,470	15,400
Protection - Protection	0	0	0	0	0
Protection - Sexual and/or Gender-Based Violence	5,400	15,938	3,980	14,860	40,178

⁴ Best estimates of the number of people directly supported through CERF funding by sector.

6. CERF'S ADDED VALUE

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

YES ☐

PARTIALLY ☒

NO ☐

During the AAR, all UN agencies agreed that lengthy procurement processes affected speedy delivery of assistance during the response. Agencies also acknowledged capacity challenges of local partners including suppliers who struggled to meet demand for certain commodities such as dignity kits. Other agencies, such as UNICEF and WFP have pre-established MOUs with suppliers which enables a quicker procurement process, a model of good practice which will be replicated in future responses. Agencies acknowledged the need to reflect internally on partner selection and strengthen procurement processes in order to speed up delivery of assistance during emergency responses.

b) Did CERF funds help respond to time-critical needs?

YES ☒

PARTIALLY ☐

NO ☐

CERF funding helped to respond to time-critical needs as it enabled the UN agencies to provide humanitarian to respond to an escalating crisis in a timely, efficient manner providing people with life-saving assistance and preventing a worsening humanitarian crisis. CERF funding supported life-saving interventions in food security, nutrition, health and WASH, emergency shelter and non-food items, protection assistance to people affected by the floods.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☐

PARTIALLY ☒

NO ☐

Agencies agreed that while coordination systems were functional during the response, there is still great need for improvement. For instance, IOM reported commendable coordination efforts in camp management while WHO and UNFPA reported that coordination efforts varied between districts with some districts being weaker than others. Agencies noted the need for greater UN coordination at all levels to ensure fast and time critical assistance to affected populations during responses. Agencies also emphasized the need for sustainable action on use of Gender Capacity (GenCap) to strengthen capacity and leadership of humanitarians to undertake and promote gender equality programming to ensure the distinct needs of women, girls, boys and men of all ages, are taken into account in humanitarian action.

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

YES ☒

PARTIALLY ☐

NO ☐

There was a consensus that CERF funding helped to improve and complemented resources from other donors which resulted in the response receiving 92% required funding. For instance, with the injection of CERF funding, UNICEF and UNFPA managed to secure additional funds from Department for International Development (DFID) and Japanese International Cooperation Agency (JICA), respectively. The CERF funding also helped some Agencies to access resources for longer term recovery efforts.

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
Flexibility in programming was deemed very positive by recipient agencies as circumstances such as geographically targeted areas changed due to other partners covering areas.	N/A
CERF supported timely response through quick approval process, and timely disbursement of funds. The process was very quick turnaround from the CERF Secretariat to ensure life-saving assistance reached people quickly.	N/A

TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
1.1 Consultation process: Mandates were not very clear of what each agency is bringing to the table.	1.1 Need for better coordination of consultation process.	HCT and Clusters
1.2 Consultation process: Criticism of NGO partners because of limited consultation or involvement. Engagement with CSOs seems quite unclear	1.2 Need for a platform to include all partners and more effective engagement of CSOs in consultation process.	DoDMA, UNCT
1.3 Consultation process: Engagement with Government is difficult, due not full activation of all clusters at the start of the response	1.3 Need for DoDMA to lead and engage Government line ministries in the planning process to ensure activation and engagement of supportive clusters	DoDMA
3.1 Protection mainstreaming: Difficulty to recognize and monitor protection issues. They tend to be silence.	3.1 Need for quantifying protection issues and regular monitoring.	UNCT
4.1 Transparency funding: Districts did not have information of what funding was coming into their districts. National level needs to have overview of what funding is going where on local lower level.	4.1 Need for active line ministries in all districts to keep oversight.	Line Ministries
4.2 District-based coordination: NGOs raise concerns about district-based coordination and look for partnerships to support. This will help UN to be more efficient. Links back to long term work at district level.	4.2 Need for reflection on whether district is able to respond. Need for a district support approach, stronger districts that can roll out Nexus.	UNCT
5.1 Umbrella agreements with partners: UNICEF and WFP were able to facilitate fast delivery thanks to umbrella standby agreements with a couple of partners, from which they chose the partners they could prefinance. They acknowledge it would have been challenging if they would have had to start from scratch. This links back to preparedness and prepositioning. Implementing partners are very important to start response before getting CERF funds.	5.1 Umbrella agreements can be used by all UN agencies. UN agencies to deliberate and share experiences about partners and how it worked.	UNCT

PART II

8. PROJECT REPORTS

8.1. Project Report 19-RR-IOM-017 - IOM

1. Project Information			
1. Agency:	IOM	2. Country:	Malawi
3. Cluster/Sector:	Camp Coordination / Management - Camp Coordination and Camp Management Emergency Shelter and NFI - Shelter and Non-Food Items	4. Project Code (CERF):	19-RR-IOM-017
5. Project Title:	Camp Coordination and Camp Management (CCCM) and Shelter assistance in response to severe flooding and displacement in Malawi		
6.a Original Start Date:	25/03/2019	6.b Original End Date:	24/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 800,000.00
	b. Total funding received for agency's sector response to current emergency:		US\$ 257,399.00
	c. Amount received from CERF:		US\$ 257,399
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

With CERF funding, IOM provided Camp Coordination & Camp Management (CCCM) support to 12,470 HHs (53,237 people (15,031 women, 15,585 girls, 11,996 boys and 10,625 men) displaced by flooding in 81 sites located in Chikwawa, Nsanje, Zomba and Phalombe districts of Southern Malawi. This included refresher trainings availed to 10 Department of Disaster Management Affairs (DoDMA) representatives which aimed at strengthening the capacity of the trained officials to be able to assist with CCCM through supporting and capacitating the camp committees in displacement sites.

However, due to the premature decommissioning of the camps by the authorities, before some of the actions identified in the assessments and safety audits, such as site planning and improvements, resulting changes and adjustments to the planned interventions led to the following results;

IOM provided early recovery kits targeting 20 displacement sites/villages where IDPs returned or relocated to. The kits were used for rebuilding of their homes, and included shovels, wheelbarrows, pickaxes, solar torches, security whistles, gum boots, rubber gloves, hoes with handles, slashers, panga knife and 20 litre buckets.

Additionally, IOM provided shelter kits consisting of (tarpaulins, timber, nails and tools) in return and relocation sites in Chikwawa, Phalombe, Nsanje and Zomba. 2,200 shelter kits for 2,200 households (2,750 girls, 2,652 women, 2,116 boys and 1,875 men) were provided to returning and relocating IDPs across the four districts.

IOM, through the Displacement Tracking Matrix (DTM) tool component, supported the Government of Malawi (GoM) and the humanitarian community with accurate and timely information on the affected populations displaced in sites, therefore facilitating advocacy and planning for the delivery of assistance, as well as monitoring provision of humanitarian assistance. The products shared under this component include narrative reports, interactive dashboards, site profiles, brief maps and data sets for each of the three rounds of DTM.

3. Changes and Amendments

IOM initially planned to target a total of 1,500 HHs (approximately 6,750 persons) with Shelter Support. However, the difference between the budgeted and actual procurement costs of shelter kits resulted in a surplus, enabling the targeting of an additional 700 Households / 2,643 individuals (746 women, 774 girls, 596 boys and 527 men). As a result, a total of 2,200 shelter kits were procured and distributed to 2,200 HHs / 9393 individuals comprising of 2,750 girls, 2,652 women, 2,116 boys and 1,875 men).

For lack of good quality tarpaulin in the country, IOM took to international procurement, with stocks arriving after the camps had been decommissioned prematurely, resulting in the delivery and distribution of the shelter kits after beneficiaries had returned and relocated to their homes. Essentially, this meant that the shelter kits became part of the return kit in line with DoDMA guidance. Mission had to procure the shelter kits internationally as it had no prepositioned stock and when it reached for help with prepositioned stock in Nairobi, there was no stock in Nairobi as materials had been all been taken to Mozambique where Cyclone Idai impact was greater.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Camp Coordination / Management - Camp Coordination and Camp Management				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	12,634	19,391	10,546	13,260	55,831
Other affected persons	0	0	0	0	0
Total	12,634	19,391	10,546	13,260	55,831
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Camp Coordination / Management - Camp Coordination and Camp Management				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	10,625	15,031	11,996	15,585	53,237

Other affected persons	0	0	0	0	0
Total	10,625	15,031	11,996	15,585	53,237
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	1,918	1,390	1,996	1,446	6,750
Other affected persons	0	0	0	0	0
Total	1,918	1,390	1,996	1,446	6,750
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	1,875	2,652	2,116	2,750	9,393
Other affected persons	0	0	0	0	0
Total	1,875	2,652	2,116	2,750	9,393
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

The 9,393 persons / 2200 HHs assisted is in excess the of the 1500 HHs planned, and includes an additional 700 households, comprising of 2643 individuals (746 women, 774 girls, 596 boys and 527 men) benefitted from the distribution of additional shelter kits, procured with savings in the procurement costs.

5. CERF Result Framework

Project Objective	To facilitate provision of life-saving shelter and NFIs (in accordance with Sphere Standards) to IDPs affected by heavy rains and floods whose homes have been destroyed or rendered uninhabitable.
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Output 1	Critical gaps filled in CCCM Camp Coordination / Management - Camp Coordination and Camp Management			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of sites with functional CCCM mechanisms	20	20	DTM reports data
Indicator 1.2	Number of sites benefiting from emergency site improvement projects	20	20	Activity and payment report
Indicator 1.3	Number of Camp Committees supported to self-manage sites	20	20	Activity reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Set up of camp management structures through trained camp managers	IOM – direct implementation.		
Activity 1.2	Implement emergency site improvement projects	IOM – direct implementation.		
Activity 1.3	Coaching and technical guidance on camp management and protection to camp committees	IOM – direct implementation.		

Output 2	Systematic and comprehensive data collection is in place			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of Enumerators trained	32	32	Attendance Register
Indicator 2.2	Number of DTM products released	12	15	DTM Reports
Explanation of output and indicators variance:		3 rounds of DTM were conducted and 3 reports produced and shared with partners before the sites were decommissioned by the authorities, facilitating return of the displaced.		
Activities	Description	Implemented by		
Activity 2.1	Recruitment of Enumerators	IOM – direct implementation.		
Activity 2.2	Training of Enumerators in data gathering/collection	IOM – direct implementation.		
Activity 2.3	Deployment of Enumerators	IOM – direct implementation.		
Activity 2.4	Data collection through household counts	IOM – direct implementation.		

Output 3	Critical gaps filled in Shelter (1,000 displaced households have access to shelter)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of emergency shelter kits procured	1, 500	2200	Procurement reports. Payment reports. Warehouse report
Indicator 3.2	Number of displaced HH receiving emergency shelter kits	1, 500	2200	Distribution list. Beneficiary lists

Indicator 3.3	Number of displaced vulnerable HH benefit from emergency shelters constructed	100	100	Construction updates and activity reports
Explanation of output and indicators variance:		Difference between the planned and actual cost of procurement allowed for the procurement and distribution of 2,200 shelter kits, against a plan of 1,500, thus reaching 700 HHs.		
Activities	Description	Implemented by		
Activity 3.1	Procure emergency shelter kits	IOM – direct implementation.		
Activity 3.2	Distribution of emergency shelter kits	IOM – direct implementation.		
Activity 3.3	Construction of emergency shelters for vulnerable HHs	IOM – direct implementation.		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Through the camp management committees, IOM was able to identify the most significant needs and gaps in service provision and share the information with humanitarian partners. IDPs also participated in defining their needs and vulnerabilities through focus group discussions (FGDs), one of the methods used in DTM assessments to gather information for partners.

Beneficiaries were actively involved in the set-up and construction of their shelters; while vulnerable beneficiaries (100 HH) were provided with additional assistance to ensure that the construction of their shelters took place timely and efficiently.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

IOM worked with both National and district authorities. The National authorities provided overall guidance and policy while the district authorities were actively involved in the actual implementation and provision of assistance, beneficiary targeting and selection and monitoring of day to day activities. The district councils were actively involved in beneficiary mobilization and sensitization.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

This was undertaken through meetings with camp committees and through use of posters and sign boards for communication with the broad community. All IOM's activities were closely coordinated with the District Councils.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

IOM did not implement a stand-alone complaints mechanism but applied the UN's AAP complaints mechanism and locally established civil protection committees' mechanism in which complaints were channelled through the committees. IOM did not receive complaints in the reporting period.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

IOM did not establish its stand-alone SEA mechanism but applied the UN AAP structure also used by the government and CSOs for reporting and handling SEA.

Any other comments (optional):
N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned

Achieved

No

No

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

Due to its short-term nature, which meant that the displacement sites were decommissioned even before delivery of some of the support planned under this action, there was no specific evaluation planned for this project. However, post implementation follow-up is seen to form part of the recovery initiative, including disaster risk reduction and resilience building against future disasters.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.2. Project Report 19-RR-WOM-004 - UN Women

1. Project Information			
1. Agency:	UN Women	2. Country:	Malawi
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	19-RR-WOM-004
5. Project Title:	Engendering the Humanitarian Response due to the disaster caused by Tropical Cyclone Idai		
6.a Original Start Date:	11/03/2019	6.b Original End Date:	31/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 700,000.00
	b. Total funding received for agency's sector response to current emergency:		US\$ 125,163.00
	c. Amount received from CERF:		US\$ 125,163
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 42, 025
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 42,025	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>With the CERF RR grant, UN Women aimed at delivering the following three outputs (i) <i>Policing units, humanitarian clusters, village civil protection committees collect sex and age disaggregated</i> (ii) Functional referral mechanism to prevent SGBV in all camps sites in Phalombe and Nsanje districts (iii) Reduced incidences of Sexual Gender Based Violence in the camp sites.</p> <p>The following are the main achievements</p> <ul style="list-style-type: none"> (i) Gender disaggregated data on SGBV related issues was collected in Traditional Authorities (TA), Jenala and Nkhulambe. 27 (9 females and 18 males) enumerators, including 2 supervisors, were trained and will continue collecting this data. (ii) Strengthening the capacities for Disaggregated Data Collection, Analysis and Dissemination for Effective Humanitarian Action in Malawi through the review and development of National Tool for collection of Sex Disaggregated Data and conducting Training of Trainers to enhance collection of Sex, Age, Disability to enhance program delivery during humanitarian crises. (iii) Enhanced the effectiveness of the existing referral mechanisms through revamping community-based police units and their community policing forums. A total of 662 members (413 males and 249 females) had their capacity built in tracking, monitoring and referring GBV cases. (iv) Increased knowledge on SGBV among communities through a series of sensitization meetings. In T/A Jenala approximately 9,510 people (6200 women, 1650 adolescent girls, 1700 men and 1100 boys) benefitted from the sensitization meetings. In T/A Nkhulambe approximately 5,130 people (2100 women, 850 girls, 1500 men and 680 boys) benefitted from the meetings. In Nsanje, T/A Ndamera the sensitization benefitted 4,608 (1235 women, 973 men, 1050 boys, 1350 girls) while in T/A Mbenje it benefitted 5720 (1150 men, 2403 women, 850 boys and 1367 girls).

- (v) Distribution of protection and relief supplies to all of the 151 community policing forums in Nsanje and Phalombe to strengthen and equip community protection and police structures in order to prevent SGBV in flood affected areas. the protection items distributed included 200 bicycles, 500 raincoats, 975 solar torches, 700 reflector vests, and 472 whistles across Nsanje and Phalombe.

The project was implemented from July to September 2019 (four months) in districts of Nsanje and Phalombe for the community activities

3. Changes and Amendments

The project was implemented at a time when some of the internally displaced people had returned to their original villages or to host villages and were no longer residing in camps. This meant that the Implementing Partner (WORLEC) Project staff had to rearrange their modality of conducting activities. However, the collaboration that existed between the Implementing Partner project staff and other stakeholders made implementation easier as they would split and go to the different villages where women and girls affected with floods were now residing. Hence, for community awareness meetings, the numbers of people who attended these meetings were more than planned for in view of this. Further, it was also a result of high expectations of the people that they will receive relief items hence coming in their large numbers during the community sensitization meetings.

Further, the project started later than planned due to a number of logistical challenges, the main one being the issue caused by the local bank in delay of funds transfer to the Implementing Partner Account which delayed project commencement. In addition, other delays were also experienced in Phalombe district where the District commissioner's office insisted on presenting the project to the District Executive Committee and not assigning this to the office responsible for Disaster at the district. This affected the commencement of the project in the said district. However, this was not the case for Nsanje District as the District Commissioner preferred that the Implementing Partner presents the project to the Protection Cluster and thereafter commence the work. It is worth noting however, that despite the challenges stated the Implementing Partner managed to implement all the activities within the planned time frame. Another challenge experienced, was highest community expectation among beneficiaries with regards to what the project could offer them. Thus, community members expected to receive relief items. This was witnessed during community sensitization meetings, where flood survivors were asking questions on when the project would be distributing relief food items. To address this challenge, clarifications on the project goal and objectives were made.

Network challenges were also a challenge in some project sites hence making it difficult to send messages especially to project training participants.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	4,000	6,000	8,000	12,000	30,000
Other affected persons	350	350	0	0	700
Total	4,350	6,350	8,000	12,000	30,700
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	5,400	11,938	3,980	4,660	25,978
Other affected persons	0	0	0	0	0
Total	5,400	11,938	3,980	4,660	25,978
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The figures on the awareness campaigns for men and women increased more than planned because the time the project was planned for the affected populations were in camps and at commencement of the project the people had been moved out from the temporally shelters in camps and were in the host villages. While for the young people below of the age of 18 years the numbers decreased because most of them were attending classes when the activities were being carried out. Besides, people had high expectations when invited to the rallies where they thought they will receive relief items and hence contributing to increased numbers of people attending awareness meeting.
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5. CERF Result Framework	
Project Objective	To enhance targeted and life-saving support to flood affected victims through the use of disaggregated data (age, gender and disability) in Nsanje and Phalombe districts.

Output 1	Policing units, humanitarian clusters, village civil protection committees collect sex and age disaggregated data and use it for decision making			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	A tool for collecting sex, age and disability disaggregated data during the humanitarian situation is in place	1	2	Office files
Indicator 1.2	Number of camps where disaggregated data is collected and used.	54	54	Activity reports
Indicator 1.3	Number of clusters that mainstream the age, gender and diversity perspective in the response	5	5	District council reports
Explanation of output and indicators variance:		There was variance in the tools developed because one tool was developed to identify the capacity gaps for community structures while the other one was developed to collect data from the affected people		
Activities	Description	Implemented by		
Activity 1.1	Design National Humanitarian tool for data on age and sex disaggregation	UNW in collaboration with Department of Disaster Management Affairs		

Activity 1.2	Collect sex and age disaggregated data in camp sites	WOLREC
Activity 1.3	Facilitate the mainstreaming of age, gender and diversity tools for all sectors in the humanitarian response	UNW in Collaboration with Department of Disaster Management Affairs

Output 2	Functional referral mechanism to prevent SGBV in all camps sites in Phalombe and Nsanje districts			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of community-based police units (individuals) and their community policing forums using knowledge gained to protect women and girls from GBV	700	662 (281f, 381m)	Activity reports
Indicator 2.2	Number of Village Civil Committee members using knowledge on GBV monitoring and risk mitigation.	120	120 (44f, 76m)	Activity reports
Explanation of output and indicators variance:		The variance came about because some of the targeted participants failed to attend the trainings in view of other equally important issues/activities during the time the trainings were taking place in the communities. It is important to note that participants for these trainings were drawn from community structures key being the sectors that play a part in the GBV referral pathways		
Activities	Description	Implemented by		
Activity 2.1	Capacity building for community-based police units and their community policing forums to ensure that they collect sex disaggregated data in the camps on GBV Cases	WOLREC		
Activity 2.2	Capacity building for Village Civil committees to ensure that they collect sex disaggregated data in the camps on GBV Cases	WOLREC		

Output 3	Reduced incidences of Sexual Gender Based Violence in the camp sites			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	Number of community policing groups that receive reflector jackets, solar torches, whistle, raincoats, Bicycles, lanterns	54	151	UNW activity Report For Nsanje and Phalombe Nsanje and Phalombe Community Police Forums Reports
Indicator 3.2	Number people sensitized on SGBV by age, sex and disability	30000	24,968	WORLEC Activity reports
Indicator 3.3	Number of people with albinism that receive life-saving gadgets (lanterns, bicycles and whistles)	15	3	Nsanje and Phalombe Community Police Forums Reports
Explanation of output and indicators variance:		The figures on the awareness campaigns increased more than was planned because the time the project was being implemented people had been moved out from the temporally shelters in camps and were in the host villages. Thus, a total of 24,968 people were sensitized 968 (11, 938 females, 4,660 girls, 5,400 males, 3,980 boys) and UN Women TOT on SADD: 41 men and 25 Women). Besides, people had high expectations when invited to the rallies where they thought they were to receive relief items. However, for the numbers of persons with Albinism, only 3 turned up to get the lifesaving gadgets. Most of them did not turn up because of security concerns		

Activities	Description	Implemented by
Activity 3.1	Strengthen and equip community groups including the Camp Police, with relevant life saving devices (reflector jackets, solar torches, whistle, raincoats, Bicycles, lanterns)	UNW in collaboration with Ministry of Gender and Department of Disaster Management Affairs
Activity 3.2	Sensitize community groups within the camps including adolescent girls and humanitarian workers on SGBV	WOLREC

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Following the Cyclone Idai, a multisectoral assessment team was deployed to worst affected districts in the country to assess the situation. UNW was part of the assessment team. It was during the assessment exercise of the people in the camps including those tasked to look after the camps where some of the following issues were articulated i.e. inadequate or lack of shelter that also took onboard gender dynamics, lack of food, lack of sex and Sex Reproductive commodities, age and disability data, to inform targeting, protection concerns for persons displaced amongst others. For UNW in particular the issues of lack of sex, age and disability data for all areas (cluster issues) and issues of protection in terms of referrals were issues that informed the program design. Interesting to note was that the communities were able to point out some of the key partners that were providing support to respond to this disaster. It was this information that also supported our selection of the Implementing Partner. Also, key was that the displaced persons were among the target beneficiaries in terms of awareness on SGBV as well as, knowledge on referral pathway including service provision.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

There were some existing local community mechanisms that were established by different partners working on protection issues which were thereby strengthened through this project and used (the protection cluster) to engage all partners of the community in the response. This included the complaint box, free online calls which were directed to youth and Counselling organisation (YONECO - a local NGO on rights of women and children) and also reporting to the existing structures e.g. child protection committees, mother groups, the community police forums, extension workers and, health surveillance assistance. People were being told to report emergency and or protection issues to the aforementioned agents known as cluster approach. Hence, the project encouraged survivors in reporting cases through any nearest existing community structures, those that required referral to the district justice delivery structures.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

During the inception meeting, awareness meeting and trainings, WOLREC used these platforms to inform the participants relevant information about WOLREC, the objective of the organisation and current project, the principles it adheres to amongst others.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.

Yes ☐ No ☒

The project did not establish a complaints mechanism (complaint box, hotline) but encouraged the communities to utilize already existing boxes and hotlines established by Social welfare and other partners for instance Youth Network and Counselling Organisation (YONECO) who also established free call line so that the survivors can channel GBV cases through this mechanism. However, reports from police and YONECO did indicate that no cases of sexual violence were reported during the implementation of the project in the host communities in both districts. However, two (2) cases of economic violence was reported in Phalombe district (a young girl was forced to get married because her parents could not afford to take care of her) the project staff in collaboration with the District Social Welfare Office intervened on the matter and the marriage was dissolved.

The project encouraged members and stakeholders to use already formed exist protection **cluster** as a mechanism of GBV cases referral (coordinated referral pathway), to ensure avoidance of multiple counting of GBV cases from camps, host communities as these were independent structures that exists in the communities should use i.e. Mother groups, victim support unit just to mention some This approach enhances networking and collaboration amongst different stakeholders and community structures and enhances protection.

Further, the project has empowered the GBV Technical Working Group at district level to ensure that the duty bearers monitor and handles such cases without fear and favour (discourages corruption).

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.

Yes ☒ No ☐

Some of the key measures UNW has taken to address SEA-related complaints were the following:

- The strengthening of GBV referral pathway
- The conducting of para-legal clinics for WORLEC Staff

The one stop centres in Nsanje which has been in establishment for over 5 years (situated at District hospital), was one of the refer pathways that was strengthened to provide support to GBV survivors. Hence, the GBV survivors were given the necessary support thus psychosocial support, health service and legal representing.

In the case of Phalombe district, the One Stop Centre has not been established as a result of of funding challenges. This is one of the key issues that the community members and the district protection officers have strongly recommended its establishment for easy handling and referral of SGBV which are rampant in some areas in the district.

Any other comments (optional):

WOLREC is a member of Protection Cluster in both districts which provided a platform for identifying potential collaborators for this project. It is these partners that WOLREC worked with during the implementation of the project. WOLREC also involved key stakeholders in all its activities who also assisted in collection of data. Key stakeholders were also involved in conducting capacity building initiatives. For example, WOLREC worked with the Police Victim Support units in both districts to train beneficiaries on referral pathways (reporting mechanisms) available in all of the key institution which women and girls use when seeking protection on Gender based violence including Sexual violence. The Department of Social Welfare and the Department of Disaster Management and preparedness were also part of the facilitating team for the sensitization meetings. WOLREC also worked closely with NGOs that are already operating in the districts. In Phalombe, Action Aid International and Save the children International were involved in the planning meetings which WOLREC organized. In this way, they were also able to guide further and provide insight on how the project can be implemented effectively noting that the target group had now moved into host communities. In Nsanje district, apart from the government departments mentioned already, WOLREC also with worked with NGOS such as Native Youth Animators for Development (NYADE), Malawi CARER, Tiphedzane Community Support Organization (TICOSO) in carrying out both trainings and sensitization meetings. The involvement of these stakeholders gave an opportunity for beneficiaries to understand collectively what service providers are doing in the districts in addressing SGBV and collection of gender and sex, age and disability disaggregated data.

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

The project in its initial request for funding planned to undertake an evaluation however, in view that the funding received was much less, the approved project did not include the evaluation component. It is anticipated that if an overall evaluation is carried out for all Flood response CERF projects, UNW project will also be evaluated.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.3. Project Report 19-RR-FPA-025 - UNFPA

1. Project Information			
1. Agency:	UNFPA	2. Country:	Malawi
3. Cluster/Sector:	Protection - Sexual and/or Gender-Based Violence	4. Project Code (CERF):	19-RR-FPA-025
5. Project Title:	Prevention of GBV and other forms of violence against women and girls affected by floods in Malawi.		
6.a Original Start Date:	01/04/2019	6.b Original End Date:	30/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 355,527
	c. Amount received from CERF:		US\$ 208,526
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 0 US\$ 0 US\$ 0 US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNFPA procured and distributed a total of 14,200 dignity kits to adolescent girls, lactating mothers and elderly women in the 7 affected districts of Balaka, Nsanje, Chikwawa, Phalombe, Mangochi, Mulanje and Zomba from April to September 2019. Overall the camps were congested with little or no sanitary facilities. The sanitary facilities such as bathrooms and toilets were communal and were severely inadequate. This was a challenge to women and girls especially in managing menstruation. Most of them resorted to using the rivers for washing and bathing. This development further exposed the girls and women to other hazards and dangers such as crocodile attacks and diseases. Cases of boys and some peeping at bathing girls and women were recorded. Very few women and girls had sanitary materials for menstrual management as some material had been lost during the floods. Most of the girls had to drop out of school due to compromised menstrual hygiene. Although most of the schools were not affected by the floods, the general lack of menstrual hygiene including sanitary materials for most girls deterred girls from attending school. Just like in the camps, the girls reported incidences of abuses from the boys.

The project assisted in providing much needed support in the management of menstrual hygiene and thereby restoring dignity and respect for 14,200 displaced women and girls living in the camps and affected communities. The kits contained, sanitary pads, a pair of pants, a wrapper cloth, some bathing and washing soap, toothbrushes and a pail.

3. Changes and Amendments

During the course of implementation, the demand for dignity kits in the affected communities far exceeded what was initially planned as women and adolescent girls living in camps were facing challenges to maintain their dignity. Initially, 9,200 dignity kits were planned to be procured at an estimated cost of US\$20 per kit. The estimated unit cost of US\$20 was derived from the actual unit price which was incurred during the 2015 flood emergency response, since there was no time to get actual figures from the market during the proposal development stage. However, the unit cost for the dignity kits turned out to be significantly lower (approximately US\$10.98 per dignity

kit) due to the fact that each item was procured from different suppliers. As such, there was an overall substantial saving of US\$82,984 as the planned 9,200 dignity kits were procured at a cost of US\$101,016. However, in such an environment of high demand, UNFPA identified and procured 5,000 additional kits at an estimated cost of US\$54,900.

During the budget development stage, a lot of administrative costs related to mobilization and assembling of dignity kits were overlooked considering that the items were procured separately from different suppliers. More people were engaged to assist with the sorting and packaging of the dignity kits. And again, costs for transportation of items from the different suppliers to the assembling point resulted into high transportation costs. Furthermore, the procurement of 5,000 additional dignity kits meant more costs for assembling. As a result, the unit cost of assembling and distribution increased from US\$0.27 to US\$1.00. As such, adjustments to the original plan were made on the following which were approved by CERF, without need of an official reprogramming request:

1. The budget for procurement of dignity kits was reduced from US\$184,000 to US\$155,977 though the number of dignity kits procured increased from 9,200 to 14,200 due to the reduction in the unit price for dignity kits.
2. The budget for mobilization, assembling and distribution of dignity kits was revised upwards from US\$2,484 to US\$14,200 to carter for the budget deficit due to under-budgeting and the additional costs that were incurred for mobilization and assembling of the additional 5000 dignity kits.

The budget for hiring of vans to distribute the dignity kits in the 7 affected districts was increased from US\$8,400 to US\$16,000 to carter for additional costs that were incurred as a result of hiring more vans.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	4,000	0	5,200	9,200
Total	0	4,000	0	5,200	9,200
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Protection - Sexual and/or Gender-Based Violence				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	4,000	0	10,200	14,200
Other affected persons	0	0	0	0	0

Total	0	4,000	0	10,200	14,200
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The project reached more people because the demand for dignity kits in the affected communities increased as women and adolescent girls living in the camps were facing challenges to maintain their dignity due to severe and limited sanitary facilities in the camps. In addition, the women and girls were also subjected to sexual harassment due to lack of sanitary facilities in the camps. In response, the project procured additional 5,000 kits to the initial 9,200, which resulted in benefitting a total of 14,200 people. This was possible due to a huge saving that realised from the original budget of the dignity kits as the unit price for dignity kits reduced by almost 100% i.e. from US\$20 to US\$10.98.
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5. CERF Result Framework

Project Objective	GBV management and response including Prevention of Sexual exploitation and abuse (PSEA) and restoring of dignity for women and girls is strengthened.
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Output 1	Restoration of dignity of women of reproductive age and adolescent girls in the flood crisis			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of women and girls who received dignity kits in camps	9,200	14,200	UNFPA field-based humanitarian team
Explanation of output and indicators variance:		During the course of implementation, the demand for dignity kits in the affected communities increased as women and adolescent girls living in camps were facing challenges to maintain their dignity. In response, the project procured additional 5,000 kits to the initial 9,200 which resulted in benefitting a total of 14,200 people.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of dignity kits	UNFPA		
Activity 1.2	Distribute dignity kits to affected women and girls	UNFPA field-based humanitarian team, Ministry of Gender, Ministry of Health and Goal Malawi		
Activity 1.3	Dissemination of GBV and PSEA messages during the distribution of dignity kits	UNFPA field-based humanitarian team, Ministry of Gender, Ministry of Health and Goal Malawi		
Activity 1.4	Monitoring and reporting of distribution	UNFPA field-based humanitarian team, Ministry of Gender, Ministry of Health and Goal Malawi		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

The project involved the affected population, especially women and girls, in identifying the beneficiaries, agreeing on the distribution modality as well as monitoring and reporting. The camp-based committees comprising of affected communities were actively involved in the identification of beneficiaries including the identification of women and girls in camps that received dignity kits. A clear identification criterion of identification of beneficiaries was communicated to communities where priority was given to adolescent girls, pregnant women and lactating mothers.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Existing local mechanisms were used to engage all parts of the community. The project heavily engaged the District Councils so that data provided by the district authorities informed the design and planning of the CERF funded activities, including distribution plans of the dignity kits according to the needs on the ground.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNFPA worked with the District Commissioner and the district coordination structures. UNFPA was introduced to the communities by the DC office and DODMA. UNFPA also used visibility materials to alert people about UNFPA's presence in the district. The visibility materials were extended to our partners such as GOAL Malawi. In line with UNFPA principles of working with partners, all staff members from the NGO partners (Goal Malawi) which was supporting with the distribution of dignity kits were required to complete a mandatory course on Prevention of Sexual Exploitation and Abuse (PSEA). Additionally, the dignity kits in the affected communities were also distributed by UNFPA field-based humanitarian team which was well conversant with the core principles of UNFPA. Furthermore, UNFPA deployed personnel with capacity to support DODMA and MOGCDSW to facilitate the implementation of the activities and this included providing of information about UNFPA as well as monitoring and reporting of GBV and SEA cases. All ceremonies for distribution of dignity kits were used as platforms for dissemination of GBV messages and raising awareness of available services for GBV and SRHR.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

Through the CERF lean season response, the project supported the dissemination of the YONECO hotline numbers through community radio/mobile short messaging service. Suggestion boxes were also put in all the camps to enable victims of any abuse including sexual assault to report anonymously. Referral pathways were also created to raise awareness among affected people on identifying issues and how to report the issues to relevant authorities for assistance

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

Through the CERF lean season response, Implementing Partners at district level were oriented on Prevention of Sexual Exploitation and Abuse (PSEA) as part of the GBV training. The District social welfare offices/gender offices established GBV reporting mechanisms in the camps and affected communities and worked in partnership with NGOs including YONECO to conduct regular awareness campaigns on GBV. Additionally, drop in boxes were established in the camps for reporting of abuse cases anonymously.

Any other comments (optional):
N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

No evaluation has been carried out since it was not included in the original plan. However, the protection cluster conducted a lesson learned exercise which analysed GBV sub cluster response including distribution of dignity kits.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.4. Project Report 19-RR-HCR-019 - UNHCR

1. Project Information			
1. Agency:	UNHCR	2. Country:	Malawi
3. Cluster/Sector:	Emergency Shelter and NFI - Shelter and Non-Food Items Protection - Protection	4. Project Code (CERF):	19-RR-HCR-019
5. Project Title:	Life-saving emergency response to Cyclone Idai affected persons in Malawi		
6.a Original Start Date:	09/04/2019	6.b Original End Date:	08/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 217,186
	b. Total funding received for agency's sector response to current emergency:		US\$ 343,409
	c. Amount received from CERF:		US\$ 343,409
	d. Total CERF funds forwarded to implementing partners		US\$ 217,485
	of which to:		
	Government Partners		US\$ 0
	International NGOs		US\$ 217,485
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through CERF RR funds, the project through Plan International reached out to 9232 (5,893 males, 3,343 female) households with NFIs; 3,991 women and girls at risk with dignity kits and solar lamps; 8,929 persons with specific needs (PSNs) were referred to social services. Directly the project reached out to 34,887 (6,029 men, 6,196 women, 11,020 boys, 11,642 girls) individuals in the districts of Nsanje, Phalombe, Chikwawa and Zomba. 13 (7 males, 6 females) PIM staff were trained in PSEA, Gender Based Violence, Protection, Fraud and Corruption. They were also trained on AGD approach for them to recognise different needs for specific groups during monitoring and adhering to the Core Humanitarian Standards

Furthermore, 8 PSEA orientation sessions were conducted in the distribution points. 80 (48 males, 32 females) from camps of Chikuse, Mchenga and Bangula representing Child Protection, SGBV and Camp Committees were trained in PSEA, Sexual and Gender Based Violence and Child Protection. Additionally, 88 individuals (35 female, 53 male) from police, government departments and other key stakeholders were reached. 986 (323 men, 464 women, 98 boys, 101 girls) participants were reached during the community awareness meetings on law and policies of Internally Displaced Persons (IDPs).

3. Changes and Amendments

PIM and UNHCR agreed with the Department of Disaster Management Affairs under Ministry of Homeland Security to proceed with the provision of the return package, which was not originally planned for in the CERF agreement. The return package included stoves, ropes, roof nails, steel nails and tire wire to aid the displaced families kickstart their lives after the flooding.

The PIM alongside UNHCR implemented an activity to disseminate 'the popularize the Kampala convention on internally displaced people'. This was drawn after UNHCR and PIM participated in a workshop on law and policy making for protection of internally displaced people in Pretoria South Africa. The outcome from the meeting was to popularize the Kampala convention resolutions in the districts of Chikwawa, Nsanje, Phalombe and Zomba. Although this was funded as a small proposal, all the activities were implemented as part of CERF project.

PIM made savings from the procurement of return packages especially ropes and stoves as the original budgeted for price was higher than the purchase price. The savings were relocated within the project to offset over expenditures on other activities like travel and support costs for the partner (PIM).

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Protection - Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	600	850	800	900	3,150
Other affected persons	0	0	0	0	0
Total	600	850	800	900	3,150
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	30	43	40	60	173

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Protection - Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	170	216	0	0	386
Returnees	0	0	0	0	0
Internally displaced persons	5,859	5,980	11,020	11,642	34,501
Other affected persons	0	0	0	0	0
Total	6,029	6,196	11,020	11,642	34,887
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	187	205	61	92	545

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	2,500	3,000	1,500	2,000	9,000
Other affected persons	0	0	0	0	0
Total	2,500	3,000	1,500	2,000	9,000
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	100	150	75	100	425

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Emergency Shelter and NFI - Shelter and Non-Food Items				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	170	216	0	0	386
Returnees	0	0	0	0	0
Internally displaced persons	5,859	5,980	11,020	11,642	34,501
Other affected persons	0	0	0	0	0
Total	6,029	6,196	11,020	11,642	34,887
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	187	205	61	92	545

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	PIM made savings from the procurement of some items such as ropes and stoves as the original price budgeted for the items was higher than the purchase price. As such, more items were procured to benefit more people while other funds were reallocated within the project.
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5. CERF Result Framework				
Project Objective	The protection of people affected by Cyclone Idai is strengthened and their essential needs are covered.			
Output 1	9,000 persons affected by Cyclone Idai are supported with essential core relief items			
Indicators	Description	Target	Achieved	Source of Verification

Indicator 1.1	# of individuals receiving blankets and sleeping mats	4000	9232	Monthly Progress Reports. Log books at the camp
Indicator 1.2	# HHs receiving kitchen sets, buckets and tarpaulins	2000	5000	Monthly Progress and Distribution reports. Log books at the camp
Explanation of output and indicators variance:		Distribution was done in two phases; the first phase reaching out to 2000 HH (450 male, 1550 female household representatives of which 500 were from Chikwawa, 500 Nsanje and 500 Phalombe) whilst the 2 nd phase reached out to 7232 (4339 female, 2893 male household representatives) HH. The project exceeded its planned target of 9000 by 232 household representatives. This was so as some items such as tarpaulins were targeted that household were given the same number of items such as blankets and mats regardless of their family sizes		
Activities	Description	Implemented by		
Activity 1.1	4000 blankets, sleeping mats procured	Plan International and UNHCR		
Activity 1.2	4000 blankets, sleeping mats distributed	Plan International and UNHCR		
Activity 1.3	2349 kitchen sets, 2000 buckets, 300 plastic sheeting procured	Plan International and UNHCR		
Activity 1.4	2349 kitchen sets, 2000 buckets, 300 plastic sheeting distributed	Plan International and UNHCR		

Output 2	3,900 individuals affected by Cyclone Idai benefit from essential protection assistance and services			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of active community structures responding to protection related interventions	3	12	Activity, monthly as well as end of project narrative reports
Indicator 2.2	Number of women and girls at risk identified and supported with dignity kits and solar lamps	3000	3991	NFI distribution reports of April and June consignments.
Indicator 2.3	Number of persons with specific needs (PSNs) at risk identified and referred to social services	900	8925	Training reports
Indicator 2.4	Number of PSEA orientation sessions conducted	3	10	Training activity reports
Explanation of output and indicators variance:		Implementation of the protection activities in the flood affected areas used a cluster approach. This aimed to enhance coordination of various actors to ensure a more coherent and effective response to avoid duplication of activities. As such, the project instead only focused on building capacity on individuals and community structures that had already been identified by other organizations. All savings that were realised from this were reallocated to the capacity building activities so as to benefit many people		
Activities	Description	Implemented by		
Activity 2.1	Map and strengthen community-based structures – awareness raising and capacity building trainings, and enhance referral pathways	Plan International and UNHCR		
Activity 2.2	Provide targeted assistance to women and girls at risk (Dignity kits – underwear, two laundry soap bars, chitenje, 1 bathing soap, lotion, toothpaste and toothbrush)	Plan International and UNHCR		

Activity 2.3	Identification of persons with specific needs at risk (PSN) through age, gender and diversity approach (AGD) – [Persons with Disabilities, LGBTI, Persons with Albinism, elderly, expectant mothers and vulnerable children] and referral to social services.	Plan International and UNHCR
Activity 2.4	Orientation on Prevention of Sexual Exploitation and Abuse (PSEA) targeting agency staff, law enforcers, community groups and other key stakeholders	Plan International and UNHCR

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Plan international Malawi, together with UNHCR, alongside the department of disaster management affairs (DODMA) conducted extensive consultations with the affected district councils. Together with the councils, PIM and UNHCR visited all the affected people in selected camps with an aim of getting first-hand information. Among the priority areas of consultation, the two organizations wanted to check the situation on the ground and how to support the affected PSNs. Meetings were therefore held with camp management committees, community leaders, Protection Committees, girls, boys, women and men. These were also directly involved from identification and targeting of beneficiaries as well as supporting the process of distributing NFIs. This direct involvement has not only strengthened their capacities, but it has also enhanced ownership among the beneficiaries.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

All the existing local and national mechanisms were used to capture the needs of the affected population. In addition to that, alternative mechanisms were also employed. These among others include;

- i. The onsite monitoring
- ii. Use of child corners
- iii. The help desk
- iv. The complaint box.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

PIM conducted orientation sessions in all the camps and distribution points it was assigned to. These sessions were used as platforms to disseminate all the relevant information about Plan International, policies it adheres to and expected conduct from staff members. These sessions were intended to deliver messages related to Child Protection, Sexual and Gender Based Violence, and Corruption. In addition to that, affected people were reminded that everyone can be a perpetrator of abuse, fraud and corruption regardless of age, status/social position or sex (thus even humanitarian actors in this case PIM and UNHCR staff inclusive). Furthermore, people were taught and reminded that the main objective of the intervention was to save life nothing more. PIM, UNHCR and District Council officials displayed vernacular messages on flip charts and posted them across all distribution points. Key messages included the number of items a family/household is supposed to receive, the dos and don'ts in distribution, like staff are not supposed to solicit funds from beneficiaries and etc.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.

Yes ☒ No ☐

PIM and UNHCR mostly utilized the complaint box as compared to the hotline. The hotline was implemented by a different partner (Youth Net Organization – YONECO) and together all the partners shared the information on how to best support the beneficiaries. The feedback mechanisms were user friendly. PIM opened a two-way communication channel whereby communities were able to give complaints at the

same time at liberty to get feedback. Cases that were criminal in nature were referred to police. This helped to strengthen the relationship between PIM staff, local community structures and affected people. In addition to that, positioning of the boxes was based on consultation and in consensus with the affected people. This promoted people to trust in the use of the suggestion boxes.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.

Yes ☒ No ☐

On reporting and handling Sexual Exploitation and Abuse (SEA) related complaints, PIM used the help desk. This desk was comprised of 2 individuals (1 PIM staff and 1 community leader-specifically those who are trust worth and already in the Complaint and Feedback Committee). In addition to that, individuals on the help desk were also having other attributes related to conflict management and resolution. Furthermore, the team was comprised of a male and female with a view of making it user-friendly to all sexes. Comprehensive awareness was conducted prior to the setting up of the help desk to help make the communities aware of the process involved. Most cases were to do with Gender Based Violence and these were referred to the Department of Social Welfare and Police for handling. Minor cases were dealt with at the camp by social workers.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

No evaluation has been carried out or pending. This is due to lack of the evaluation plans in the project framework. No activity related to evaluation was planned in the entire project document	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.5. Project Report 19-RR-CEF-060 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Malawi
3. Cluster/Sector:	Education - Education	4. Project Code (CERF):	19-RR-CEF-060
5. Project Title:	Education Cluster Flood Response in Malawi		
6.a Original Start Date:	12/04/2019	6.b Original End Date:	11/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,400,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,155,509
	c. Amount received from CERF:		US\$ 300,938
	d. Total CERF funds forwarded to implementing partners		US\$ 77,959
	of which to:		
	Government Partners		US\$ 77,959
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through the CERF RR grant, UNICEF and the Ministry of Education, Science and Technology (MoEST) enabled 51,300 (24,624 boys, 26,676 girls) primary school children to access schools and resume their classes immediately after the floods in Chikwawa, Nsanje, Phalombe and Zomba districts. This was achieved through the provision of 670 school in a box kits and 570 recreation kits to 133 schools in the four flood affected districts. The same children also received psychosocial support through sports and recreation activities organized regularly by 72 emergency volunteer teachers (40 male, 32 female), who were deployed to the affected schools from March to June 2019. The volunteer teachers also provided school-based real time data on the status of response and recovery on the ground.</p> <p>The resumption of teaching and learning also contributed to protecting children from physical and psychological exploitation and harm. This brought a sense of normalcy in children and community which is crucial to the healing processes after emergencies.</p>

3. Changes and Amendments
N/A

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Education - Education				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	25,650	25,650	51,300
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	25,650	25,650	51,300
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Education - Education				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	25,650	25,650	51,300
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	25,650	25,650	51,300
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A
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5. CERF Result Framework				
Project Objective	Restoration of temporary safe learning spaces and the continued provision of quality education and psychosocial support for children and schools affected by flooding in Malawi			
Output 1	51,300 learners in schools affected by the disaster in 4 districts access quality teaching and learning materials in safe learning spaces			
Indicators	Description	Target	Achieved	Source of Verification

Indicator 1.1	# of affected pupils accessing teaching and learning including learning materials (School in a box, chalkboards, etc)	51,300	51,300	Volunteer teachers real time monitoring/ Monitoring reports
Explanation of output and indicators variance:		51,300 children reached as planned.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of 670 school in box kit and 570 recreation kits, chalk board and other materials	UNICEF		
Activity 1.2	Transportation/distribution of school materials	MoEST		
Activity 1.3	Teachers deployed to support survival skills and quality education in affected schools in in 4 districts	MoEST		

Output 2	51,300 learners in schools affected by disaster in 4 districts provided with psychosocial support including recreation and sports			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of affected learners accessing psychosocial support including sports and recreational kits	51,300	51,300	Volunteer teachers real time monitoring/ Monitoring reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procurement of 570 recreational kits for learners in affected districts	UNICEF/MoEST		
Activity 2.2	Transportation and distribution of recreational materials	UNICEF/MoEST		
Activity 2.3	72 Teachers deployed for psychosocial support to learners affected by the disaster in 4 districts	MoEST		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Consultations were held with traditional leaders in the affected districts and UNICEF ensured inclusion of the views of the affected population in the design of the project. School communities including teachers and District Education Managers in the four target districts were engaged in providing information about the needs of the affected schools especially in relation to teaching and learning materials that had been destroyed by the floods which formed part of the planning for the response.

This engagement continued during the implementation of the project through providing updates on schools that had received supplies and had also benefited from deployment of volunteer teachers that supported traumatised learners to receive psychosocial support. During monitoring, UNICEF consulted the communities to assess whether they were satisfied with the support provided to them and what else they would require for their children to continue their education during the emergency.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The education cluster at national level, in collaboration with the district education clusters, engaged school communities to seek their views on the effects of the floods to the schools and identified the immediate needs for the learners, teachers and school infrastructure. The critical needs highlighted by the communities included lack of teaching and learning materials (textbooks, notebooks and desks) and destruction of school buildings and teachers' houses due to the damage caused by flood water. The needs to have additional teachers to support learners from Internally Displaced People (IDP) on their continued access to learning either through integrating them into host schools or having additional classes at IDP camps were also identified as most of the schools were used to accommodate IDP.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNICEF deployed its Communication for Development (C4D) experts to sensitize affected people with relevant information about UNICEF's mission, principles and how its staff are expected to behave and the education programme that it was intending to implement.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

Through the volunteer teachers, questionnaires were sent to media platforms such as WhatsApp and SMS messages requesting them to ask school communities on key gaps on the response. The most common complaint was regarding the short supplies of teaching learning materials. UNICEF mobilised resources and provided teaching and learning materials to schools that had not received supplies in the first instance, resulting in mobilisation of additional education supplies and distributed to the needy schools.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

Child Protection through its implementing partners established a hot line for reporting Sexual Exploitation and Abuse (SEA)-related complaints for all sectors, including education. Key measures were taken through constant monitoring through the community based mechanisms including the community victim support unit, mother support groups and ensure referrals are addressed to police, judiciary and social welfare department for appropriate action.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

The formal evaluation was not conducted. However, the intervention was reviewed by cluster members. The key lessons identified are:

- There is a need to strengthen the cluster coordination both at national and district level
- There is a need to strengthen the collection and the analysis of the data to inform effective responses

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.6. Project Report 19-RR-CEF-061 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Malawi
3. Cluster/Sector:	Protection - Child Protection	4. Project Code (CERF):	19-RR-CEF-061
5. Project Title:	Protection of vulnerable groups from violence, abuse, exploitation and ensure human rights are respected		
6.a Original Start Date:	08/04/2019	6.b Original End Date:	07/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 600,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 608,264
	c. Amount received from CERF:		US\$ 165,957
	d. Total CERF funds forwarded to implementing partners		US\$ 50,030
	of which to:		
	Government Partners		US\$ 46,597
	International NGOs		US\$ 3,433
	National NGOs		US\$ 0
	Red Cross/Crescent		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its partners supported establishment and strengthening of child-friendly spaces/ children's corners at evacuation sites and in affected communities, providing at least 15,400 children with access to psychosocial support (PSS), play, socialization and learning in the six most affected districts (Chikwawa, Nsanje, Phalombe, Zomba, Mulanje, Machinga). UNICEF procured and delivered 220 children's corners kits to District Social Welfare Offices (DSWO) in all six districts. UNICEF also supported upskilling of PSS service providers through a Training of Trainers (ToT) that capacitated 64 trainers to cascade training of service providers in the emergency-affected districts. They were then utilized to provide training to children's corner caregivers in sessions conducted by UNICEF's partners Save the Children and DSWOs, which trained at least 476 caregivers during the emergency response. Phalombe DSWO was supported to train an additional 39 children's corners caregivers to improve service provision and conduct technical working groups for child development and social welfare, as well as case conferences for complex cases of abuse. The child protection emergency response was monitored and coordinated through the engagement of a dedicated Child Protection in Emergencies Consultant, who provided partner organizations and DSWOs with the continuous technical support and assistance.

3. Changes and Amendments

With the large numbers of displaced children and capacity gaps in service providers, UNICEF invested in Training of Trainers (ToT) in the flood-affected areas, as well as direct training interventions, to expand the reach of training interventions. Those trainers were mobilized to deliver children's corners caregiver training conducted by UNICEF's partners, Save the Children and DSWOs. While this means that the number of facilitators trained directly by the CERF grant is less than the target (103 against target of 200), the indirect beneficiaries are much higher, which is more than 450.

A small balance of CERF funds was included in UNICEF's partnership with Save the Children which focused on child protection service delivery in the six most affected districts. Through this partnership, additional children (approximately 15,000 children in the recovery

phase from July to September in total) were reached with psychosocial support and 278 additional caregivers trained. Modifications were not communicated because activities contributed to the committed results and did not constitute adjustment of the approach.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Protection - Child Protection				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	6,930	8,470	15,400
Other affected persons	0	0	0	0	0
Total	0	0	6,930	8,470	15,400
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Protection - Child Protection				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	6,930	8,470	15,400
Other affected persons	0	0	0	0	0
Total	0	0	6,930	8,470	15,400
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

Numbers of persons with disability were not captured by data collection methods but child-friendly spaces/ children's corners are inclusive for children with disabilities.

5. CERF Result Framework

Project Objective	Protection of vulnerable groups from violence, abuse, exploitation and ensure human rights are respected
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Output 1	Strengthening child-friendly spaces at evacuation sites			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of children receiving psychosocial support through children's corners	15,400	15,400	Reports from the DSWOs
Indicator 1.2	Number of children's corner kits procured (recreation kits)	220	220	UNICEF Purchase Order
Indicator 1.3	Number of psychosocial support service providers orientated and up-skilled	200	103	Reports from MoGCDSW and Phalombe DSWO
Explanation of output and indicators variance:		Indicator 1.3: While the number of facilitators trained directly by the CERF grant is less than the target, the indirect beneficiaries are much higher. CERF funds supported a Training of Trainers that capacitated 64 trainers to cascade training of service providers in the emergency-affected districts. Those trainers were utilized to provide training to children's corner caregivers in sessions conducted by UNICEF's partners Save the Children and DSWOs, which trained at least 476 caregivers (278 by Save the Children and 198 by DSWOs) during the emergency response.		
Activities	Description	Implemented by		
Activity 1.1	Children receive psychosocial support	DSWOs / Save the Children		
Activity 1.2	Children's corner kits procured	UNICEF		
Activity 1.3	Children's corner kits delivered for use by beneficiaries	DSWOs		
Activity 1.4	Psychosocial support service providers orientated and up-skilled	MoGCDSW / DSWOs / Save the Children		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

UNICEF adopts a human- and child-centred approach to programming. Interventions are developed through discussions with the affected community members by implementing partners, in the affected communities. The emergency response was centred around a minimum package of interventions for each sector to be implemented in evacuation sites.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Existing local child protection structures and stakeholders, which include District Social Welfare Office, Child Protection Workers, Victim Support Units (CVSU), Police Victim Support Unit (PVSU), and community policing forums, were engaged in the response. Through its other partnerships UNICEF supported the national Child Helpline and local community-based complaint mechanisms, which enabled the needs, voices and leadership of women, girls and marginalized groups to be better captured.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Through UNICEF staff, consultants and partners during consultations and monitoring visits.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

UNICEF supported the strengthening of community-based complaints mechanisms to be able to receive and refer complaints during the humanitarian response to relevant bodies for redress through its local partner, Youth Network and Counselling (YONECO). Complaints were referred to various services providers including social welfare, judiciary, police and health services. This work entailed mapping of existing protection mechanisms and orienting members of those structures on reporting of violence and abuse including abuse of authority and identification of focal persons for reporting. The focal persons were also linked to the child helpline for quick response to the reported cases. Communities were also sensitised on where to report cases of violence and abuse.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

UNICEF has a zero-tolerance policy on SEA. This policy applies to UN personnel and UN implementing partners, which include government institutions and civil society organizations including NGOs. UNICEF has an internal notification alert which requires immediate reporting of SEA allegations from the field to the highest levels of the organization within a mandatory 24 hours. All staff and consultants undertake mandatory training on SEA, which is also available for all partners. UNICEF's Programme Cooperation Agreements include specific provisions about implementing partner obligations pursuant to the PSEA protocol. SEA-related cases reported to community-based complaints mechanisms and national child and GBV helplines were referred to the relevant service points, such as judiciary, police, social welfare, and health.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

An internal real-time evaluation has been conducted to evaluate UNICEF's programmatic and operational response and preparedness in the three countries (Mozambique, Malawi and Zimbabwe) affected by Cyclones Idai and Kenneth. This is yet to be finalized. UNICEF supported the development of the Protection Cluster lessons learned document. Some key lessons learned include: successful establishment of children's corners by supply distribution and training of caregivers; challenges in capacity of DSWOs to provide child protection services as well as capacity of police and judiciary services, especially in case of sexual violence; and need of a greater integration of child protection and GBV prevention/response in other sectors.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

8.7. Project Report 19-RR-CEF-062 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Malawi
3. Cluster/Sector:	Health - Health	4. Project Code (CERF):	19-RR-CEF-062
5. Project Title:	Integrated Mobile Outreach Clinic and Cholera Preparedness/Response Services for Flood Affected Districts in Malawi - 2019		
6.a Original Start Date:	12/04/2019	6.b Original End Date:	11/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,570,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,072,938
	c. Amount received from CERF:		US\$ 450,000
	d. Total CERF funds forwarded to implementing partners		US\$ 372,856
	of which to:		
	Government Partners		US\$ 82,449
	International NGOs		US\$ 0
	National NGOs		US\$ 44,129
	Red Cross/Crescent		US\$ 246,178

2. Project Results Summary/Overall Performance
<p>Through this CERF RR grant, UNICEF and partners provided integrated mobile clinic services reaching a total of 60,674 people with services of OPD consultations (45,865), HIV services (1,609), Reproductive health consultations (4,942), EPI (20,303 of which, 15,200 were from MR campaign and routine EPI registered 5,103 under 5 years, of which 3,320 were children under the age of 1), and Screened nutrition services (4,224), of which 2,934 children with acute malnutrition were referred for further management.</p> <p>The project provided the above lifesaving basic services in more than 47 camps and host communities in the targeted communities of the districts of Zomba, Balaka, Mangochi and Thyolo). There were two mobile medical teams in each district, each of which were composed of a clinical officer, a nurse, a midwife, HSA, an Environmental Health Officer, a pharmacy technician and occasionally a laboratory technician. Services were provided 12 April – 31 August 2019. Cholera case fatality rate in the targeted districts, during this period, was 0 with no case of cholera detected. More than 60 health workers received refresher training, surpassing the target set.</p> <p>Of the total beneficiaries reached, the proportion of boys under the age of five was 11%, whereas girls under the age of five was 14%. Women account for 55% of the beneficiaries, while 20% of the beneficiaries were men.</p>

3. Changes and Amendments
<p>There was no change in project design, implementation strategies, targets or modality of delivering the services. Some key indicators have shown slight under or over achievements as explained below.</p> <p>The project required only 8 mobile teams, two per each district, originally it was proposed 10 mobile clinics. With these teams more than the targeted number of beneficiaries (120%) were reached as the mobile teams were able to extend the services to the host communities as well. However, the number of under five children reached with outpatient consultations were less than the targeted numbers (74%).</p>

This may have been due to the fact that the floods did not result in outbreaks or increased number of communicable diseases. Moreover, the preventive services may have played a great role in ensuring many children did not fall sick. Expanded Program on immunization (EPI) achievement on measles containing vaccines were above 117%. The campaign may have contributed to increase uptake of services. On HIV counselling and testing, only 1,609 people benefited as opposed to 85,760 planned. More than 50,000 people were reached with messages on HIV and prevention packages. But testing and counselling individually has posed great challenge. This is because there was no privacy in the camps where services were provided, and referred cases were not able to report to the health centres. No single case of cholera was recorded in the targeted districts, hence the need to keep case fatality less than 1% and attack rate less than 0.002% as planned.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	24,308	24,309	19,889	19,890	88,396
Other affected persons	0	0	0	0	0
Total	24,308	24,309	19,889	19,890	88,396
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	21,660	23,466	17,722	19,199	82,047
Other affected persons	0	0	0	0	0
Total	21,660	23,466	17,722	19,199	82,047
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

There is no significant discrepancy in either age/sex breakdowns or in total figures. The overall achievement per category (age and sex) and the total achievement range from 89% - 97%.

5. CERF Result Framework

Project Objective	To contribute to reduced mortality and morbidity, associated with Emergency Health diseases and Conditions following 2019 floods in Malawi
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Output 1	Integrated Outreach Health Services delivered in Camps and to IDPs Health - Health			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	# mobile teams established (2 per district)	10	8	Mobile team weekly reports
Indicator 1.2	Minimum package of IDP service delivery document developed	1	1	Document developed and filed
Indicator 1.3	# of people treated at outreach OPD	50,485	60,674	Mobile team weekly reports
Indicator 1.4	# of <5 children treated for medical conditions	20,582	15,228	Mobile team weekly reports
Indicator 1.5	# of follow up patients provided with prescription refill (Anti TB, ART, Anti Hypertensives etc....)	TBD	540	Mobile team weekly reports
Indicator 1.6	# of people reached with key health messages	252,427	246,141	HAS records, Mobile team reports
Indicator 1.7	# of people screened, tested and counselled for HIV and STIs	85,760	1,606	Mobile team weekly reports
Explanation of output and indicators variance:		<p>Originally 10 mobile teams were planned. However, in the course of implementation two mobile teams per district were found to be adequate and adding more mobile teams would jeopardize other health activities as health workers are taken out of the regular service. For this reason, in total 8 mobile teams were used, which caused 80% achievement.</p> <p>Only 1,606 people were counselled or tested for HIV and STIS, the plan was to reach 85,760. More than 50,000 people were reached with messages on HIV and prevention packages were provided, but testing and counselling individually has posed great challenge. This is because there was no privacy in the camps where services were provided. This challenge was being addressed by referring people to the health centre for proper counselling and testing. The reported 1,606 beneficiaries above include those counselled on site and those who actually made it to the referral point. Many of those referred did not make it to the referral counselling unit owing to the distance and probably this issue was not a priority for them in that period</p> <p>Of the planned 20,582 children to be reached with treatment of medical conditions, only 73.9% were reached. This was largely due to the fact that no outbreaks of whatsoever were recorded in the camps. Immunization against measles has worked very well, so we did not have any outbreaks to fully realize this figure.</p> <p>Total number of people reached with key health messages and total number of people reached with out-patient department (OPD) services has been achieved more than 100% in both cases, largely due to the fact that other than the affected population, host communities were also able to access the services.</p>		
Activities	Description	Implemented by		

Activity 1.1	Priority IDP camps identified and mapped	UNICEF, District Health Office (DHOs), WHO
Activity 1.2	Minimum package of services to be delivered identified/agreed	UNICEF, DHOs
Activity 1.3	Mobile medical teams established by DHOs	DHOs
Activity 1.4	Mobile teams work at least 6 days a week visiting at least two camps a day to deliver services	Mobile Teams
Activity 1.5	OPD, Children consultation, and follow up of chronic illness, as well as screening for malnutrition and referrals	Mobile Teams
Activity 1.6	HIV counselling testing and ARV adherence	Mobile Teams
Activity 1.7	Coordination of all response in the targeted districts by regular meeting, information sharing, and dissemination of lessons and best practices	UNICEF, DHOs, and WHO

Output 2	Children, Men and women protected against common communicable diseases (Malaria, Pneumonia, Measles, and Diarrhea)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	# of children 0 – 23 months immunized (including measles containing vaccine)	17,329	20,303	MR Campaign report
Indicator 2.2	# of key health promotion sessions	250	290	Mobile team reports
Explanation of output and indicators variance:		Under output 2, both indicators were overachieved, mainly because as mentioned under output 1, several other members from the host communities also benefited from these services.		
Activities	Description	Implemented by		
Activity 2.1	Distribute LLIN 1 per pregnant/lactating women/child under the age of five	Mobile Teams		
Activity 2.2	Provision of additional routine EPI supplies to mobile team	DHOs, UNICEF		
Activity 2.3	Immunization of all children under the age of 2 with MR in camps	Mobile Teams		
Activity 2.4	Provision of routine EPI in camps	Mobile Teams		

Output 3	Districts capacity strengthened in readiness and delivering up to standard case management of disease outbreaks (including cholera)			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 3.1	# of health workers receiving refreshers training on cholera prevention and case management	56	60	DHO reports
Indicator 3.2	Cholera Case Fatality Rate	<1%	0%	Weekly IDSR
Indicator 3.3	Cholera Attack rate	<0.02%	0%	Weekly IDSR
Explanation of output and indicators variance:		The number of health workers trained in surveillance and case management has surpassed targets by 4 additional health workers, Achievement is 107%, which is not a big variance. No outbreak of cholera has occurred in the targeted districts, hence the case fatality and the attack rate remain "0"		
Activities	Description	Implemented by		
Activity 3.1	Provide refreshers training on cholera case management to targeted health unit staff	DHOs		

Activity 3.2	Prepositioning of Cholera prevention and treatment supplies	UNICEF, DHO
Activity 3.3	Community wide awareness campaigns on cholera prevention	Mobile Teams
Activity 3.4	Distribution of water treatment supplies	Mobile Teams
Activity 3.5	Establishing standard cholera treatment centers (CTCs)	Not needed
Activity 3.6	Case management at established CTCs	Not needed

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Their involvement was largely limited to deciding where the mobile teams should operate from and what days the mobile team should visit the specific locations. Through their committees, they have ways of expressing their concerns and raising issues that has to do with health in the camps and host communities. The communities were instrumental in identifying bug infestations, providing labour for fumigation, also providing support for Long Lasting Insecticide nets (LLIN) distribution as well as Measles Rubella (MR) campaigns.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Camp management used existing local community structures, local opinion leaders, and committees previously established. These community structures were instrumental in mobilizing the communities for vaccination campaigns, environmental cleaning, crowd control for mobile clinic works, and overall camp management. The committees consulted the mobile teams in all important matters, including voicing their concerns about distribution of supplies, fumigation of camps, and water and sanitation related needs. Health Concerns voiced by the affected people were largely the difficulty in stretching nets in tents. The tents do not have structure to support hanging of nets for everybody. This was the biggest concern voiced by communities, It was eventually addressed by innovative ways of erecting supportive structures inside the tents to help line the LLIN.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Mobile teams explained the community what the minimum packages of services were and inquired if any of these services are not acceptable by community. There was no objection from the community. Also, during MR campaign, the mobile teams used local volunteers to disseminate information, who mobilised camp dwellers and host communities. UNICEF's field team members were all trained on PSEA. However, some of the mobile team members, who came from government health institutions, were not trained. Nevertheless, no incident was reported on the mobile team members. UNICEF acknowledged this gap and discussed with UNFPA to provide PSEA training for DHO members in the future.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

The complaints were done through the traditional way. The complaints went through the mobile teams on the ground and then to the supervisors. The complainants were given feedbacks as to how their complaints have been dealt with and changes where needed was done.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☒

Local community structures were trained to observe trends and report incidents to a protection officer stationed at the camp. Also, police units were alerted and included in the reporting lines. UNICEF's field team members were all trained on PSEA. However, some of the mobile team members, who came from government health institutions, were not trained. Nevertheless, no incident was reported on the

mobile team members. UNICEF acknowledged this gap and discussed with UNFPA to provide PSEA training for DHO members in the future.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

A real-time evaluation of the response was conducted. The evaluation was not very specific for CERF projects, but covered all aspects and all districts UNICEF and other UN partners were responding in during the crisis.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

8.8. Project Report 19-RR-CEF-063 - UNICEF

1. Project Information			
1. Agency:	UNICEF	2. Country:	Malawi
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-RR-CEF-063
5. Project Title:	Prevention and treatment of severe acute malnutrition among flood affected populations.		
6.a Original Start Date:	15/04/2019	6.b Original End Date:	14/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,467,463
	b. Total funding received for agency's sector response to current emergency:		US\$200,000
	c. Amount received from CERF:		US\$ 200,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 121,675.27
	Government Partners		US\$ 32,083.23
	International NGOs		US\$ 0
National NGOs		US\$ 89,592	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance

The CERF RR grant enabled UNICEF to provide assistance to the most flood affected populations of Nsanje, Zomba, Neno, Thyolo, Mwanza, Chikwawa, Mulanje, Phalombe, Machinga, Mangochi and Balaka districts in Southern Malawi. 1,233 children with severe acute malnutrition (SAM) were admitted for treatment in the Community-based Management of Acute Malnutrition (CMAM) program of which 95.8 percent successfully recovered, 1.8 percent defaulted from care while 1 percent died. UNICEF provided technical and financial support to its partners to strengthen early identification and referral appropriate treatment of children under five years with acute malnutrition. A total of 561,179 (261,594 boys, 299,585 girls) were screened for acute malnutrition and this contributed highly to the CMAM admissions.

UNICEF procured 220 cartons of F75, 150 cartons of F100 and 20,000 bottles of Amoxycillin syrup and supported timely last mile distribution of these lifesaving nutrition supplies through the Central Medical Stores Trust (CMST). UNICEF ensured that there was no pipeline break during the reporting period and all SAM children accessed the life-saving commodities timeously in the flood affected districts.

UNICEF, through the cluster mechanism strengthened and ensured an effective nutrition response and coordination systems that foster nutrition resilience through linkages to nutrition sensitive sectors.

3. Changes and Amendments

With this support from CERF, UNICEF managed to screen 561,179 children under five, which was way more than the 178,172 targeted for this project due of the increased efforts on active case finding and mass screening for early identification and referral of children with acute malnutrition. This contributed to the more children (1,233) admitted for SAM treatment compared to the targeted 104 children with SAM. In addition, UNICEF procured less F75 (220 cartons compared to the 500 cartons planned), 20,000 bottles of Amoxycillin instead

of the 30,000 bottles, and did not procure the 160 bottles of albendazole, 500 bottles of Vitamin A 100,000 IU and the 300 bottles of Vitamin A 200,000 IU. This is because UNICEF had already procured these commodities using other resources by the time the CERF funds were received. There was a gap however with F100 hence UNICEF procured additional 150 cartons using the resources saved from the F75. The other resources saved from the commodities not procured were used to reach more children through screening. These changes were within the 15% allowable limits.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Nutrition - Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	65,563	53,500	59,129	178,192
Other affected persons	0	0	0	0	0
Total	0	65,563	53,500	59,129	178,192
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons		65,566	261,594	299,585	626,745
Other affected persons	0	0	0	0	0
Total		65,566	261,594	299,585	626,745
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:

No significant discrepancies.

5. CERF Result Framework	
Project Objective	To provide lifesaving nutrition support to at least 1040 SAM children in the 11 districts for 3 months.

Output 1	Quality treatment provided to children with SAM in the affected districts improved			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of children with SAM admitted for treatment	1040	1,233	CMAM programme data, bi-weekly sitrep etc.
Indicator 1.2	% children who are discharged as recovered from SAM	>75% (more than 780)	95.8%	Monthly CMAM data
Indicator 1.3	Amount of F75 Therapeutic diet, sachet 102.5g/CAR-120	500 Cartons	220 Cartons	purchase order requisition form, airway bills
Indicator 1.4	Amount of Amoxicillin powder/oral sus 125g/5ml/BOT-100	30,000 Bottles	20,000 Bottles	purchase order requisition form, airway bills
Indicator 1.5	Amount of Albendazole 400mg chewable tabs/PAC-100	160 bottles	0 bottles	purchase order requisition form, airway bills
Indicator 1.6	S1583020 Retinol 100,000IU soft gel. caps/PAC-100	500 bottles	0 bottles	purchase order requisition form, airway bills
Indicator 1.7	S1583000 Retinol 200,000IU soft gel. caps/PAC-500	300 bottles	0 bottles	purchase order requisition form, airway bills
Indicator 1.8	Number of children under five and pregnant and lactating women screened for acute malnutrition	178,192	561,179	Monthly Nutrition bulletin, CMAM data, bi-weekly Situation Reports (SitReps)
Indicator 1.9	Number of pregnant and lactating women counselled on IYCF	33,480	65,566	Filed monitoring report, monthly programme data
Explanation of output and indicators variance:		UNICEF supported mass nutrition screening in camps and active case finding in the host communities during the flood emergency response which resulted in more children with SAM being identified and admitted into the CMAM program than initially planned.		
Activities	Description	Implemented by		
Activity 1.1	Conduct supportive supervision and mentorship in all the targeted facilities	District Nutritionists, HSAs and field monitors		
Activity 1.2	Procure and distribute nutrition supplies (F75, F100, and Amoxicillin)	UNICEF on behalf of the government		
Activity 1.3	Provide quality treatment to children with SAM	Health facilities- NRUs and OTPs by facility staff.		
Activity 1.4	Orient district stakeholders and health workers in IYCF-e	Caregivers and district nutrition teams		

6. Accountability to Affected People	
6.a IASC AAP Commitment 2 – Participation and Partnership	
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>The people affected by floods were directly involved in defining their priority needs. This was done using focused group and key informant interviews, during the various inter-sectoral rapid assessments, including the Post Disaster Needs Assessment (PDNA). The affected population in communities and camps through key informant interviews and focus group discussions were asked what their immediate needs were and based on this the feedback UNICEF and other humanitarian actors were able to tailor the response accordingly.</p> <p>In addition, UNICEF supported partners to conduct joint monitoring and review meetings with District Nutrition Coordination Committees (DNCC), the District Health Management Teams (DHMT), Area Nutrition Coordination Committee (ANCC) as well as focus group discussions and key informant interviews with members of the affected communities to ascertain the successes, challenges and chat a way forward in improving the response. The findings from these review meetings helped UNICEF and its partners to provide appropriate life-saving interventions to children affected by acute malnutrition. This included strengthening of behaviour change communication messages on optimal maternal, infant and young children nutrition (MIYCN).</p>	
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>The project design and planning were done based on the needs assessments and consultations with districts structures including the DNCC, the DHMT, the ANCC as well as learning and recommendations from community and nutrition cluster members on the nutrition emergency response from 2015-2017. UNICEF provided technical support to the Department of Nutrition, HIV/AIDS (DNHA) in coordinating the Malawi nutrition cluster which resulted in timely contingency and response planning, adequate resources mobilization and effective implementation of quality treatment of children with SAM during the 2019 emergency response. UNICEF also worked with District Councils through the District Nutrition Coordination Committees and other lower level structures to strengthen coordination and ensure integration of active case finding.</p>	
6.b IASC AAP Commitment 3 – Information, Feedback and Action	
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>During the inter-sectoral rapid assessments affected people were orientated on key humanitarian principles and the need to ensure everyone affected by the crisis is supported.</p>	
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.</p> <p>Although UNICEF did not specifically implement complaints handling strategies, government structures through the civil protection committees at village, area and district level were used to receive and address complaints. UNICEF received complaints such as inadequate screening in camps, which was addressed through the District Nutrition coordination Committees (DNCC) and ensuring weekly screening for acute malnutrition of children under five in camps.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.</p> <p>At the start of the crisis issues relating to SEA were not well coordinated, this is with regards to early identification and reporting. In the course of the response, both humanitarian actors and the affected population were sensitized on SEA. All UN staff were required to complete the PSEA course, and further courage, supported to report any cases of SEA.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>Any other comments (optional):</p> <p>N/A</p>	

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNICEF conducted an internal real-time evaluation to evaluate UNICEF's programmatic and operational response and preparedness in the three countries (Mozambique, Malawi and Zimbabwe) affected by Cyclones Idai and Kenneth. The evaluation report is still under review and not yet released. However, the overall emergency Nutrition performance in Malawi was rated as very good.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.9. Project Report 19-RR-WFP-038 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Malawi
3. Cluster/Sector:	Logistics - Common Logistics	4. Project Code (CERF):	19-RR-WFP-038
5. Project Title:	Provision of common logistics services and logistics augmentation in Malawi		
6.a Original Start Date:	17/04/2019	6.b Original End Date:	16/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 348,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 200,070
	c. Amount received from CERF:		US\$ 200,070
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through the CERF RR grant, the Logistics Sector in Malawi was able to support up to 34 organizations, including government, national and international NGOs and UN Agencies. Services offered included logistics coordination, information management, and facilitation of access to transport, and storage.</p> <p>The Sector facilitated road transport for over 6,800mt of relief cargo, river transport services accessed by 193 passengers on behalf of 12 organizations and facilitated storage for over 4,494 m³ of relief cargo at WFP central logistics hub in Blantyre and 3 extended delivery points (EDP) in the south of Malawi. This allowed for life-saving assistance to timely reach the people most in need and helped all partners involved in the response to plan better their assistance given access restrictions. The information management platform allowed access to up-to-date information on road conditions and accessibility to affected population by all sectors involved in the humanitarian response. Whilst air operations provided by the Malawi Defence Forces and South African Military counterparts were limited for search and rescue and medical services, river transport services facilitated by the Logistics Sector across the Shire River to Makhanga Island was the only means of accessing affected populations.</p>

3. Changes and Amendments
N/A

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Logistics - Common Logistics				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	0	0	0
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Logistics - Common Logistics				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	0	0	0	0	0
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A
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5. CERF Result Framework	
Project Objective	To ensure the quick transport of life-saving humanitarian cargo to impacted communities and project implementation sites for the humanitarian community responding to the flood response in Malawi. To facilitate access to storage of humanitarian cargo. To support the overall humanitarian logistics response by augmenting logistics capacity through enhanced coordination and information sharing mechanisms.
Output 1	Life-saving humanitarian cargo is stored and transported to affected areas and project implementation sites quickly and efficiently through the provision of coordinated road and river transport services.

Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of humanitarian organisations utilising transport and storage services.	10	34	Global Logistics Cluster (GLC) Malawi operational overview March – July 2019
Indicator 1.2	Percentage of service requests to transport cargo fulfilled (85%)	85%	100%	Relief Item Tracking Application (RITA)
Indicator 1.3	Service satisfaction rate on Cyclone Idai Logistics Cluster User survey is 80% above	80%	100%	Global Logistics Cluster (GLC) Survey
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Contracting and implementation of transport and storage services (30 transporters)	WFP		
Activity 1.2	10 Additional storage facilities made available	WFP		
Activity 1.3	Deployment of staff (2)	WFP		

Output 2	Strengthened logistics response, through increased information sharing, maximising interoperability of actors, and minimising duplication of effort.			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of organisations attending meetings	15	34	GLC Malawi operational overview March – July 2019
Indicator 2.2	Number of IM Products Shared	20	55	GLC Malawi operational overview March – July 2019
Explanation of output and indicators variance:		The logistics coordination cell established in Blantyre provided platform for information sharing and visibility of Logistics Sector and services offered.		
Activities	Description	Implemented by		
Activity 2.1	Set up a coordination hub in Blantyre, with a dedicated Information Management Officer.	GLC		
Activity 2.2	Regular coordination meetings are held	GLC		

6. Accountability to Affected People
6.a IASC AAP Commitment 2 – Participation and Partnership
<p>How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?</p> <p>The Logistics Cluster acted as a service provider for the humanitarian operations and was not directly implementing assistance projects for the beneficiary population.</p>
<p>Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?</p> <p>N/A</p>
6.b IASC AAP Commitment 3 – Information, Feedback and Action
<p>How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?</p> <p>N/A</p>
<p>Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>N/A</p>
<p>Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>N/A</p>
<p>Any other comments (optional):</p> <p>N/A</p>

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	Achieved
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Global Logistics Cluster (GLC) facilitated a Logistics Sector Malawi User Feedback Survey in April and May 2019 that resulted into an 82% positive rating. Further feedback from partner organizations and government partners were given during two After-Action Review sessions organized jointly by the Department of Disaster Management Affairs (DODMA) and WFP in August 13 in Lilongwe and August 15 in Blantyre.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.10. Project Report 19-RR-WFP-039 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Malawi
3. Cluster/Sector:	Food Security - Food Assistance	4. Project Code (CERF):	19-RR-WFP-039
5. Project Title:	Responding to urgent food needs of floods-affected population in Southern Malawi		
6.a Original Start Date:	17/04/2019	6.b Original End Date:	16/10/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 10,300,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 10,195,603
	c. Amount received from CERF:		US\$ 1,000,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 0
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>The objective of WFP's food security response was to provide lifesaving relief assistance to the flood-affected populations in IDP camps and communities to prevent a deterioration of the food insecurity and nutrition situation among the affected communities. Throughout the emergency response, WFP and its partners reached 100 percent for the targeted population in Chiradzulu and 99 percent of population targeted in Zomba under CERF's contribution, that is, some 81,536 people (16,307 households at an average size of 5) in both Zomba and Chiradzulu.</p> <p>WFP prioritised assistance to the most-affected households that lost their assets and food and were unable to find food without assistance, with priority given to displaced people living in camps. The project provided cash-based transfers of MK18,000 per household (approximately US\$ 25), equivalent to the value of the monthly food basket of 50kgs of cereals, 10kgs of pulses and 2L of vegetable oil.</p>
3. Changes and Amendments
<p>With CERF funding to the Cyclone Idai Floods Response, WFP reached 81,536 people with assistance, which was over the planned number of beneficiaries (68,140). This was owing to savings in transfer values as a result of lower and stabilized prices of food commodities on the market.</p>

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Food Security - Food Assistance				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	16,013	18,057	16,695	17,375	68,140
Other affected persons	0	0	0	0	0
Total	16,013	18,057	16,695	17,375	68,140
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Food Security - Food Assistance				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	19,569	21,199	19,976	20,972	81,716
Other affected persons	0	0	0	0	0
Total	19,569	21,199	19,976	20,972	81,716
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The main reason for the difference between planned and actual reached is that the response got additional funding from other sources that made it possible for WFP to reach more affected people in the same locations with transfers for two cycles of transfers
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5. CERF Result Framework

Project Objective	The overall objective of the project is to save lives, reduce the impact of the floods on the food security of affected population in the three districts that are IPC 3 and above, and ensure that vulnerable populations, including women, children, the elderly and people with disabilities have access to adequate resources and prevent households from sliding further into severe vulnerabilities and reverting to negative coping mechanisms.
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Output 1	Cash transfers are distributed in sufficient quantity and quality and in a timely manner to targeted beneficiary households			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Number of people receiving cash assistance disaggregated by age and sex and as a percentage of plan	68,140 (16,013 men, 18,057 women, 16,695 boys, 17,395 girls)	81,536 (19,569 men, 21,199 women, 19,976 boys, 20,972 girls)	Financial Reports
Indicator 1.2	Total amount of cash transferred to beneficiary households as a percentage of planned	\$648,362	\$815,369	Financial Reports
Indicator 1.3	Number of joint monitoring visits conducted	2	2	Field Monitoring Reports
Explanation of output and indicators variance:		The CERF support reached more beneficiaries than planned due to additional resources that WFP secured for the floods response. This meant that the CERF resources were able to reach more affected population within the same districts than planned for two cycles of transfers.		
Activities	Description	Implemented by		
Activity 1.1	Targeting and beneficiary registration, managing cash distributions, monitoring of response and coordination with district councils	Cooperating partners and Financial Service Providers (Save the Children and Plan International)		
Activity 1.2	Market Assessment	WFP, Cash Working Group and Cooperating partners		
Activity 1.3	Field monitoring visits	WFP		
Activity 1.4	Complaints and Feedback Mechanism put in place	WFP and Cooperating partners (Save the Children and Plan International)		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Household targeting criteria were in line with the Joint Emergency Food Assistance Programme (JEFAP), which outlines social and economic indicators used to identify the most poor and vulnerable households. Households with chronically ill patients, elderly- and female-headed households, and households taking care of orphans were prioritised. District councils, community civil protection committees and NGO partners were used to identify and verify eligible households for registration and provision of assistance.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The response was fully coordinated by the Food Security Cluster at national level with membership of all stakeholders. At local level, district executive committees worked very closely with NGO partners and community structures, including area and village civil protection committees among others. The involvement of civil protection committees ensured the concerns of the beneficiary and non-beneficiary men, women, girls and other marginalised groups were considered during the response implementation. Regular door to door beneficiary

verification exercises in communities also increased community participation and provided opportunity for community voices to ensure the assistance was going to only those in need.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

WFP, through its cooperating partners, undertook community mobilisation sessions to inform communities about the entitlements, the process of distribution as well as explanations on Complaints and Feedback Mechanisms (CFMs), among others. Awareness sessions to communities on safeguarding issues were done regularly through pre-distribution talks, community feedback sessions by third party Youth Network and Counselling (YONECO) and focus group discussions. The forums were used to pass on a variety of key messages including: the response objectives, period of response, modalities of response, beneficiary targeting criteria, household entitlements and complaints and feedback mechanisms. In addition, protection assessments were conducted to gauge safeguarding risks. Other channels included educative entertainment forums like theatre for development that enhanced awareness on rights and entitlements, unacceptable behaviour and available recourse channels.

Additionally, PSEA commitments were part of the Field Level Agreements (FLAs) with cooperating partners, which demonstrated internal capacity to address and respond to allegations of SEA through their policy and commitments in the agreement. WFP also undertook awareness/sensitization campaigns with financial service providers, with emphasis on humanitarian imperatives of the assistance

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☒ No ☐

WFP used multiple channel CFM including site-based helpdesks and suggestion boxes managed by cooperating partners and toll-free line (helpline) through an outsourced third-party service provider, that documented concerns in a customer relations manager (CRM) database. The helpline operated by YONECO was multi-lingual, operated by trained counsellors for 24 hours a day and linked to the National GBV hotline as well as the child helpline. The helpline established a tracking matrix where complaints launched were handled in a speedy manner either through escalation to referrals or actual actions taken to address a complaint.

All cooperating partners in the Districts were required to orient all their project staff on CFMs, Accountability to Affected Populations (AAP), gender and protection, including sexual exploitation and abuse and also appoint a designated focal person for gender and protection to lead on CFMs for WFP supported programmes and finally provide a platform for receiving complaints from the affected communities at the distribution point e.g. helpdesk, suggestion box, pre-distribution talks etc.

Data from all partners on WFP related concerns were collated in the WFP data base in the SUGAR CRM. All parties involved in CFM were required to sign an 'Oath of Confidentiality' (e.g. WFP staff, Government and partners). WFP mapped referral pathways for complaints that WFP does not have the capacity to handle (e.g. GBV and Child Protection). Most protection related cases were referred to other actors for resolution.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☒ No ☐

WFP established a Protection from Sexual Exploitation and Abuse (PSEA) focal point network, with a senior management staff serving as the Country Office focal point and an alternate in the Blantyre office. Additionally, any cases of SEA received through any of the CFMs were escalated within a few hours of receiving the complaint. Referral of protection cases included third parties such as district police and social welfare focal point and protection response service points. All Cooperating partners were also sensitized on PSEA and all were obligated to appoint a PSEA focal point who was trained to handle all issues of protection and sexual exploitation and abuse.

Any other comments (optional):

N/A

7. Cash Transfer Programming					
7.a Did the project include one or more Cash Transfer Programmings (CTP)?					
Planned			Achieved		
Yes, CTP is the sole intervention in the CERF project			Yes, CTP is the sole intervention in the CERF project		
7.b Please specify below the parameters of the CTP modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.					
CTP Modality	Value of cash (US\$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Cash in Envelope	US\$ 815,369	Sector-specific	Food Security - Food Assistance	Unconditional	Unrestricted
<p>Supplementary information (optional):</p> <p>The choice of cash-based transfers depends on functionality of markets and availability of commodities on markets. Immediately after the flooding occurred, the markets were not functional due to inaccessibility and food commodities available on the markets at the time were very expensive for cash transfer modality. However, one month later, the food security cluster recommended a switch of modality from in-kind to cash, because the markets became functional again, prices had stabilised to affordable levels and food commodities became readily available on the market. Cash transfers were implemented through cash in envelopes by Financial Services Providers working closely with NGO partners. NGO partners made sure the beneficiaries were fully sensitised and aware of the details of when the transfers will happen, transfer values per household and to make sure the beneficiaries are supported at cash distribution points for any issues and queries. In addition to cash distribution, the financial service providers were also sensitised prior to the project on proper conduct towards affected populations.</p>					

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
No evaluation has been planned. However, an after-action review of the response was conducted to identify best practices and lessons learnt of the CERF-funded Floods Response. Key findings of the After-Action Review noted that there was swift response to the emergency owing to the swift action of actors specifically the Government and donors such as CERF. Additionally, logistics support provided during the response was commended as a contributing factor that allowed the response to be implemented in a more coordinated and effective manner. Lastly, it was noted that due to stability of prices in the months after the flooding, more beneficiaries were reached due to decrease in transfer values, increasing the number of beneficiaries from 68,140 to 81,536.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.11. Project Report 19-RR-WFP-040 - WFP

1. Project Information			
1. Agency:	WFP	2. Country:	Malawi
3. Cluster/Sector:	Nutrition - Nutrition	4. Project Code (CERF):	19-RR-WFP-040
5. Project Title:	Accelerating nutrition screening and treatment of acute malnutrition in the flood-affected areas		
6.a Original Start Date:	01/04/2019	6.b Original End Date:	30/09/2019
6.c No-cost Extension:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,080,936
	b. Total funding received for agency's sector response to current emergency:		US\$ 100,583
	c. Amount received from CERF:		US\$ 100,583
	d. Total CERF funds forwarded to implementing partners		US\$ 0
	of which to:		
	Government Partners		US\$ 0
International NGOs		US\$ 0	
National NGOs		US\$ 0	
Red Cross/Crescent		US\$ 0	

2. Project Results Summary/Overall Performance
<p>Through this CERF RR grant, WFP procured 42mt of Super Cereal Plus (CSB++) for treatment of moderate acute malnutrition (MAM) for children and 9mt of Ready to Use Therapeutic Food (RUTF) for treatment of Severe Acute Malnutrition (SAM) in adolescents and adults with focus on malnourished TB and ART patients. This represents a slight deviation figures from the plan of 41.127mt CSB++ and 8mt RUTF planned, due to the price differences at the time of purchase. A total of 2,333 MAM children and 3,261 adults and adolescents were treated for moderately acute malnutrition and severely acute malnutrition, respectively from April to June 2019 in Nsanje, Neno, Mwanza, Zomba, and Thyolo. The funds also supported monthly monitoring during the three months period.</p> <p>All the programme performance indicators for the Supplementary Feeding Programme were within the SPHERE standards of greater than 75 percent recovery, less than 15 percent default and non-recovery rates, and less than 3 percent death rates for the two target groups in the CMAM programme. Specifically, average recovery rate was at 90 percent, death rate at 0.3 percent, default at 5 percent and non-response at 4 percent.</p>

3. Changes and Amendments
N/A

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)					
Cluster/Sector	Nutrition - Nutrition				
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	1,480	1,603	1,102	1,193	5,378
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	1,480	1,603	1,102	1,193	5,378
Planned	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	0

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)					
Cluster/Sector	Nutrition - Nutrition				
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Host communities	1,600	1,661	1,144	1,189	5,594
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	0	0	0	0	0
Other affected persons	0	0	0	0	0
Total	1,600	1,661	1,144	1,189	5,594
Reached	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A
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5. CERF Result Framework

Project Objective	Contribute towards reducing morbidity and mortality due to acute malnutrition among under-five children, (PLW) and People Living with HIV and AIDS (PLHIV) in the 5 targeted districts (not initially included in lean season response funding but equally affected by floods), through treatment of moderate acute malnutrition for children and severe acute malnutrition among PLHIV/TB.
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Output 1	Food and nutritional products distributed in sufficient quantity and quality and in a timely manner to targeted beneficiary households			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 1.1	Quantity of food assistance distributed, disaggregated by type of commodities, as % of planned	100% (49.127 mt)	104% (51 mt)	WFP commodity procurement report
Indicator 1.2	Number of women, boys and girls receiving food assistance, disaggregated by beneficiary category and sex, as % of planned	100% (1,193 girls, 1,102 boys, 1,603 women, 1,480 men)	104% (1,189 girls, 1,144 boys, 1,661 women, 1,600 men)	MoH CMAM & NCST Programme data base
Indicator 1.3	Number of health facilities assisted, as % of planned	100% (114)	100% (114)	Field monitoring reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procurement of specialized nutritious products.	WFP		
Activity 1.2	Distribution of specialized nutritious products.	WFP		
Activity 1.3	Monitoring and reporting on the programme implementation.	Ministry of Health through existing Health management information systems; District Health Information System (DHIS), and MoH Excel based CMAM programme data base		

Output 2	Technical support provided to enhance management of Moderate Acute Malnutrition			
Indicators	Description	Target	Achieved	Source of Verification
Indicator 2.1	Number of affected districts oriented	5	5	Field reports
Indicator 2.2	Number of supportive supervision conducted	Monthly	Monthly (5)	Monthly monitoring reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Conduct orientations on nutrition assessment and counselling for frontline workers involved in floods districts.	WFP and Ministry of Health (MoH)		
Activity 2.2	Monthly supportive supervision	WFP and MoH		

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

As the programme is embedded within the Government Ministry of Health system, there was no need for designing the project. Participation of crisis-affected people was only considered in the implementation and monitoring of the project.

Community engagement for Community Management of Acute Malnutrition (CMAM) was conducted through existing care groups to engage the promoters and cluster leaders to support active case finding including referral and follow up of children with acute malnutrition with health facilities within the catchment area. For the severe adolescents and adults targeted, referrals to the treatment programme was from Prevention of Mother-to-Child Transmission (PMTCT), Anti-Retroviral Therapy (ART), Ante Natal Care (ANC) and Tuberculosis (TB) clinics.

Community engagement promoted better response to community needs and concerns as communities were empowered and capable of addressing their own needs. It also led to cost effectiveness, accountability, sustainability and equity. The actors involved in the community engagement included religious and traditional leaders, health care providers, community outreach workers and volunteers, donors and agriculture extension workers. Community members forming the village health committee were a reliable communication platform which allowed continuous dialogue with communities and inspired their participation in health and nutrition practices. The communities also used the village health committee to voice their insights and identify new barriers as well as timely and jointly developed local solutions. Community engagement also led to integration of CMAM with other community activities for example promotion of positive infant and young child feeding practices, WASH, nutrition screening etc. Through community engagement, WFP and its partners, community health workers and volunteers were able to monitor the quality of the programme.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The response was fully coordinated by the Nutrition Cluster at national level with membership of all stakeholders in nutrition. At national level, WFP collaborated with other partners in the development of 4Ws for nutrition cluster response where the earmarked CERF activities were included. At the local level, District Executive Committees (DEC) worked very closely with NGO partners through the District Nutrition Coordination Committees (DNCC) for updates on implementation of nutrition programmes within the districts and identify key issues to assist the district managers in their support to the implementing facilities. At local level, the project utilised care-groups and the village nutrition coordination committees for discussions with all community members (including women, girls and other marginalized groups) on nutrition programming within the community.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

As the programme is embedded in the Ministry of Health's systems, beneficiaries were sensitized on the programme/ intervention to be delivered by the Health officials, upon admission into the treatment of acute malnutrition intervention at the health facilities within their communities.

Information about the organisation, its principles and the behaviour of its staff was given to affected people during monitoring visits carried out by WFP staff, Cooperating partners and Health Surveillance assistants.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.

Yes ☒ No ☐

WFP has a Complaint and Feedback Mechanism (CFM) that utilizes a hotline managed by Youth Net and Counselling (YONECO), a third-party to guarantee independence and accountability. In addition, suggestion boxes, helpdesks and face to face meetings managed by Cooperating Partners were also included as channels for handling complaints with these three generally ranked as the most commonly used channels during distributions. Cases were escalated to and resolved in collaboration with partners, district councils and WFP.

All cooperating partners in the Districts were required to orient all their project staff on CFMs, Accountability to Affected Populations (AAP), gender and protection, including sexual exploitation and abuse, and appoint a designated focal person for gender and protection to lead on CFMs for WFP supported programmes and finally provide a platform for receiving complaints from the affected communities at the distribution point. Data from all partners on WFP related concerns were collated in the WFP data base in the SUGAR CRM.

Furthermore, at district level, an ombudsperson was placed to handle all gender and protection issues at the district council. Additionally, protection committees have been set up at community and area levels to ensure that community members have a platform for complaints management.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.

Yes ☒ No ☐

Internally, WFP has a Protection on Sexual Exploitation and Abuse (PSEA) focal point both at country office and field office levels who provide sensitization and guidance on handling PSEA. All Cooperating partners were also sensitized on PSEA and were all obligated to appoint a PSEA focal point who was trained to handle all issues of protection and sexual exploitation and abuse.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned

Achieved

No

No

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

As the program of treatment of malnutrition is ongoing, no evaluation has been planned.

EVALUATION CARRIED OUT ☐

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\$
19-RR-WOM-004	Gender-Based Violence	UN Women	NNGO	\$42,025
19-RR-HCR-019	Shelter & NFI	UNHCR	NNGO	\$217,485
19-RR-CEF-060	Education	UNICEF	GOV	\$77,959
19-RR-CEF-061	Child Protection	UNICEF	GOV	\$46,597
19-RR-CEF-061	Child Protection	UNICEF	INGO	\$3,433
19-RR-CEF-062	Health	UNICEF	RedC	\$246,178
19-RR-CEF-062	Health	UNICEF	GOV	\$82,549
19-RR-CEF-062	Health	UNICEF	NNGO	\$44,129
19-RR-CEF-063	Nutrition	UNICEF	GOV	\$32,083
19-RR-CEF-063	Nutrition	UNICEF	NNGO	\$89,592

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to Affected Populations
AAR	After Action Review
ACN	Ante Natal Care
AGD	Age, Gender and Diversity
ANCC	Area Nutrition Coordination Committee
ART	Anti-Retroviral Therapy
CBCM	Community-based Complaints Mechanism
CCCM	Camp Coordination and Camp Management
CFM	Complaint and Feedback Mechanism
CMAM	Community-based Management of Acute Malnutrition
CMST	Central Medical Trust Fund
CRM	Customer Relations Manager
CSO	Civil Society Organisation
CTP	Cash Transfer Programming
CVSU	Community Victim Support Units
FCA	Field Level Agent
DFID	Department for International Development
DHO	District Health Officer
DNCC	District Coordination Committee
DoDMA	Department of Disaster Management Affairs
DTM	Displacement Tracking Matrix
DSWO	District Social Welfare Office
EPD	Extended Delivery Point
EPI	Expanded Program on immunization
GBV	Gender-based Violence
GLC	Global logistics Cluster
HCT	Humanitarian Country Team
HIV	human immunodeficiency virus
HH	Household
HSA	Health
IDP	Internally Displaced People
IP	Implementing partner
IPC	Integrated Food Security Phase Classification
JEFAP	Joint Emergency Food Assistance Programme
LGBTI	Lesbian, gay, bisexual, transgender and intersex
LLIN	Long Lasting Insecticide Nets
MAM	Moderate Acute Malnutrition
MDF	Malawi Defence Force
MIYCN	Maternal Infant and Young Child Nutrition
MoEST	Ministry of Education, Science and Technology
MoGCDSW	Ministry of Gender, Children, Disability and Social Welfare
MoH	Ministry of Health
MR	Measles Rubella
MT	Mega tonne
NYADE	Youth Animators for Development
NFI	Non-Food Item

NGO	Non-Governmental Organisation
OPD	Out-Patient Department
PIM	Plan International Malawi
PLHIV	People Living with HIV
PLW	Pregnant and Lactating Women
PMTCT	Prevention of Mother to Child Transmission
PSEA	Protection from Sexual Exploitation and Abuse
PSNs	Persons with Specific Needs
PSS	Psychological Support
PVSU	Police Victim Support Unit
RC/HC	Resident Coordinator/Humanitarian Coordinator
RH	Reproductive Health
ROSEA	Regional Office for Southern and Eastern Africa
RR	Rapid Response
RUTF	Ready-to-USE Therapeutic Food
SAM	Severe Acute Malnutrition
SEA	Sexual Exploitation and Abuse
SFP	School feeding programme
SRF	Strategic Result Framework
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually transmitted infection
TA	Traditional Authority
TB	Tuberculosis
TICOSO	Tiphedzane Community Support Organisation
ToT	Training of Trainers
WASH	Water, Sanitation and Hygiene
WORLEC	Women Legal Resource Centre
YONECO	Youth Net and Counselling