

**MALAWI  
RAPID RESPONSE  
FLOODING  
2022**

**22-RR-MWI-51466**

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Resident/Humanitarian Coordinator a.i

## PART I – ALLOCATION OVERVIEW

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### Reporting Process and Consultation Summary:

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

4 Nov 2022

Facilitated by UNRCO Malawi, an AAR for this CERF allocation was held with focal points in programming, cluster coordination, and programme management from all four participating UN agencies.

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

Yes  No

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

Yes  No

## 1. STRATEGIC PRIORITIZATION

### Statement by the Resident/Humanitarian Coordinator:

The strong winds, heavy rains, and significant flooding that Tropical Storm Ana brought wreaked havoc on Malawi on 26 January 2022, left parts of the country inaccessible, over 190,000 people displaced, with organisations across Southern and Central districts scrambling for funding to respond across all critical sectors. The US \$3 million CERF allocation enabled UNICEF, WFP, UNFPA, IOM and their implementing partners to quickly respond to urgent, life-saving needs across the WASH, food security, shelter, CCCM, health, logistics, and protection sectors. Time-critical actions for displaced populations, such as provision of safe drinking water, mobile health services, and temporary shelter, contributed to reduced loss of life and human suffering caused by TS Ana and subsequent TS Gombe which touched down less than one month later. Strategic assistance to GBV, health, reproductive health, and child protection services has been instrumental to ensuring that key underfunded humanitarian priority areas were addressed during the response, alongside targeted assistance to people with disabilities. CERF funding fostered coordination between UN agencies, humanitarian partner organisations, and the Government of Malawi at the central and district level – exemplified by the numerous organisations, including government, which utilised common logistical services to access a greater number of people than the CERF funding alone. In light of scarce funding available to respond, the UN agencies in Malawi have demonstrated strong performance and added value to the emergency response by utilizing CERF funds to meet the greatest number of people in need possible.

### CERF's Added Value:

The value added of the CERF to the TS Ana Response in Malawi cannot be overestimated. The rapid allocation of resources meant that activities like UNICEF's water trucking, child protection services, and IOM's camp coordination and management training for local authorities were immediately deployed to meet the basic needs and safety and security of over 100,000 IDPs having just arrived in 143 ad-hoc temporary IDP camps.

CERF funds helped strengthen the coordination of humanitarian actors, as illustrated by the support the Logistics Cluster provided to up to 44 organisations, including the Government of Malawi, to transport and store response materials. CERF funds were not only coordinated through the relevant six clusters, but also with government. For example, UNFPA worked in close collaboration with district authorities and the Malawi Police to strengthen GBV services and referrals in a humanitarian context.

Importantly, assistance reached households at the right time. Not only did WFP's cash assistance reach households without a gap with the government's food support, but IOM's return packages enabled households to return home after the flooding subsided.

The combination of sector-specific results highlighted throughout this report represent a humanitarian response which was strengthened through the CERF funding which enabled a prioritised response to be carried out. While CERF funding helped mobilise additional food security resources, many organisations would not have been able to launch responses at all without CERF funding as additional funds were not forthcoming in Malawi's underfunded flood appeal which only reached US \$10 million of the required nearly US \$30 million some month's after the crisis occurred.

Overall CERF allocations helped strengthen the role of clusters at different levels, foster coordination and joint action on specific issues, fill gaps and provide a better balance of humanitarian aid within the country and, in certain cases, improve the overall efficiency of certain projects.

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

Yes

Partially

No

For most UN agencies, the CERF allocation was the first funding they received to respond to TS Ana in Malawi which in turn enabled them to quickly deliver assistance to those in most need. Secured funding enabled the release of essential prepositioned WASH stocks which were deployed within 48 hours of confirmation of CERF funding, while UNFPA's agreements with Malawi Police and District Council's enabled quick deployment of protection services for IDPs. IOM's first activities were in March, while WFP had nearly completed

full expenditure of food security transfers within April. UN agencies were able to deliver quickly due to pre-existing agreements with delivery partners: NGOs, contractors, and local government authorities.

**Did CERF funds help respond to time-critical needs?**

Yes

Partially

No

The highly prioritized CERF allocation focused on the most urgent time-critical needs of newly displaced flood victims, including access to safe water and sanitation, health services, shelter, and protection. An initial interagency assessment, identified those activities which were time-sensitive and supported geographical targeting. For example, water trucking and temporary latrines were immediately set up to avoid the follow-on impacts and control of disease within large temporary human encampments, alongside training on CCCM, activation of mobile health clinics, and deployment of child protection workers to camps. Logistics Cluster support was stood up quickly, so that time-critical humanitarian aid could be delivered to areas most in need, while WFP's typical slow-onset community targeting approach was adjusted through community validation, to ensure that the right affected households were reached with food assistance. WFP's distributions were timed to ensure household's did not experience a food gap between government distributions and flood assistance.

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

Yes

Partially

No

Not only did UN agencies coordinate in undertaking a joint needs assessment, but they also came together to identify the key strategic priorities for the CERF allocation at the time of proposal preparation. This included coordinating the planning and subsequent delivery of CERF funds through the respective clusters which they co-lead and participate in, including Protection (child protection and GBV), WASH, CCCM & Shelter, Logistics, Food Security and Livelihoods clusters. At an implementation level, there are examples of agencies cross-checking the delivery of cash assistance to ensure there was not duplication and how sharing of information with clusters resulted in other organisations knowing where best to allocate resources elsewhere. For example, Give Directly allocated resources to Mulanje district where WFP was not covering food security needs through CERF. UNFPA collaborated with the Malawi Red Cross Society (MRCS) to use their household assessment data to update UNFPA's MISP readiness tool, while utilising funds to activate district-level protection coordination structures replicating national ones with cluster partners and government.

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

Yes

Partially

No

Due to global factors outside of the control of the humanitarian sector inside Malawi, such as the initiation of the war in Ukraine and previous COVID pandemic, very few resources were available at the time to respond to TS Ana. Thus, the CERF funds were reported to only assist WFP in mobilizing additional resources for food insecurity needs. However, without the CERF allocation, partners report that they would have been able to achieve very little, and in some cases nothing, for the people who were affected. Cluster partners looked to the UN to see if they could access funding as implementing partners, and were eager to contribute their knowledge and expertise to the response through accessing CERF funds.

## Considerations of the ERC's Underfunded Priority Areas<sup>1</sup>:

Portions of this CERF allocation were designed to target key chronically underfunded humanitarian priority areas through key UN agencies best suited to tackle the needs of specific populations of concern.

Through funding to UNFPA for GBV and reproductive health work and to UNICEF for health and child protection services, the CERF funding specifically targeted women and girls while tackling key GBV, reproductive health, and empowerment issues. While men and women were both reached with many of these services, women and girls comprised the greater percentage of beneficiaries. Around 50% of the funding in these areas for the response came from CERF, illustrating how critical the funds were to ensuring these humanitarian priority areas were sufficiently resourced and scaled up.

WFP, through CERF reached a total of 17,930 people living with disabilities. Additionally and after reprogramming it's allocation, IOM's funding specifically met the needs of 333 people with disabilities, by providing them with return NFI kits. This targeting approach enabled limited resources to meet those in most need, amidst a large population who returned home without assistance, while also meeting their key need of improved shelter conditions.

Unfortunately, education was not funded under the CERF allocation and received barely any funding overall in the response, despite the number of children displaced and use of schools as displacement sites. In the future, education in emergency should be strongly considered for funding, as other resources are less forthcoming for this underfunded priority area.

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

**Table 1: Allocation Overview (US\$)**

<b>Total amount required for the humanitarian response</b>	<b>29,400,000</b>
CERF	2,999,997
Country-Based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	7,600,003
<b>Total funding received for the humanitarian response (by source above)</b>	<b>10,600,000</b>

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

Agency	Project Code	Sector/Cluster	Amount
IOM	22-RR-IOM-004	Shelter and Non-Food Items	600,000
UNFPA	22-RR-FPA-004	Protection - Gender-Based Violence	155,002
UNFPA	22-RR-FPA-004	Health - Sexual and Reproductive Health	155,002
UNICEF	22-RR-CEF-007	Water, Sanitation and Hygiene	498,400
UNICEF	22-RR-CEF-007	Health	240,300
UNICEF	22-RR-CEF-007	Protection - Child Protection	151,300
WFP	22-RR-WFP-008	Food Security - Food Assistance	999,993
WFP	22-RR-WFP-009	Common Services – Logistics	200,000
<b>Total</b>			<b>2,999,997</b>

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

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>1,993,037</b>
Funds sub-granted to government partners*	96,775
Funds sub-granted to international NGO partners*	88,400
Funds sub-granted to national NGO partners*	367,702
Funds sub-granted to Red Cross/Red Crescent partners*	454,083
<b>Total funds transferred to implementing partners (IP)*</b>	<b>1,006,960</b>
<b>Total</b>	<b>2,999,997</b>

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

## 2. OPERATIONAL PRIORITIZATION:

### Overview of the Humanitarian Situation:

Tropical Storm Ana on 24 January brought strong winds, heavy rains and resulting floods to 17 southern and central districts of Malawi. Authorities reported 870,000 people had been affected, including close to 100,000 displaced, with 37 deaths, 20 people missing and 158 injured. Before the storm, some of these areas already faced food insecurity (IPC phases 2 and 3). Most of the displaced are living in informal displacement sites such as schools, community buildings and other temporary shelters. Following inter-agency assessments, immediate needs were identified in the following sectors: Water, Sanitation and Hygiene (WASH), Food Security, Protection, Shelter and Non-Food Items, and Health. In a statement on 26 January, the Government declared a state of disaster in 15 districts and has appealed for humanitarian assistance.

### Operational Use of the CERF Allocation and Results:

In response the ERC allocated \$3 million from CERF's rapid response window. With CERF funding, the country team provides life-saving assistance, prioritizing the most vulnerable and those most at risk, particularly 112,779 displaced people. The CERF-funded response includes the provision of WASH assistance including hygiene messaging to 500,000 persons, child protection for 179,232, mobile clinics for 132,562 persons, protection, protection from gender-based violence and reproductive health support to 191,036 people, shelter supplies and basic household goods for 69,885 persons and enhanced food security for 163,800 persons. Overall, the CERF proposal targets an estimated 350,000 people. The allocation also support the UN Humanitarian Air Service to provide crucial logistics support.

### People Directly Reached:

The CERF allocation directly reached its target of 354,000<sup>2</sup>. With this reach, it is highly likely that there are agencies that have reached more people than the initial targets. While it is not possible to understand which people received more than one service under CERF, estimates were made to avoid double counting using the greatest reach per sector/agency by population type. A number of services were targeted specifically to IDPs residing inside camps, so disaggregation was done by type and not sector.

As highlighted above, it is very possible that some sectors and agencies reached more people than the initial target. The sector with the largest reach, was UNICEF's WASH activities, which reached 215,296 people. Under Child Protection, UNICEF reached 232,679 children. UNICEF reached more than the target and this over-achievement was a result of initial target which was conservative especially when it comes to awareness activities. According to UNICEF, Malawi Police Service was able to reach much more people with awareness and community engagements through road shows and vans to the affected communities. The deployment of child protection workers to the affected areas also meant increased engagement with displaced and affected communities.

Additionally, UNFPA reached its targeted populations close to 172,000 people in GBV and over 138,000 under Sexual and Reproductive Health. For UNFPA the integrated GBV and SRHR activities focused on awareness raising sessions, including through the mobile clinics which also provided services in the camps as well as to communities. In order to increase coverage teams worked during market days where many people converge to trade so at the same time they received messages and also accessed GBV and SRHR services such as Family Planning The use of Safe Space mentors during the GBV response in the camps as well as the deployment of extra nurses helped to increase the reach and increased engagement beyond the planned targets."

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<sup>2</sup> Total beneficiaries reached could be higher, but the actual numbers cannot be confirmed.

## **People Indirectly Reached:**

**IOM** provided CCCM rapid trainings targeting 682 local officials (268 females and 414 males) in 4 districts mainly from Area Civil Protection Committees (ACPC), Village Civil Protection Committees (VCPC) and Camp Management Committees (CMC) who were responsible for camp management and information management activities at camp level in 36 sites, indirectly reaching an additional population of 98,404 (21,634 HH; 59,776 females; 38,628 males) living in these sites.

**UNFPA's** GBV/SEA campaigns reached 290 women from mother groups that assisted in referral of 15 rape/GBV cases. An estimated 200,000 beneficiaries with GBV and PSEA messages through theatre for development by YONECO and approximately 180,000 beneficiaries were reached with SRHR services through the 60-health service based campaigns executed in the 3 districts by Family Planning Association of Malawi.

**UNICEF** also reached an additional 2 million people through national coverage media houses who disseminated messages supporting positive social norms and practices and address the causes of child protection risks, messages on prevention of sexual exploitation and abuse, including abuse of authority.

**WFP's** indirect reach was significant, but not quantified, as beneficiaries utilised their cash transfers in markets stimulating the local economy, while logistics cluster partners distributed relief items to local populations outside of those reached by the UN.

Across all sectors, it is estimated that over 2 million people indirectly benefited from this allocation including over 1,4 million people from UNICEF. Beyond the trainings, campaigns and as indicated by WFP above, it is anticipated that the use of cash transfers had a wider economic effect on the local economy and local population as a whole.



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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Food Assistance	40,131	37,182	42,916	43,571	<b>163,800</b>	40,131	37,182	42,916	43,571	<b>163,800</b>
Health	23,755	10,499	50,480	47,828	<b>132,562</b>	23,755	10,499	50,480	47,828	<b>132,562</b>
Health - Sexual and Reproductive Health	54,604	50,403	16,697	15,917	<b>137,621</b>	54,604	50,403	16,697	15,917	<b>137,621</b>
Protection - Child Protection	77,110	60,922	21,271	19,929	<b>179,232</b>	77,110	60,922	21,271	19,929	<b>179,232</b>
Protection - Gender-Based Violence	75,497	69,690	23,841	22,008	<b>191,036</b>	75,497	69,690	23,841	22,008	<b>191,036</b>
Shelter and Non-Food Items	10,080	6,720	23,520	15,680	<b>56,000</b>	10,080	6,720	23,520	15,680	<b>56,000</b>
Water, Sanitation and Hygiene	41,597	39,706	54,832	52,941	<b>189,076</b>	41,597	39,706	54,832	52,941	<b>189,076</b>

\* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18. Total Beneficiaries reached could be higher, but the actual numbers cannot be confirmed.

**Table 5: Total Number of People Directly Assisted with CERF Funding by Category\***

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	112,375	112,375
Host communities	136,455	136,455
Other affected people	105,526	105,526
<b>Total</b>	<b>354,356</b>	<b>354,356</b>

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

Sex & Age	Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	121,521	121,521	4,576	4,576
Men	111,676	111,676	4,368	4,368
Girls	61,515	61,515	6,031	6,031
Boys	59,644	59,644	5,824	5,824
<b>Total</b>	<b>354,356</b>	<b>354,356</b>	<b>20,799</b>	<b>20,799</b>

## PART II – PROJECT OVERVIEW

### 3. PROJECT REPORTS

#### 3.1 Project Report 22-RR-IOM-004

1. Project Information			
Agency:	IOM	Country:	Malawi
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	22-RR-IOM-004
Project title:	Shelter and NFI assistance to affected populations from Tropical Storm Ana in Malawi		
Start date:	14/02/2022	End date:	14/08/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 3,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 600,000
	Amount received from CERF:		US\$ 600,000
	Total CERF funds sub-granted to implementing partners:		US\$ 360,495
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 360,495	

### 2. Project Results Summary/Overall Performance

IOM estimates that 57,000 Internally Displaced Persons (IDPs) returned from IDP sites to their areas of origin as of August 2022. IOM supported 22,325 most vulnerable IDP returnees, including People with Disabilities (PwDs) to facilitate them building their houses back better. Hence, IOM reached its objective: *IDPs affected by heavy rains and floods by Tropical Storm Ana are safe while in collective sites and supported to return quickly with adequate shelter and Non-Food-Items (NFI) assistance.* Following the decommissioning of IDP camps by the Government of Malawi (GoM) in April 2022, IOM shifted to Shelter and NFI assistance, reprogramming its Output 1.

IOM and its implementing partner, the Malawian Red Cross Society (MRCS), reached the targeted 22,325 people (13,850 females and 8,475 males; including 333 PwD (223 females, 110 males)), in 4 the flood-affected districts of Nsanje, Chikwawa, Phalombe and Mulanje.

17,500 individuals (3,500 HH; 1,400 male-headed; 2,100 female-headed) received shelter and NFI kits as initially planned in the immediate aftermath of the disaster. After reprogramming Output 1, IOM assisted 2,325 most vulnerable returnees (465 households (HH)), including 333 PwDs, with a standard return package (shelter tool kits, materials, kitchen sets, detergents). Once markets recovered, under Output 2, IOM assisted 2,500 individuals (500 Households (HH); 200 male-headed; 300 female-headed) with cash transfers (104

US\$ per HH). While these were unconditional, beneficiaries were encouraged to use funds to cover individual shelter needs and Post Distribution Monitoring indicated that most beneficiaries used the cash to purchase bricks and cement, some purchased roofing materials, with only a small number using funds to buy food items.

Before the reprogramming, IOM had already conducted 2 types of Camp Coordination and Camp Management (CCCM) rapid refresher trainings in the 4 districts:

1) reaching 682 (268 females; 414 males) local officials from Area Civil Protection Committees (ACPC), Village Civil Protection Committees (VCPC) and Camp Management Committees (CMC) with CCCM skills and knowledge on the prevention of sexual exploitation and abuse (PSEA) to implement better CCCM. This training was co-conducted with the Department of Disaster Management Affairs (DoDMA);

2) trained 12 CCCM IOM outreach workers to monitor, supervise and support services, site improvements and other CCCM activities in the 36 IDP sites, gathering data for IOM for them to provide up-to-date information to shelter cluster partners.

### 3. Changes and Amendments

While IOM was in the process of beginning displacement camp site improvement activities, the GoM began decommissioning the camps prior to the official announcement on camp decommissioning. The rationale behind the government's decision was to encourage the IDPs to return home and cultivate their lands before the rainy season ended, replacing crops lost due to flooding. The development meant that several activities proposed by IOM were no longer applicable nor relevant to the context, especially those under Output 1 (*Activity 1.4, 1.5, 1.6. partly 1.3 (shorter time for monitoring from end march to mid-April)*). Hence, IOM requested and reprogrammed (approved by CERF) its interventions to fit in the context and needs of the affected populations. IOM reprogrammed the proposal to assist the affected households who were in the process of returning or had recently returned to their areas of origin with a standard return package consisting of shelter materials and NFIs facilitating the (re)building back process.

Consequent to the reprogramming, IOM was not able to reach the initial proposed number of targeted beneficiaries, 56,000 persons, as these targets were set to be met through the provision of CCCM services at camp (community) level. Under the reprogrammed Output 1: *Provision of a standard return package to location of origin for the most vulnerable peoples (PwD, Child headed HHs)*, IOM assisted 465 households or approximately 2,325 persons. In total, IOM reached the targeted 22,325 people, in four flood-affected districts as laid out in Output 1 (new), and Output 2.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	10,080	6,720	23,520	15,680	56,000	10,080	6,720	23,520	15,680	56,000
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>10,080</b>	<b>6,720</b>	<b>23,520</b>	<b>15,680</b>	<b>56,000</b>	<b>10,080</b>	<b>6,720</b>	<b>23,520</b>	<b>15,680</b>	<b>56,000</b>
People with disabilities (PwD) out of the total										
	10	7	24	16	57	10	7	24	16	57

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

## 5. People Indirectly Targeted by the Project

In coordination with DoDMA, IOM supported the roll out of CCCM rapid trainings in all 4 districts, targeting 682 local officials (268 females and 414 males) mainly from Area Civil Protection Committees (ACPC), Village Civil Protection Committees (VCPC) and Camp Management Committees (CMC) who were responsible for camp management and information management activities at camp level in 36 sites. The rapid trainings, conducted between 30 March to 7 April 2022, followed a need identified during the service monitoring exercise, which was conducted from 23 to 29 March 2022. The trainings aimed at equipping the local actors with camp management skills including enhancing knowledge on PSEA and strengthening the already existing Complaints Feedback Mechanisms (CFM) on the ground. Thus, these trained local officials were also able to indirectly benefit the populations residing within 36 sites, reaching approximately 98,404 (21,634 HH; 59,776 females; 38,628 males) people further.

## 6. CERF Results Framework

<b>Project objective</b>	IDPs affected by heavy rains and floods by Tropical Storm Ana are safe while in collective sites and supported to return quickly with adequate shelter and NFI assistance			
<b>Output 1</b>	Provision of a standard return package to location of origin for the most vulnerable peoples (PwD, Child headed HHS)			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<b>Sector/cluster</b>	Shelter and Non-Food Items			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of vulnerable people receiving a standard return package to location of origin	2,325	2,325	Signed distribution forms [available upon request]
<b>Explanation of output and indicators variance:</b>		The original target of 56,000 people (Indicator 1.1) was subject to a reprogramming following the decommission of the IDP sites by the GoM in April 2022. All indicators targeted on the reprogrammed output 1 were reached.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Rapid refresher training with Trainer of Trainers (DoDMA) in Collective Shelter/Camp Coordination and Camp Management (CCCM) in the four districts with sub national staff and volunteers (Malawian Red Cross Society (MRCS) and others)	IOM		
Activity 1.2	Roll out mentoring and rapid trainings in 36 collective shelter sites to ensure establishment of management structures, committees, focal points and feedback mechanisms	IOM DoDMA district officials National Government shelter cluster lead representative from Ministry of Lands, Housing and Urban Development (MoLHUD). District government cluster representatives		
Activity 1.3	Rapid profiling of all collective sites and remote monitoring (Key Informants) to track site decongestion, demographic changes, and returns process/closure of sites (PARTLY CONDUCTED, shorter time for monitoring from end march to mid-April; due to reprogramming)	IOM CCCM outreach workers District government cluster representatives MRCS district representatives		

**Output 2** Provision of shelter and NFI kits to the most vulnerable households displaced by Tropical Storm Ana

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers	2,500	2,500	Signed distribution forms
Indicator 2.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	52,000 USD	52,000 USD	Cash distribution sheets/receipt/vouchers
Indicator 2.3	SN.2a Number of people benefitting from in-kind NFI assistance	17,500 (3,500 HH)	17,500 (3,500HH)	Signed distribution forms available upon request
Indicator 2.4	SN.2b Number of in-kind NFI kits distributed	3,500	3,500	Procurement documents and distribution forms available upon request

**Explanation of output and indicators variance:** Not applicable as all the targets set were reached.

Activities	Description	Implemented by
Activity 2.1	Profiling of affected populations return intentions (origin locations and needs) to enable improved targeting of NFI kits and facilitate returns and collective site closure	IOM, MRCS, district government officials, CPC, local leaders, and CMC.
Activity 2.2	Provision of sheltering materials for emergency reconstruction through cash transfer	MRCS, district government officials, CPC, local leaders, and CMC
Activity 2.3	Procurement and distribution of basic non-food items	MRCS, WFP, district government officials, CPC, local leaders, and CMC
Activity 2.4	Post Distribution Monitoring	MRCS

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>3</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC’s four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP)<sup>4</sup>:

<sup>3</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

The affected populations, the local leaders, civil protection committees, and CMCs participated in the selection of beneficiaries and supported IOM and MRCS in verification of the most vulnerable households affected by the floods. The community and district leaders verified the lists during distributions to ensure it was exactly those they selected during registration. Some beneficiaries and community volunteers assisted in the offloading and distribution processes. In all the distribution points, items were distributed in an open space, where the entire community could observe the process. Community members were encouraged to point out any observable discrepancies on the distribution lists. Before the distribution, the beneficiary selection process and items to be distributed were clearly explained to the community. During the distribution, beneficiaries and community members were free to ask and enquire on anything. In the end, the distribution team conducted a debrief discussion, responding to some queries.

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**b. AAP Feedback and Complaint Mechanisms:**

During project implementation (item's distribution), two CFMs, one suggestion box and a toll-free hotline number were accessible, in distance to the distribution site to allow confidentially. IOM and MSRC ensured that CFM (MSRC volunteers) had knowledge on Gender-Based-Violence (GBV)-referral pathways, GBV essentials and how to safely and ethically refer a disclosure via a short refresher training onsite. The beneficiaries' submissions did not raise any issue related to distributions, indicating that all the distributions were successful and conducted in smooth and orderly manners. Some submissions indicated the need for food items, planting seeds and seedlings after all the crop fields were washed away by floods. Further, support to other affected individuals was requested. A toll-free hotline #847 was permanently accessible to community members, offering a secure line of communication to healthcare providers, in case IOM and MSRC implementors were not consulted to support on site.

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

IOM CCCM outreach workers, partners, CMC, and CPC were trained on PSEA and how to handle PSEA related issues, which will expand and enhanced the effectiveness of already existing CFMs on the ground. IOM also promoted the awareness of its "We Are All In" platform (<https://weareallin.iom.int/>) to beneficiaries, local authorities and partners such as MRCS. It is a tool that allows confidential reporting of PSEA-related misconduct. Beneficiaries were introduced to a toll-free hotline number. A suggestion box was deployed on the site, away from peoples' view, enabling people to access it confidentially. At the end of every activity implemented, the CFM contents were checked, and follow-ups were done, ensuring that everything has been completed safely, and no immediate follow up actions regarding PSEA was required.

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

IOM ensured that the principles of Do No Harm, safety and non-discrimination guided any activity conducted by all partners and implementers on the ground. During the CCCM outreach worker refresher training, IOM trained MRCS partners on PSEA and GBV-preventative measures to be implemented particularly during beneficiary registration and distributions of items. IOM took a special role in identifying the most vulnerable IDPs, which included women, girls, and minorities, supporting them with shelter and NFIs, and empowering them to build back better following the crisis. A combination of different items distributed through NFI kits, such as soap, washing kits, and mosquito nets distributed by IOM and partners were designed to offer considerable protection to both women, girls and minorities.

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**e. People with disabilities (PwD):**

The reprogrammed Output 1 enabled IOM to concentrate on most vulnerable IDPs who lacked capacity to build back when returned to their original homes. IOM, with support from community leaders, beneficiaries, and CMC focused, identified, verified, and registered the most vulnerable individuals, including PwD, pregnant and lactating women with disability status, and older people, girls and boys with disabilities. All individuals supported by IOM were provided with the standard return package to ensure shelter needs were met in the context of building back better. All distribution sites were physically accessible for PwD, older, weak or blind people were assisted during the distribution by a staff member. Unfortunately, further funding constraints hindered supporting PwD to set up construction, using the

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shelter kit was not possible Both cash and shelter/NFIs distributions were conducted on time, allowing beneficiaries with disability status to have enough time to travel back home safely.

#### f. Protection:

Next to covering important protection topics such as GBV and trafficking in persons, the CCCM rapid refresher training module highlighted the importance of protection mainstreaming throughout all interventions: trainings, site monitoring activities, beneficiary registration and items distribution to the beneficiaries. The Do No Harm principles was hence always ensured to provide and promote safety and dignity for all affected population. IOM focused on providing information on specific prevention/mitigation of risks for women and girl to all partners (local authorities, MSRC staff and volunteers and community members). The distribution team established as many distributions point as possible per district to ensure close proximity to beneficiaries' residences. All distribution activities finished on time allowing beneficiaries to travel home during daylight reducing risks. The beneficiaries were encouraged to travel back to their homes in groups, including having caretakes of those in need (elders, PwD, etc.) to enhance maximum protection.

#### g. Education:

Due to reprogramming, Activity 1.6 (Deliver site improvements/rehabilitation to enable return to normal use - schools) could not be carried out. However, IOM believes that its work has indirectly contributed to children being able to return to school as families/ households most in need received cash or shelter/NFI assistance that allowed them to cover the basic needs, allow return to "old" lives and routines without the need for children to support household financial and domestic needs during school time. As some IDPs have been residing in collective centres like schools, the return package encouraged them further to go home, thus enabling the use of these spaces for schooling.

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	2,500 individuals

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

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

The Post Distribution Monitoring (PDM) activity indicated that the large portion of CVA received by beneficiaries was used to purchase bricks and a considerable amount for cement, while the rest was divided in purchasing and roofing materials (iron sheets and timber) for shelter reconstruction. However, some beneficiaries also reported using unconditional cash to buy food items.

#### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Purchasing shelter materials	2,500 (500HH individuals)	US\$ 52,000 (104 US\$ per HH)	Shelter and Non-Food Items	Unrestricted

## 9. Visibility of CERF-funded Activities

Title	Weblink
Camp Coordination and Camp Management Refresher Training	<a href="https://www.facebook.com/IOMMalawi/posts/pfbid02KsrTKwbT91yp1cn7538F6v1peK5ZfXztKYydCZUDezGioFNgrXxnNhw2EhoDSY3SI">https://www.facebook.com/IOMMalawi/posts/pfbid02KsrTKwbT91yp1cn7538F6v1peK5ZfXztKYydCZUDezGioFNgrXxnNhw2EhoDSY3SI</a> <a href="https://twitter.com/IOMMalawi/status/1505857445796761604?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA">https://twitter.com/IOMMalawi/status/1505857445796761604?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA</a>
Site Monitoring Activities	<a href="https://www.facebook.com/IOMMalawi/posts/pfbid0cznwFpYXJqS45LycWK1AjnN5QvH4rh9BanyhERnEQpmUHCgieCdvBQEUUYVSMQPJQI">https://www.facebook.com/IOMMalawi/posts/pfbid0cznwFpYXJqS45LycWK1AjnN5QvH4rh9BanyhERnEQpmUHCgieCdvBQEUUYVSMQPJQI</a> <a href="https://twitter.com/IOMMalawi/status/1509440617880997890?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA">https://twitter.com/IOMMalawi/status/1509440617880997890?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA</a>
Rolling out CCCM Trainings	<a href="https://www.facebook.com/IOMMalawi/posts/pfbid02KsrTKwbT91yp1cn7538F6v1peK5ZfXztKYydCZUDezGioFNgrXxnNhw2EhoDSY3SI">https://www.facebook.com/IOMMalawi/posts/pfbid02KsrTKwbT91yp1cn7538F6v1peK5ZfXztKYydCZUDezGioFNgrXxnNhw2EhoDSY3SI</a> <a href="https://twitter.com/IOMMalawi/status/1509842916390453249?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA">https://twitter.com/IOMMalawi/status/1509842916390453249?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA</a>
Distribution of items to affected populations	<a href="https://twitter.com/MalawiRedCross/status/1554362217751003136?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA">https://twitter.com/MalawiRedCross/status/1554362217751003136?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA</a> <a href="https://twitter.com/MalawiRedCross/status/1554510621139427329?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA">https://twitter.com/MalawiRedCross/status/1554510621139427329?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA</a> <a href="https://twitter.com/MalawiRedCross/status/1559508368770957312?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA">https://twitter.com/MalawiRedCross/status/1559508368770957312?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA</a> <a href="https://www.facebook.com/IOMMalawi/posts/pfbid02tcMySMYfkq8S96sBDWjcY468tXgtuorMWVr2iNszPKxuEiHscD1xZHSVVBVjkPul">https://www.facebook.com/IOMMalawi/posts/pfbid02tcMySMYfkq8S96sBDWjcY468tXgtuorMWVr2iNszPKxuEiHscD1xZHSVVBVjkPul</a> <a href="https://twitter.com/IOMMalawi/status/1567912502385598469?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA">https://twitter.com/IOMMalawi/status/1567912502385598469?s=20&amp;t=Wmm30vAHi4LqYB8UZkzhdA</a>

## 3.2 Project Report 22-RR-FPA-004

1. Project Information			
<b>Agency:</b>	UNFPA	<b>Country:</b>	Malawi
<b>Sector/cluster:</b>	Protection - Gender-Based Violence Health - Sexual and Reproductive Health	<b>CERF project code:</b>	22-RR-FPA-004
<b>Project title:</b>	Prevention and response to violence (GBV), Sexual Exploitation and Abuse (SEA) and Access to Life-saving SRH information and services in Malawi during the Cyclone Ana emergency		
<b>Start date:</b>	16/02/2022	<b>End date:</b>	30/09/2022
<b>Project revisions:</b>	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 710,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 655,804</b>
	<b>Amount received from CERF:</b>		<b>US\$ 310,004</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 133,344</b>
	Government Partners		US\$ 176,660
	International NGOs		US\$ 56,400
	National NGOs		US\$ 76944
Red Cross/Crescent Organisation		US\$ 0	

## 2. Project Results Summary/Overall Performance

UNFPA's CERF project covered dual strategic areas under Gender based violence (GBV) and Sexual Exploitation and Abuse (SEA) prevention by providing lifesaving interventions to the internally displaced community members. Under the GBV prevention and PSEA output, UNFPA strengthened and revamped existing monitoring, GBV referral mechanism in the communities. UNFPA conducted outreach activities and dissemination of risk information on GBV and used cost-effective emergency communications to ensure wide camp outreach and awareness raising on GBV and SEA prevention.

This was executed through the quick re-orientation of emergency workers and local gatekeepers, camp committees on GBV/ SEA prevention and response management standards to strengthen coordination of GBV service provision. A total of 294 gatekeepers and front line workers were reached through this initiative. The planned target was 80 front workers representing 20 workers in each of the districts whilst achievement surpassed the target due to leveraging of resources with the UNFPA Emergency fund that led to additional front line workers trained per district.

In support of the adolescent girls and vulnerable women, UNFPA distributed 20,000 dignity kits under which 6000 were procured from CERF whilst another 6000 was procured under UNFPA emergency funds in addition to 8000 already prepositioned as part of emergency response under the KFW funds.

The CERF also supported establishment of safe spaces for women and girls with recreational materials to ensure their safety, confidentiality for systematic recording of GBV cases, including the referral to health facilities for clinical management of rape as most of the displaced populations were lumped in schools and churches. A total of 155 safe spaces were established for the adolescent girls and young women as part of this response.

Furthermore, UNFPA managed to reach 9,473 women and girls with the GBV and SEA prevention services including psychosocial support, and counselling that were provided in 155 safe spaces and in one stop centres in the districts.

Under the SRHR output, the CERF, UNFPA and its implementing partners worked towards ensuring that women and adolescent girls have access to SRH information and services through the rolling out of Minimum Initial Service for SRH in emergencies.

During the response period, UNFPA reached 97,309 women and 69,636 men with Sexual and Reproductive Health and Rights services, counselling and treatments. UNFPA managed to reach more than beneficiaries under the SRHR services secondary to the availability of the UNFPA emergency and Republic of Korea funds. In addition to this, the intervention reached 15,115 girls and 5,115 boys in adolescence age bracket with the sexual and reproductive health services including Family planning and HIV prevention, treatment and care.

The CERF supported the provision of Basic and Comprehensive Emergency Obstetric (BemONC) and New-born care (CEmONC), family planning, STI treatment at health facilities and through mobile clinic services. To ensure that all child births were safe, 22 qualified clinicians and nurses/ midwives were deployed to support clinics and outreach services in the camps. Through the CERF 10 sexual and reproductive health services were provided in the most affected district Nsanje where 97,309 women of reproductive age group and 69,363 men of the same 18 to 49 years' age bracket in Nsanje, Chikwawa and Mulanje. These displaced people were provided with maternal health services including clean delivery kits, dignity kits, sexual and reproductive Health treatment, family planning including condoms. A total of 60 mobile clinics were executed including services provided in 26 health facilities and 10 basic emergency obstetric care centres.

The CERF activities were implemented in collaboration with Ministry of Gender, Youth Net and Counselling (YONECO), Foundation for Citizen Empowerment and Social Enhancement (FOCESE) for the GBV/ PSEA component. For the Sexual and Reproductive Health component, the CERF project was implemented in collaboration with the Ministry of Health and Family planning Association of Malawi.

### **3. Changes and Amendments**

UNFPA did not amend the project components or details of the original CERF proposal and all funds were spent according to the initial plan, after a no cost extension was sought and approved to complete 2 remaining activities under the program.

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	44,441	40,995	14,024	12,945	112,405	44,441	40,995	14,024	12,945	112,405
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	31,084	28,696	9,819	9,061	78,660	31,084	28,696	9,819	9,061	78,660
<b>Total</b>	<b>75,525</b>	<b>69,691</b>	<b>23,843</b>	<b>22,006</b>	<b>191,065</b>	<b>75,525</b>	<b>69,691</b>	<b>23,843</b>	<b>22,006</b>	<b>191,065</b>

#### People with disabilities (PwD) out of the total

	10,711	8,800	3,010	2,778	25,299	10,711	8,800	3,010	2,778	25,299
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Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	32,120	29,649	10,143	9,363	81,275	32,120	29,649	10,143	9,363	81,275
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	22,484	20,754	7,100	6,554	56,892	22,484	20,754	7,100	6,554	56,892
<b>Total</b>	<b>54,604</b>	<b>50,403</b>	<b>17,243</b>	<b>15,917</b>	<b>138,167</b>	<b>54,604</b>	<b>50,403</b>	<b>17,243</b>	<b>15,917</b>	<b>138,167</b>

#### People with disabilities (PwD) out of the total

	6,552	6,048	2,004	1,910	16,514	6,552	6,048	2,004	1,910	16,514
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## 5. People Indirectly Targeted by the Project

Under the GBV/SEA component, there were campaigns that were conducted through the national non-government organisation that successfully reached 290 women from mother groups that assisted in referral of rape cases and other gender-based violence cases in the affected districts. These included 2 of sexual violence, 3 of physical violence and 10 of socio-economic violence cases out of these 3 cases were registered through safe spaces and one case was referred to one stop centre. Additionally, the service reached 13 disabled women with their most needed amenities during the disaster.

The CERF reached an estimated 200,000 beneficiaries with GBV and PSEA messages through theatre for development by YONECO and approximately 180,000 beneficiaries were reached with SRHR services through the 60 health service based campaigns executed in the 3 districts by Family Planning Association of Malawi.

## 6. CERF Results Framework

<b>Project objective</b>	This project aims to prevent and response to violence (GBV), Sexual Exploitation and Abuse (SEA) and scale up access to Life-saving SRH information and services in Malawi during the Cyclone Ana			
<b>Output 1</b>	Women and adolescent girls have access to life-saving sexual and reproductive health (SRH) information and services through the implementation of the Minimum Initial Service Package (MISP).			
<b>Was the planned output changed through a reprogramming after the application stage?</b>		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Health - Sexual and Reproductive Health			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of temporary health facilities providing maternal health care in both districts	4	10 mobile clinics	District reports through FPAM.
Indicator 1.2	Number of inter-agency emergency reproductive health kits delivered	1	2	Procurement document , the CERF had kit 6B and kit 11B procured and delivered.
Indicator 1.3	Estimated number of women of reproductive age receiving life-saving SRH information and/or care enabled by the interagency reproductive health kits	136,932	136,932	MISP calculation of targeted beneficiaries
Indicator 1.4	RH.1 Number of births attended by skilled health personnel	1,235	2187	District reports through FPAM
Indicator 1.5	H.7 Number of functional health facilities supported (functional BEmONC and CEmONC health facilities receiving PPES - 13 (BEmONC) and 5 (CEmONC	18	26	District reports
<b>Explanation of output and indicators variance:</b>		The CERF project overachieved in many of the outputs secondary to leveraging of resources with Emergency fund and the Korean UNFPA funds .		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 1.1	Procurement of RH kits, and PPEs and other equipment required to support health facilities providing life-saving emergency obstetric and neonatal care. Procurement items include small usable tents, solar lamps, generators for mobile teams, bush bikes for Community Based Distribution Agents	This activity was implemented by UNFPA
Activity 1.2	Provision of SRH information and services through mobile clinics and outreach activities to ensure life-saving maternal care, family planning and other SRHR services and information are accessed by the displaced population	This activity was implemented by Family Planning Association of Malawi (FPAM ) and affected districts.
Activity 1.3	Surge deployment of clinical staff and service providers to health facilities and mobile clinics	This activity was implemented by UNFPA

<b>Output 2</b>	Women and adolescents have access to life saving quality GBV and PSEA services that prevent, respond to and mitigate violence			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection - Gender-Based Violence			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (GBV prevention and response to support programme implementation- 80 Emergency Responders and gatekeepers benefiting from re-orientations (20 per district))	80	294	District Partners reports
Indicator 2.2	Number of community-based protection mechanisms strengthened to effectively identify, prevent, mitigate and respond to GBV cases - CBCM structures revamped in 4 districts	4	4	District reports and end of consultancy reports from Surge members
Indicator 2.3	Number of beneficiaries reached with IEC materials developed and disseminated	188,955	188,955	Estimated from the reports and awareness pictures
Indicator 2.4	SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed	2,000	6000	Reports from UNFPA district officers and partners
<b>Explanation of output and indicators variance:</b>		The CERF funds managed to procure 6,000 Dignity kits. These were complimented by 8,000 dignity kits which were already prepositioned, and 6,000 more were procured from the core Emergency funds.		

Activities	Description	Implemented by
Activity 2.1	Rapid reorientation of emergency workers and local gatekeepers, camp committees on GBV and PSEA and management standards to strengthen coordination of GBV service provision.	UNFPA and Partners- (YONECO, FOCESE in collaboration with Ministry of Gender)
Activity 2.2	Strengthening and revamping existing monitoring and GBV referral mechanisms	UNFPA and Partners- (YONECO, FOCESE in collaboration with Ministry of Gender)
Activity 2.3	Procurement / reprinting of GBV IEC materials including outreach activities and dissemination of risk information on GBV through various channels (Community radio)	UNFPA on reprinting; Dissemination done in collaboration with Partners- (YONECO, FOCESE in collaboration with Ministry of Gender)
Activity 2.4	Procurement and distribution of dignity kits to women and girls.	UNFPA and Partners- (YONECO, FOCESE in collaboration with Ministry of Gender)
Activity 2.5	Establishing safe spaces for women and girls with recreational materials to ensure their safety, confidentiality for systematic recording of GBV cases as well referral of rape cases to health facilities, as most of the displaced populations are lumped in schools and churches.	UNFPA and Partners- (YONECO, FOCESE in collaboration with Ministry of Gender)

## 7. Effective Programming

### a. Accountability to Affected People (AAP) <sup>5</sup>:

APs were fully involved in the onset of activities. This was done through the partners and their collaboration with the Ministry of Gender and DODMA who have presence in each district. The inception meetings done by the partners before commencing activities ensured a full engagement of the District Level Protection Committees and Area Development Committees at TA level. UNFPA and its partners ensured flexibility during implementation and adjusted implementation where acceptable, for instance where beneficiaries required additional kits to maintain their dignity – this was honoured. UNFPA further ensured that through the District Level Protection Committees, marginalized and vulnerable groups participate fully in order to ensure accountability to those most affected. Hence, targeted APs especially the women and girls of reproductive age, district, area, village Civil Protection committees, Traditional and Religious leaders, and camp management committees to effectively protect rights of women and girls with particular attention to sexual exploitation and restoring their dignity. Primary beneficiaries were women and girls whilst men and other vulnerable groups were indirect beneficiaries. Partners such as the Ministry of Health, Ministry of Gender and the Police officers were also targeted for the referral mechanisms and day to day monitoring of the GBV response.

### b. AAP Feedback and Complaint Mechanisms:

UNFPA built on existing Community-based complaints mechanism (CBCM) that exist at district level, and strengthen/ revamped them as well to ensure their functionality. UNFPA focused on increasing communities' awareness on their rights and location and availability of community-based complaints mechanism in reporting abuse. Through the community outreach and campaign activities, communities' knowledge on their rights and services – especially the girls and young women, and complaint mechanisms available empowered them to exercise their rights which is key in ensuring their full recovery and social economic development

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

<sup>5</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).



Through the engagement with partners with presence in the affected districts, the strengthening of CBCM mechanisms was done by redoing the mapping of the referrals and update both the electronic which is housed at YONECO as well as the hard copies which are shared at the Ministry of Gender district offices. UNFPA in collaboration with partners did a mass campaign throughout the response to ensure that communities are aware and forewarned on SEA so as to quickly access functional complaint and feedback structures in anticipation of possible SEA cases during the response to Tropical Storms Ana and Gombe.

In addition, UNFPA and its partners have strict policies and procedures in place that protect victim's privacy as well and ensuring quick and accessible access to SGBV related services. This was complimented through UNFPAs implementing partner YONECO which handles CCBM and SEA cases, in UNFPA related projects through a Toll free line, and report and follow up on SEA related complaints

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

This project had a direct focus on women, girls, and GBV. During the response, there were not many reports of GBV, but it is a fact that levels of GBV and other forms of violence based on gender inequality grows more acute as community risk strategies and coping mechanisms change. For many women and girls, the floods left them with nothing to support themselves to maintain their dignity as well as food insecurity and dire poverty, hence the need to deciding between trading sex for food or other basic services was very high. This invites increased risk of sexual assault and exploitation, and thereby exposes women and girls to HIV/STIs, unwanted pregnancies, physical assault, and stigma. There is increased risk of GBV for boys and men as well. Furthermore, the change of gender norms due to the displacement and general insecurity at household level, the risk of harmful and negative behaviour increase, exasperating inequalities for vulnerable groups, leading to physical, emotional, psychological, and economical abuse. The interventions mitigated, prevented and responded to GBV including SGBV and Harmful practices through strengthening of referral pathways at the district level and in camps ensuring communities have sufficient knowledge on GBV service delivery and referral mechanisms. The Psychosocial counselling that was given in the safe spaces further helped in instilling dignity on the women and girls to avoid negative coping mechanisms, also reduced psycho-social stress, and helped them to recover more rapidly and build resilience against future risks in relation to GBV

**e. People with disabilities (PwD):**

The project applied the affirmative approach in order to bypass potential barriers faced by vulnerable girls including persons with disabilities when accessing humanitarian assistance and services as well as ensure PWD (women and girls) participate fully at local level at the onset of activities and implementation of the interventions. The project rolled out disability friendly interventions as well as ensuring that disability friendly materials are in place such as solar lamps and whistles which can enable them to shout for help quickly when in danger. This is both a protection and emergency response activity.

**f. Protection:**

All GBV and PSEA interventions were fully Protection focused and ensured that AP and at risk groups are at the centre of program both as beneficiaries and active participants in the identification of who should receive the dignity kits, where to locate the safe spaces and most of all allowing girls and women to lead their sessions and monitoring each other to strengthen their protection from violence and abuse.

**g. Education:**

N/A

**8. Cash and Voucher Assistance (CVA)**

**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	N/A	N/A

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

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

Cash Voucher assistance was not part of protection activities since we are yet to develop clear SOPs on this and also to learn from other countries that have included CVA as part of protection activities during response.

**Parameters of the used CVA modality:**

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A				

**9. Visibility of CERF-funded Activities**

Title	Weblink
Twitter	<a href="https://twitter.com/UNFPAMalawi/status/1508874445275942920?s=20&amp;t=_TKzr5026-Keck3-eNdPTg">https://twitter.com/UNFPAMalawi/status/1508874445275942920?s=20&amp;t=_TKzr5026-Keck3-eNdPTg</a>
UNFPA empowering youth to tackle GBV in camps	<a href="https://malawi.unfpa.org/en/news/unfpa-empowering-youth-tackle-gbv-camps">https://malawi.unfpa.org/en/news/unfpa-empowering-youth-tackle-gbv-camps</a>

### 3.3. Project Report 22-RR-CEF-007

1. Project Information			
<b>Agency:</b>	UNICEF	<b>Country:</b>	Malawi
<b>Sector/cluster:</b>	Water, Sanitation and Hygiene Health Protection - Child Protection	<b>CERF project code:</b>	22-RR-CEF-007
<b>Project title:</b>	Providing lifesaving health, WASH and child protection services to children and women affected by Tropical Storm Ana		
<b>Start date:</b>	01/02/2022	<b>End date:</b>	31/07/2022
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input checked="" type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 3,200,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 1,390,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 890,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 420,379</b>
	Government Partners		US\$ 91,775
	International NGOs		US\$ 0
	National NGOs		US\$ 235,016
Red Cross/Crescent Organisation		US\$ 93,588	

### 2. Project Results Summary/Overall Performance

The CERF project made it possible for UNICEF to provide lifesaving support to IDPs and host communities in four districts most affected by floods (Chikwawa, Mulanje, Nsanje, and Phalombe) plus three additional districts (Blantyre, Balaka, and Machinga) which were affected by cholera, in addition to aforementioned floods. UNICEF provided the life-saving support through an integrated approach that focused on WASH, Child Protection and Health.

Contributing to the efforts to prevent diarrhoea and other water borne diseases, some 210,297 individuals (124,075 females and 86,222 males) were given access to WASH interventions as well as hygiene promotion messages, surpassing the initial target of 189,076. UNICEF also boosted access to essential health services enabling 63,682 persons (36,053 females and 27,629 males) to receive treatment for various illness in 319 outreach clinics. UNICEF further supported social mobilisation and community engagement activities to provide information on prevailing diseases of public health importance to the most affected and vulnerable groups, reaching over 1.1 million people. CERF funded UNICEF protection interventions, which directly reached 1,497,121 people (631,978 males and 865,143 females), of which there were 1,792 persons with disabilities.

CERF funding constituted 60 per cent of all the humanitarian funds that UNICEF Malawi received for the response to the 2022 floods and was very critical in enabling UNICEF to undertake the lifesaving interventions. Due to the innovative approaches

employed during implementation of the project, UNICEF was able to reach more people than was planned. The CERF funds were instrumental to UNICEF Malawi's ability to rapidly procure lifesaving supplies, increase UNICEF presence on the ground and enhance coordination at the district level.

The gender transformative approach that UNICEF took during the response helped address the specific needs of women and girls as well as young children. The project had a specific Output which focussed on addressing the needs of pregnant women, women with young children, people with disabilities and other health needs for women and girls directly responding to their gendered needs. The project also integrated PSEA interventions which informed women, girls, and people with disabilities on their right to safety and protection and equipped them with tools needed to protect themselves and to seek redress if violation occurs, while protecting the physical and mental health of children through specific child protection activities.

UNICEF specifically supported the following interventions:

### **WASH**

Through this CERF grant, UNICEF and its partner United Purpose provided water to 193,485 people of which 108,078 individuals were Internally Displaced Persons (IDPs) and 75,407 persons were from host communities. The IDPs accessed safe water that was provided through water trucking, household and point-of-source water treatment, and rehabilitation of damaged water points. Emergency sanitation facilities, bathing shelters, and WASH Non-Food Items (NFIs), including buckets for water collection and storage and soap for hand washing and personal hygiene, were provided to 82,585 IDPs. Additionally, the IDPs benefited from hygiene promotion and mass media awareness campaigns that were undertaken to influence positive behaviour change around handwashing, water usage, and proper use of latrines through radios, mobile vans, and message displays. For the affected people in both the camps and host communities, 190,500 people were directly reached with hygiene messages, with indirect beneficiaries to the project increasing to 210,297 persons (124,075 females and 86,222 males) people reached with WASH interventions in affected communities in Chikwawa, Nsanje, Phalombe, Mulanje, Machinga, Balaka, and Blantyre districts.

### **Health**

Through CERF funds, UNICEF contributed to increased access to essential health services to the most affected and vulnerable groups affected by the floods in Nsanje, Chikwawa, Mulanje and Phalombe reaching an overall population of 132,562 including 98,308 children under-five.

UNICEF partner, the Malawi Red Cross Society (MRCS), supported the formation of 24 mobile clinic teams that provided services in targeted IDP camps and cholera/COVID hotspots enabling 23,866 Under-five children (9,850 females and 14,016 males) to access vaccination services. Essential health services ranging from clinical care, malaria, antenatal services, family planning and HIV testing and treatment as well as continuity of care for people living with chronic conditions reached 63,682 people (36,053 females and 27,629 males) from 309 mobile outreach clinics sessions conducted in the four districts.

UNICEF, through MRCS, also indirectly reached 912,847 people with context-specific people-centred social mobilization information on prevailing diseases of public health importance, such as cholera, Polio, and COVID-19 to prevent the further spread of the disease and control the outbreaks. Additionally, CERF funds ensured that more than 115,500 people received Oral Cholera Vaccination in four targeted districts (Nsanje, Mulanje, Chikwawa, Phalombe). Event-Based Surveillance was scaled up by training 400 volunteers and 80 health surveillance assistants who cascaded the approach throughout their communities by orienting and engaging key informants.

### **Protection**

Through this project, 132,670 people directly received protection services. This includes 103,874 children (85,414 girls and 18,460 boys) and 125,205 adults (74,263 females and 51,842 males). Mental health and psychosocial services were provided to

19,627 children (11,069 girls and 8,558 boys) in children's corners. These services were provided by 21 child protection workers prepared for deployment to the affected areas. Furthermore, 201 protection workers were oriented on protecting vulnerable groups, including sexual exploitation and abuse. Awareness messages on violence against children and prevention of sexual exploitation and abuse and referral mechanisms were carried out through roadshows using mobile vans, community meetings and training sessions on community policing reaching 1,390,879 (878,211 males and 789,633 females). Innovative approaches during implementation such as the use of mobile vans exponentially increased the number of people reached than initially forecasted by approximately 350,000 individuals.

The project supported the revamping of 256 community policing structures through the capacity building of volunteers. Ninety complaints boxes were placed in displacement sites providing a mechanism for reporting violence, abuse, and exploitation cases. Through these initiatives, over 1,000 complaints (356 in police victim support units, 402 through mobile victim support service and 292 through complaints boxes) were handled by the Police and the Ministry of Gender, Community Development and Social Welfare.

Overall, 575,537 people (112,933 males and 151,571 females), benefited from protection interventions through this grant.

### **3. Changes and Amendments**

Due to a cholera outbreak in March 2022, an amendment was made to increase the geographical scope of the interventions. While the activities and the targets remained the same, the geographical scope of the selected activities was expanded to three additional districts, namely Machinga, Balaka, and Blantyre, which had registered cholera cases.

The following activities were thus implemented in the above new districts as a response to the cholera outbreak, in addition to the original districts of Phalombe, Mulanje, Nsanje, and Chikwawa.

- Procure and distribute water treatment chemicals
- Treatment (flushing and shock-chlorination) of affected water sources in hosting communities
- Monitoring of water quality in affected water sources
- Procurement and distribution of water quality kits
- Handwashing promotion
- Procurement and distribution of soap



Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	35,513	21,216	9,530	9,530	75,789	35,513	21,216	9,530	9,530	75,789
Other affected people	41,597	39,706	11,741	10,399	103,443	41,597	39,706	11,741	10,399	103,443
<b>Total</b>	<b>77,110</b>	<b>60,922</b>	<b>21,271</b>	<b>19,929</b>	<b>179,232</b>	<b>77,110</b>	<b>60,922</b>	<b>21,271</b>	<b>19,929</b>	<b>179,232</b>
<b>People with disabilities (PwD) out of the total</b>										
	771	609	213	199	1,792	771	609	213	199	1,792

## 5. People Indirectly Targeted by the Project

To support positive social norms and practices and address the causes of child protection risks, messages on prevention of sexual exploitation and abuse, including abuse of authority, were disseminated to additional 2,000,000 people through media houses that have a national coverage. Some of the media outlets will continue broadcasting the messages beyond the project timeframe the messages.

## 6. CERF Results Framework

<b>Project objective</b>	IDPs and host communities affected by tropical storm Ana in selected districts timely receive WASH, Health and Child Protection lifesaving services			
<b>Output 1</b>	Water, Sanitation and Hygiene (WASH) lifesaving interventions are timely provided to IDPs and host communities in Chikwawa, Nsanje, Mulanje and Phalombe districts			
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Sector/cluster</b>	Water, Sanitation and Hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms (minimum of 7.5l/p/d up to 15 l/p/d of safe water in IDPs camps)	60,000	60,000	Partner reports (United Purpose)
Indicator 1.2	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms (minimum of 7.5l/p/d up to 15 l/p/d of safe water in hosting communities)	25,000	25,000	Partner reports (United Purpose)
Indicator 1.3	No. of water points treated (source and households – flush chlorination)	30	40	Partner reports (United Purpose)
Indicator 1.4	No. of existing water points rehabilitated	40	40	Partner reports (United Purpose)
Indicator 1.5	No of water sources sampled to assess water quality	4,000	4,002	Partner reports (United Purpose)
Indicator 1.6	% of tests showing free residual chlorine at least 0.1mg/L and turbidity NTU5 or below in chlorinated water storage container	80% (3,200)	3,324 >100%	Partner reports (United Purpose)
Indicator 1.7	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms (through water trucking)	10,000	10,000	Partner reports (United Purpose)
Indicator 1.8	Number of communal sanitation facilities (e.g., latrines) and/or communal bathing facilities constructed or rehabilitated (Latrines in IDP camps)-	100	166 (100 latrines and 66 bath shelters)	Partner reports (United Purpose)
Indicator 1.9	No of temporary latrines decommissioned for IDPs in the camps	100	100	Partner reports United Purpose
Indicator 1.10	No. of people in IDPs camps accessing emergency sanitation and bathing facilities	7,000	7,000	Partner reports (United Purpose)



Indicator 1.11	Number of people receiving WASH/hygiene messaging	189,075	189,075	Partner reports (United Purpose)
Indicator 1.12	Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits) (soap)	60,000	60,000	Partner reports (United Purpose)

**Explanation of output and indicators variance:**

\*CERF funding was used for distribution and transportation and actual construction of Sanitation facilities. The actual reusable plastic prefabricated latrines were already prepositioned by UNICEF. This enabled UNICEF to reach more people than planned.

\*\*Since more prefabricated latrines were installed than planned, more were also decommissioned

\*\*\* UNICEF negotiated with southern region waterboard for free water treatment some locations. This enabled UNICEF to reach more people with safe water.

Activities	Description	Implemented by
Activity 1.1	Procure and distribute water treatment chemicals	United Purpose
Activity 1.2	Procure and distribute water storage containers	United Purpose
Activity 1.3	Rehabilitation of existing water points in hosting communities	United Purpose
Activity 1.4	Treatment (flushing and shock-chlorination) of affected water sources in hosting communities	United Purpose
Activity 1.5	Monitoring of water quality in affected water sources	United Purpose
Activity 1.6	Procurement and distribution of water quality kits	United Purpose
Activity 1.7	Run water trucking operations to selected IDP camps	
Activity 1.8	Installation of Emergency latrines and bathing facilities in IDP camps	United Purpose
Activity 1.9	De-commissioning of emergency latrines in IDP camps	United Purpose
Activity 1.10	Handwashing promotion and IPC (communities and IDP camps) – including installation of emergency handwashing stations in IDP camps	United Purpose
Activity 1.11	Hygiene campaigns/dramas/demonstrations/radio broadcasting (communities and IDP camps)	United Purpose
Activity 1.12	Procurement and distribution of soap	United Purpose
Activity 1.13	Procurement and distribution of sanitary pads	United Purpose

**Output 2**

Effective lifesaving and quality care provided of all Tropical Storm affected people communities/IDPs and health facilities.

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

**Sector/cluster** Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.4 Number of people vaccinated (children immunised against Polio)	5,628	0	Not applicable
Indicator 2.2	H.4 Number of people vaccinated (children immunised against Measles)	31,815	0	Not applicable
Indicator 2.3	Number of primary healthcare consultations provided	37,500	37,500	Report from partner (Malawi Red Cross Society)
Indicator 2.4	# and % of temporary health centres/outreach points/health facilities with no stock out of essential medicines and commodities	100%	309 health clinics (100%)	Report from partner (Malawi Red Cross Society)
Indicator 2.5	# of people reached through various media channels	95,000	95,000	Report from partner (Malawi Red Cross Society)

Explanation of output and indicators variance:

1. Some people travelled from far to access the UNICEF supported MRCS mobile clinics resulting in better reach than was anticipated
2. The implementation coincided with Supplementary Immunization Activity for Polio which increased social mobilization activities and hence increased the reach
3. Innovations by the district health offices, better microplanning, and the use of community radios increased reach for awareness
4. No measles and Polio campaign was conducted with the CERF fund during the flood response, though mobilisation to create demand for polio, COVID, and OCV was undertaken.

Activities	Description	Implemented by
Activity 2.1	Collaborate with the Ministry of Health to conduct immunization microplanning that will include forecasting, quantifying, vaccines and supporting delivery of immunization services to children.	Ministry of Health and Nsanje District Council
Activity 2.2	Procurement of essential medicines (Interagency Emergency Health Kits, IEHK)/medical commodities, glucometer kits for use at temporary/mobile health units/ health facilities, including camps for Internally Displaced people	UNICEF
Activity 2.3	Procure cholera kits including investigation and laboratory kits to respond to cholera alerts and events.	UNICEF
Activity 2.4	Support deployment of Mobile Medical Teams (MMTs) to provide medical services to IDPs and households that currently cut off as destroyed bridges and roads	Malawi Red Cross Society
Activity 2.5	Procure large tents of 72 Square Meters for setting up temporary Health centres.	UNICEF
Activity 2.6	Support districts and MOH to scale active event-based surveillance that includes strong Community-Based Disease Surveillance CBDS).	Malawi Red Cross Society
Activity 2.7	Social mobilization and community engagement activities water and airborne diseases	Malawi Red Cross Society
Activity 2.8	Monitoring of emergency health interventions, including vaccination.	UNICEF, Ministry of Health, Malawi Red Cross

<b>Output 3</b>	Protection systems are functional and strengthened to prevent and respond to all forms of violence, exploitation, abuse, neglect, and harmful practices against vulnerable populations			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Protection - Child Protection			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	H.9 Number of people provided with mental health and psycho-social support services (including psychological first aid categorised by age group and gender)	5,000	5,000	Reports from Police and Ministry of Gender, Community Development and Social Welfare
Indicator 3.2	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (awareness messages on violence and prevention of sexual exploitation and abuse and referral mechanisms)	350,000	350,000	Reports from Police and Ministry of Gender, Community Development and Social Welfare
Indicator 3.3	# of people reached with protection services	3,000	3,000	Reports from Police and Ministry of Gender, Community Development and Social Welfare
Indicator 3.4	Number of humanitarian workers (UN staff, implementing partner staff, etc) receiving training on prevention of sexual exploitation and abuse (service providers)	100	201	Reports from Police and Ministry of Gender, Community Development and Social Welfare
<b>Explanation of output and indicators variance:</b>		<ul style="list-style-type: none"> <li>- The targets were underestimated since innovative approaches during implementation, such as use of mobile vans reached more people than planned.</li> <li>- Innovations during implementation such as use of mobile vans for message dissemination enabled more people to be reached than planned</li> <li>- The deployment of protection workforce in the affected areas proved more effective than originally thought.</li> <li>- The child protection workers reached more people with protection services such as Psychosocial first aid (PFA), case management and guidance and referrals on available services.</li> <li>- On awareness police innovations in using mobile vans enabled more people to be reached</li> </ul>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Number of humanitarian workers (UN staff, implementing partner staff, etc) receiving training on prevention of sexual exploitation and abuse (service providers)	UNICEF and Ministry of Gender, Community Development and Social Welfare		
Activity 3.2	Conduct awareness of child protection and prevention of sexual exploitation and abuse messages through meetings and community radios	Police and Ministry of Gender, Community Development and Social Welfare		
Activity 3.3	Support to protection workforce to provide case management services (communication, mobility, stationery, and upkeep)	Ministry of Gender, Community Development and Social Welfare		
Activity 3.4	Procure and distribute protection supplies (community policing kits).	Malawi Police Service		

Activity 3.5	Support to district level coordination, monitoring and data collection	Police and Ministry of Gender, Community Development and Social Welfare
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## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>6</sup> often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

### a. Accountability to Affected People (AAP):

For protection interventions, discussions were held with community members on the project and how everyone could participate. Suggestions from community members were considered during implementation.

For WASH, the marginalised groups were included in the design of the implementation, especially on targets and types of needs based on the population affected, selection of most of the camp committees as well as distribution of the supplies also involved the affected. The marginalised groups were also incorporated in the WASH committees to ensure that their needs are heard, and they were also involved in the actual implementation and monitoring.

For health, essential health care services were provided to the affected and vulnerable affected groups in Nsanje, Chikwawa, Mulanje and Phalombe irrespective of their gender, age and disabilities. UNICEF through its partner, MRCS included all the vulnerable and marginalised groups in all stages of programme cycle starting from designing and planning.

### b. AAP Feedback and Complaint Mechanisms:

For protection, complaints boxes were placed in displacement centres and communities were informed of all the available complaints and feedback mechanisms, such as community policing forums, child protection workers, and victim support units at the police and community levels. Complaint boxes were used to collect grievances on WASH related issues which were addressed together with the IDPs and the different committees. Feedback boxes were also stationed in the outreach clinics to collect any complaints or suggestions regarding provision of health care services which the team addressed and followed up maintaining the confidentiality.

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

Sensitisation meetings were held, focussing on raising awareness on PSEA and the existing reporting mechanisms. Once cases were received, social welfare officers were responsible for supporting the victims and making the necessary referrals.

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

The project took a gender transformative approach in several ways. It addressed the specific and practical health and WASH needs by bringing services closer to women, girls and children in locations that were near their homes thereby easing up time for other productive activities which is key to women empowerment. Furthermore, the project directly acted as a safety measure from the threat of sexual gender-based violence for women and girls if they had to fetch water and other hygiene and sanitation services in unsafe places in distant locations, especially early morning or early evening which is the time that women usually fetch water. Output number two which specifically provided for quality health care was a response measure for pregnant women, women with young children, people with disabilities and other health needs for women and girls directly responding to their gendered needs. Finally, the project had an integrated PSEA intervention which focused on empowering women, girls, and people with disabilities on their right to safety and protection, how to protect themselves and how to seek redress if violation occurs. Through awareness sessions, women and girls were empowered, contributing to gender equality.

<sup>6</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

#### e. People with disabilities (PwD):

Community Child Protection Workers deployed in displacement sites investigated the needs of People with Disabilities, ensuring that they had access to services through linkages with relevant duty bearers

Water and Sanitation management committees were formed in all the displacement centres who were responsible for ensuring that WASH services were accessed and benefitted by the groups including persons with disabilities, women and girls.

UNICEF conducted community integrated outreach clinics in four districts and 63,682 people (36,053 females and 27,629 males received treatment in 319 outreach clinics which also targeted the marginalised groups including persons with disabilities. By setting outreach clinics to hard to reach areas where people have problems accessing health services due to long distance to facilities, UNICEF ensured access to PwDs.

#### f. Protection:

Through the Malawi Police Service, 256 community policing groups were oriented on humanitarian response, especially on preventing sexual abuse and exploitation and abuse of authority. Community Policing groups were available in all camps providing security and ensuring accountability to the affected populations. To ensure confidentiality on how issues of violence including sexual violence are addressed, protection actors responsible for the protection mechanisms were trained on how to deal with the issues in a confidential way. This included finding appropriate spaces for discussions with victims. Community child protection workers also played a pivotal role to ensure that protection is mainstreamed in WASH, health and all other sectors through community engagements and sensitisation and availability during implementation of health and WASH activities.

#### g. Education:

Through the child protection workers deployed to affected communities, community-based childcare centres were made operational ensuring that children continued to receive early learning and stimulation.

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No		

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

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

**N/A**

UNICEF Malawi did not directly implement humanitarian cash transfers with CERF funds, but provides support to the Government systems to provide cash support to the affected population. Government might consider the CVA approach if they start using service providers such as mobile money transfer, but for now the government is only doing direct cash transfers and not through this project with CERF funding.

#### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A				

9. Visibility of CERF-funded Activities	
Title	Weblink
<p><b>[Press Release]</b> UNICEF provides lifesaving supplies to children and families affected by tropical storm Ana in Malawi</p>	<p><a href="https://www.unicef.org/malawi/press-releases/unicef-provides-life-saving-supplies-children-and-families-affected-tropical-storm">https://www.unicef.org/malawi/press-releases/unicef-provides-life-saving-supplies-children-and-families-affected-tropical-storm</a></p>
<p><b>[Videos]</b></p> <ul style="list-style-type: none"> <li>▪ Aefe Tokesi, 7, explains how her family escaped the floods</li> <li>▪ Flood survivor receives education supplies from UNICEF</li> <li>▪ Safe water at Kalima Camp: UNICEF and partners' support</li> <li>▪ Children bear the brunt of tropical storm Ana: UNICEF and partners respond</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="https://youtu.be/-PqvCeetnTU">https://youtu.be/-PqvCeetnTU</a></li> <li>• <a href="https://youtu.be/7rsa3Y41km4">https://youtu.be/7rsa3Y41km4</a></li> <li>• <a href="https://www.youtube.com/watch?v=BrKnlzvsYjc">https://www.youtube.com/watch?v=BrKnlzvsYjc</a></li> <li>• <a href="https://youtu.be/MUvtUVHX3WE">https://youtu.be/MUvtUVHX3WE</a></li> </ul>
<p><b>[Stories]</b></p> <ul style="list-style-type: none"> <li>▪ Tropical storm disrupts vital health services: Flooding and strong winds affect children and families in</li> <li>▪ Storm horror leaves thousands at risk of disease: Cry for help after Tropical Storm Ana</li> <li>▪ Children bear the brunt of tropical storm Ana: Impacts of flooding in Chikwawa district</li> <li>▪ Resuming health services after Tropical Storm Ana: Floods response in Chikwawa</li> <li>▪ A slow road to recovery: The aftermath of floods in Chikwawa</li> <li>▪ Using drones to speed up response efforts to Cyclone Ana: Innovation in emergencies</li> <li>▪ Water Trucks Shield Flood Survivors from Cholera: Safe water in emergencies</li> <li>▪ In an emergency, we need locally available, skilled people to help out and help out fast</li> <li>▪ Displaced children face severe malnutrition: Aftermath of floods threatens children's nutrition status</li> <li>▪ Displaced children get safe spaces: Bringing normality for children living in camps: Bringing normality for children living in camps</li> <li>▪ Flood survivors get mental first aid: Mental health in times of emergencies</li> <li>▪ Providing mental support in times of disaster: Mental health is health</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="https://www.unicef.org/malawi/stories/tropical-storm-disrupts-vital-health-services">https://www.unicef.org/malawi/stories/tropical-storm-disrupts-vital-health-services</a></li> <li>• <a href="https://www.unicef.org/malawi/stories/storm-horror-leaves-thousands-risk-disease">https://www.unicef.org/malawi/stories/storm-horror-leaves-thousands-risk-disease</a></li> <li>• <a href="https://www.unicef.org/malawi/stories/children-bear-brunt-tropical-storm-ana">https://www.unicef.org/malawi/stories/children-bear-brunt-tropical-storm-ana</a></li> <li>• <a href="https://www.unicef.org/malawi/stories/resuming-health-services-after-tropical-storm-ana">https://www.unicef.org/malawi/stories/resuming-health-services-after-tropical-storm-ana</a></li> <li>• <a href="https://www.unicef.org/malawi/stories/slow-road-recovery">https://www.unicef.org/malawi/stories/slow-road-recovery</a></li> <li>• <a href="https://www.unicef.org/malawi/stories/using-drones-speed-response-efforts-cyclone-ana">https://www.unicef.org/malawi/stories/using-drones-speed-response-efforts-cyclone-ana</a></li> <li>• <a href="https://www.unicef.org/malawi/stories/water-trucks-shield-flood-survivors-cholera">https://www.unicef.org/malawi/stories/water-trucks-shield-flood-survivors-cholera</a></li> <li>• <a href="https://www.unicef.org/malawi/stories/emergency-we-need-locally-available-skilled-people-help-out-and-help-out-fast">https://www.unicef.org/malawi/stories/emergency-we-need-locally-available-skilled-people-help-out-and-help-out-fast</a></li> <li>• <a href="https://www.unicef.org/malawi/stories/displaced-children-face-severe-malnutrition">https://www.unicef.org/malawi/stories/displaced-children-face-severe-malnutrition</a></li> <li>• <a href="https://www.unicef.org/malawi/stories/displaced-children-get-safe-spaces">https://www.unicef.org/malawi/stories/displaced-children-get-safe-spaces</a></li> <li>• <a href="https://www.unicef.org/malawi/stories/flood-survivors-get-mental-first-aid">https://www.unicef.org/malawi/stories/flood-survivors-get-mental-first-aid</a></li> <li>• <a href="https://www.unicef.org/malawi/stories/providing-mental-support-times-disaster">https://www.unicef.org/malawi/stories/providing-mental-support-times-disaster</a></li> </ul>
<p><b>[Social Media]</b></p> <ul style="list-style-type: none"> <li>▪ Facebook</li> <li>▪ Twitter</li> <li>▪ Instagram</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="https://bit.ly/3CQpB6X">https://bit.ly/3CQpB6X</a></li> <li>• <a href="https://bit.ly/3DfOL0o">https://bit.ly/3DfOL0o</a></li> <li>• <a href="https://bit.ly/3TkxqsG">https://bit.ly/3TkxqsG</a></li> <li>• <a href="https://bit.ly/3CPRYfd">https://bit.ly/3CPRYfd</a></li> <li>• <a href="https://bit.ly/3TGPw7M">https://bit.ly/3TGPw7M</a></li> <li>• <a href="https://tinyurl.com/bdhrakt9">https://tinyurl.com/bdhrakt9</a></li> <li>• <a href="https://www.instagram.com/p/CbxEDNnA53p/">https://www.instagram.com/p/CbxEDNnA53p/</a></li> <li>• <a href="https://tinyurl.com/593jkwzf">https://tinyurl.com/593jkwzf</a></li> <li>• <a href="https://twitter.com/MalawiUNICEF/status/1513561366765969415">https://twitter.com/MalawiUNICEF/status/1513561366765969415</a></li> <li>• <a href="https://twitter.com/MalawiUNICEF/status/1526844051869376515">https://twitter.com/MalawiUNICEF/status/1526844051869376515</a></li> </ul>

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### 3.4 Project Report 22-RR-WFP-008

1. Project Information			
<b>Agency:</b>	WFP	<b>Country:</b>	Malawi
<b>Sector/cluster:</b>	Food Security - Food Assistance	<b>CERF project code:</b>	22-RR-WFP-008
<b>Project title:</b>	Supporting food security of vulnerable affected populations through cash-based transfers		
<b>Start date:</b>	21/02/2022	<b>End date:</b>	20/08/2022
<b>Project revisions:</b>	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
<b>Funding</b>	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 26,248,800</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 2,840,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 999,993</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 92,742</b>
	Government Partners		US\$ 5,000
	International NGOs		US\$ 32,000
	National NGOs		US\$ 55,742
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

To respond to the needs of flood-affected households, WFP, with support from CERF, targeted 36,223 households (163,004 people, 51 percent women) with cash-based transfers for one month in Chikwawa district. This district was the worst-hit by the floods and support was provided in April 2022, after the government's Lean Season Response distributions had finished. CERF funding enabled additional resources to be mobilized from other donors, which allowed WFP to reach an additional 26,000 households (117,000 people) with cash transfers for food security in Nsanje and Phalombe districts in May.

Due to close coordination with the Department of Disaster Management Affairs and the social protection sector, planned targets were met while avoiding duplication and gaps by partners. Household targeting criteria (used by the district council in partnership with WFP and partners) 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. World Food Programme worked in close partnership with the Government of Malawi, through the District Councils, to ensure that all affected households received their entitlements in a timely manner. Multiple channels for complaints and feedback redress mechanism were established to give the beneficiaries a platform to voice their concerns and feedback on the implementation process.



By the time the response was concluded (June 2022), 100 percent of CERF's contribution had been spent with most of the contribution going towards cash transfers for food assistance in Chikwawa. The cash distribution achieved the overall outcome of the response to provide immediate lifesaving food assistance to the affected population to prevent deterioration of food security and the nutrition status.

WFP provided cash-based transfers worth MWK18,000 per household (approximately USD 22<sup>7</sup>), equivalent to the value of 75 percent of the monthly food basket (of 50kg cereals, 10 kg pulses and 1.84kg of vegetable oil) for food security response. The 75 percent ration enabled WFP to maximise its reach, serving as many in-need households as possible. The transfer value was agreed upon with the Department of Disaster Management Affairs (DoDMA), who led the response.

The choice of cash-based transfers depends on functionality of markets and availability of commodities on markets. Immediately after the flooding occurred, some markets were not functional due to inaccessibility and food commodities available on the markets at the time were very expensive for a cash transfer modality. As such, WFP's initial response was to provide in-kind transfers of super cereal. However, by April-May 2022, as markets became functional again, prices had stabilised to affordable levels and food commodities became readily available on the market, and DoDMA had completed its own Lean Season Response and Emergency Response transfers. With support from the district council, NGO partners made sure the beneficiaries were fully sensitised and aware of the details of when the transfers would happen, transfer values per household and to make sure the beneficiaries are supported at cash distribution points for any issues and queries, and received their transfers without a gap from previous assistance.

### 3. Changes and Amendments

With CERF funding, WFP reached 163,004 people with cash assistance in Chikwawa only as opposed to 163,800 people in four districts (Chikwawa, Mulanje Nsanje and Phalombe) as per plan. This decision was taken to achieve coordination amongst partners while ensuring full coverage of caseloads in the districts. Consequently, WFP prioritised 163,000 people in Chikwawa as it had the highest number of affected population while other partners focused their efforts in other affected areas. In this way, CERF funds were used to target the highest need in one of the most-affected districts while contributions from other partners were pooled to reach the people in the other three most-affected districts.

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<sup>7</sup> Exchange rate of MWK 825 = USD 1 as at April 2022

#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	6,700	6,205	7,165	7,275	27,345	6,700	6,205	7,165	7,275	27,345
Host communities	33,430	30,975	35,750	36,300	136,455	33,430	30,975	35,750	36,300	136,455
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>40,130</b>	<b>37,180</b>	<b>42,915</b>	<b>43,575</b>	<b>163,800</b>	<b>40,130</b>	<b>37,180</b>	<b>42,915</b>	<b>43,575</b>	<b>163,800</b>
<b>People with disabilities (PwD) out of the total</b>										
	4,415	4,090	4,720	4,790	18,015	4,415	4,090	4,720	4,790	18,015

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

## 5. People Indirectly Targeted by the Project

N/A With cash-based transfers, participants were able to purchase food from local markets further stimulating the local economy. Monitoring of previous responses revealed that a significant number of beneficiaries often prefer cash as a modality of assistance and typically spend over 75 percent of cash assistance received on food.

## 6. CERF Results Framework

<b>Project objective</b>	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 four-most affected districts, 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.			
<b>Output 1</b>	Cash transfers are distributed in sufficient quantity and quality and in a timely manner to targeted beneficiary households			
<b>Was the planned output changed through a reprogramming after the application stage?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Sector/cluster</b>	Food Security - Food Assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers(Disaggregated by age and sex)	163,800	163,004	Financial Service Providers' reports
Indicator 1.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	800,800	800,800	Financial Service Providers' reports
Indicator 1.3	Total number of food distribution points where there are functional CRFMs in place	100%	100%	WFP and cooperating partners' field reports
Indicator 1.4	AP.5b Percentage of affected people who state that they were able to access humanitarian assistance and services in a safe, accessible, accountable and participatory manner (Proportion of targeted people receiving assistance without safety challenges)	100%	100%	WFP and cooperating partners' field reports
<b>Explanation of output and indicators variance:</b>				
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Cash-distributions (Targeting and beneficiary registration, managing cash distributions, monitoring of response and coordination with district councils)	World Vision, Standard Bank and WFP		
Activity 1.2	Field monitoring	World Vision and WFP		
Activity 1.3	Community Feedback and Response Mechanisms (CFRM) put in place	World Vision and WFP		

## 7. Effective Programming

### a. Accountability to Affected People (AAP) <sup>8</sup>:

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.

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.

### b. AAP Feedback and Complaint Mechanisms:

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 sensitisations 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. Majority of the 90 complaints received through WFP's hotline were on questions about targeting and beneficiary lists. Other channels including educative entertainment forums like theatre for development that enhanced awareness on rights and entitlements, unacceptable behaviour and available recourse channels were included during pre-distribution sensitisation at every distribution.

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

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.

Additionally, PSEA commitments were part of the Field Level Agreement (FLAs) with the cooperating partner, World Vision, which demonstrated internal capacity to address and respond to allegations of SEA through their policy and commitments in the agreement. Furthermore, World Vision's internal mechanisms on PSEA also strengthened its project delivery in line with WFP's PSEA commitments for the flood response. WFP also undertook awareness/sensitization campaigns with financial service provider, with emphasis on humanitarian imperatives of the assistance.

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

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<sup>8</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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 (including 51 percent female-headed households) for registration and provision of assistance.

#### e. People with disabilities (PwD):

During distributions, WFP considered the specific needs and potential protection risks for PwD. Distribution sites were located in accessible sites and gave priority to PwD- particularly women and girls with disabilities – to ensure affected people are not exposed to further harm. As a means of ensuring AAP, WFP had several complaints and feedback mechanisms at all phases in the project’s lifecycle. Planned accountability activities were implemented in compliance with the Core Humanitarian Standards on Quality and Accountability.

#### f. Protection:

In addition, protection assessments were conducted to gauge safeguarding risks. During the implementation of WFP projects, focus was given to identifying and handling protection issues in a timely manner to uphold the rights of beneficiaries, either through escalation to management to referrals or actual actions taken to address a complaint. Protection considerations during the implementation of the floods response, for instance, were aligned with the guiding principles of the Malawi National Social Support Programme II (MNSSP II), where the concern is to protect marginalised groups — children, women, the elderly, people living with disabilities, and the chronically ill — against discrimination and exploitation. Distributions took place in accessible central locations and planned to end before dark, all in the presence of distribution management committees, protection officers and local leaders to ensure order and crowd control.

#### g. Education:

The cash assistance distributions points and timing were arranged in such a way that there was minimal disturbance of primary school learning. To the extent possible, non-school infrastructures like churches, community halls and community-based organization centres were used as distribution centres. Where school structures were used, the cash distributions were planned either on Saturdays or in afternoon after learning hours.

### 8. Cash and Voucher Assistance (CVA)

#### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	163,004

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

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

The Malawi Tropical Storm Ana Flash Appeal promoted a “cash-first” approach with a provision for being complemented with in-kind assistance in districts severely affected by the tropical storm. As such, WFP provided cash-based transfers worth MWK18,000 per household (approximately USD 22<sup>9</sup>), equivalent to the value of 75 percent of the monthly food basket (of 50kg cereals, 10 kg pulses and

<sup>9</sup> Exchange rate of MWK 825 = USD 1 as at April 2022

1.84kg of vegetable oil) for food security response. The 75 percent ration enabled WFP to maximise its reach, serving as many in-need households as possible. The transfer value was agreed upon with the Department of Disaster Management Affairs (DoDMA), who led the response.

The choice of cash-based transfers depends on functionality of markets and availability of commodities on markets. Immediately after the flooding occurred, some markets were not functional due to inaccessibility and food commodities available on the markets at the time were very expensive for cash transfer modality. As such, WFP's initial response was to provide in-kind transfers of super cereal. However, in the next round, as 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 local district councils as well as NGO partners. With support from the district council, 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.

#### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Activity 1.1	163,004	US\$ 796,906	Food Security - Food Assistance	Unrestricted

#### 9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	<a href="http://ow.ly/W3F750LpgKl">http://ow.ly/W3F750LpgKl</a>
Twitter	<a href="http://ow.ly/Xf9r50Lpgqa">http://ow.ly/Xf9r50Lpgqa</a>

### 3.5 Project Report 22-RR-WFP-009

1. Project Information			
Agency:	WFP	Country:	Malawi
Sector/cluster:	Common Services - Logistics	CERF project code:	22-RR-WFP-009
Project title:	Logistics support to the humanitarian community to respond to the impact of floods in Malawi		
Start date:	21/02/2022	End date:	20/08/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	<b>Total requirement for agency's sector response to current emergency:</b>		<b>US\$ 2,000,000</b>
	<b>Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 200,000</b>
	<b>Amount received from CERF:</b>		<b>US\$ 200,000</b>
	<b>Total CERF funds sub-granted to implementing partners:</b>		<b>US\$ 0</b>
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

### 2. Project Results Summary/Overall Performance

Through support from the United Nations Central Emergency Fund, WFP as co-lead of the Transport and Logistics Cluster in Malawi supported up to 44 organisations, including the government, national and international organisations and UN Agencies with transport and storage capacities, coordination and information management as part of the floods response. WFP successfully surpassed the planned targets and transported over 2,475 mt of relief items to various destinations and provided over 900m<sup>3</sup> of storage space for food and non-food items which included shelter, water and hygiene kits. Additionally, WFP installed 15 mobile storage units (9 in Chikwawa, 6 in Nsanje) to facilitate humanitarian operations in remote areas or close to settlement sites for storage and distribution of relief items to people living in settlement camps.

WFP provided logistics support to members of the humanitarian community, including but not limited to COOPI, Department of Disaster Management Affairs, Gift of the Givers, Hindu Community, Last Mile Health, Malawi Red Cross Society, Médecins Sans Frontières, Ministry of Health, Partners in Health, Sun Business Network, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and World Renew.

While operations have generally run smoothly, in some instances, physical road conditions have impeded cargo delivery plans. To mitigate this challenge, WFP utilized its 4x4 fleet of trucks, boats or other transport modalities to ensure cargo was delivered on time for planned distributions.

### 3. Changes and Amendments

N/A



#### 4. Number of People Directly Assisted with CERF Funding\*

Sector/cluster	Common Services - Logistics									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>People with disabilities (PwD) out of the total</b>										
	0	0	0	0	0	0	0	0	0	0

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

## 5. People Indirectly Targeted by the Project

As a service provider, WFP supported partners in the humanitarian community to reach people affected by the floods in target districts. Specifically, 2,475 mt of relief and non-relief items were transported and 900mt of items were stored and were further distributed to affected populations in the four most affected districts (Chikwawa, Mulanje, Nsanje and Phalombe). The indirect population reached by these relief goods is not available.

## 6. CERF Results Framework

<b>Project objective</b>	To support and strengthen the humanitarian community's ability to provide lifesaving relief items to flood-affected populations in Malawi.				
<b>Output 1</b>	Fill the identified logistics gaps in response to the flood emergency by providing common logistics services in order to ensure the humanitarian community may reach affected populations.				
<b>Was the planned output changed through a reprogramming after the application stage?</b>				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Sector/cluster</b>	Common Services - Logistics				
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>	
Indicator 1.1	CS.2 Total weight of cargo transported by land, sea or air in MT (cargo transported in support of the floods response)Target: 1500 mt (subject to demand and priorities of the humanitarian communities and national flood response coordination structures)	1500	2,475	Global Operational Cluster Malawi operational overview Feb – August 2022]	
Indicator 1.2	Total storage space installed or made available	500 m2 per month (subject to the demand and priorities of the humanitarian communities and national	900m <sup>2</sup>	Global Logistics Cluster operational overview Feb – August 2022]	
<b>Explanation of output and indicators variance:</b>		Total cargo transported achieved a higher quantity than planned owing to the request by the Malawi Government to transport 1,500 mt of maize for the floods response. Besides the Government, WFP also supported partners with transport for 975 mt of relief items.			
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>			
Activity 1.1	Manage a fleet of vehicles for delivery of relief items	WFP			
Activity 1.2	Provide dedicated humanitarian common storage space	WFP			

## 7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas<sup>10</sup> often lacking appropriate

<sup>10</sup> These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas

consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

**a. Accountability to Affected People (AAP) <sup>11</sup>:**

As co-lead of the Logistics Cluster, WFP acted as a service provider for the humanitarian operations and was not directly implementing assistance projects for the beneficiary population. Nonetheless, based on requests from humanitarian partners, WFP liaised with local District Councils, communities, along with humanitarian partners to target areas or suitable locations (accessible, safe and secure) for storage and distribution of relief items.

**b. AAP Feedback and Complaint Mechanisms:**

As part of its service provision to partners, WFP developed an online commodity tracking tool which was used to monitor and track relief items being stored and transported by WFP on behalf of partners. This allowed partners to monitor service delivery in real-time from dispatch to distribution alongside WFP and provide immediate feedback on WFP's performance. This allowed for immediate action by WFP and follow up to ensure timeliness in the response. Whilst WFP logistics does not deal directly with affected populations, the programme implementation feedback mechanisms were also used to collect any feedback related to logistical services. However, there was no record of such feedback from affected populations regarding the logistics services.

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

While WFP did not directly deliver assistance to affected populations, prevention of sexual exploitation and abuse (PSEA) commitments were part of the Contractor's Agreement with external transporters contracted for the response, to ensure 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 contractors to emphasize on humanitarian imperatives of the assistance.

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

N/A

**e. People with disabilities (PwD):**

N/A

**f. Protection:**

In cases where mobile storage units (MSUs) were used to store items, WFP abided to the safety and security considerations in warehouse and storage spaces. Specifically, considerations were made in collaboration with humanitarian partners, local communities and the district council to ensure warehouses were not in locations that left them exposed or in relatively inconspicuous locations. Additionally, since MSUs were located close to the displacement camps, distributions could happen without beneficiaries travelling long distances to receive their entitlement limiting protection risks.

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to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

<sup>11</sup> AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

### g. Education:

In cases where WFP was requested to provide additional space on behalf of partners in relief camps, the mobile storage units reduced the pressure on community structures such as schools and churches from displaced populations. Consequently, the additional space from WFP in designated camps allowed for continued learning amid the emergency response.

## 8. Cash and Voucher Assistance (CVA)

### Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	0

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

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

N/A

### Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
N/A				

## 9. Visibility of CERF-funded Activities

Title	Weblink
YouTube	<a href="https://www.youtube.com/watch?v=1jELfsXEYoM">https://www.youtube.com/watch?v=1jELfsXEYoM</a>
Twitter	<a href="http://ow.ly/LK9m50Lpgtm">http://ow.ly/LK9m50Lpgtm</a>
Twitter	<a href="http://ow.ly/iam150LpgB6">http://ow.ly/iam150LpgB6</a>

**ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS:**

<b>CERF Project Code</b>	<b>Sector</b>	<b>Agency</b>	<b>Implementing Partner Type</b>	<b>Funds Transferred in USD</b>
22-RR-IOM-004	Early Recovery	IOM	RedC	\$360,495
22-RR-FPA-004	Gender-Based Violence	UNFPA	NNGO	\$40,613
22-RR-FPA-004	Gender-Based Violence	UNFPA	NNGO	\$36,331
22-RR-FPA-004	Sexual and Reproductive Health	UNFPA	INGO	\$56,400
22-RR-WFP-008	Food Assistance	WFP	INGO	\$32,000
22-RR-WFP-008	Food Assistance	WFP	GOV	\$5,000
22-RR-WFP-008	Food Assistance	WFP	NNGO	\$55,742
22-RR-CEF-007	Protection	UNICEF	GOV	\$61,331
22-RR-CEF-007	Health	UNICEF	RedC	\$93,588
22-RR-CEF-007	Protection	UNICEF	GOV	\$12,417
22-RR-CEF-007	Health	UNICEF	GOV	\$4,480
22-RR-CEF-007	Health	UNICEF	GOV	\$4,433
22-RR-CEF-007	Health	UNICEF	GOV	\$9,114
22-RR-CEF-007	Water, Sanitation and Hygiene	UNICEF	NNGO	\$235,016