CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

# MALAWI
# RAPID RESPONSE
# DROUGHT
# 2024

## 24-RR-MWI-64768

Rebecca Adda-Dontoh

Resident/Humanitarian Coordinator

# PART I – ALLOCATION OVERVIEW

| **Reporting Process and Consultation Summary:** | | |
|---|---|---|
| Please indicate when the After-Action Review (AAR) was conducted and who participated.<br>AAR was not conducted. | NA | |
| 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:

During the 2023/24 growing season, Malawi was impacted by El Niño conditions characterized by late onset and prolonged dry spells, particularly in the southern and central regions. The dry spells lasted more than four weeks in some areas, particularly the southern region, during the crucial crop development stages in January and February, leading to severe damage to crops and negatively affecting food production in Malawi, where over 80 percent of the population depends on agriculture for their livelihoods.

In March 2024, President Lazarus Chakwera declared a State of Disaster in 23 out of Malawi's 28 districts due to El Niño conditions. The Malawi IPC for 2023/24 projected that approximately 3 million people, representing 15 percent of the total population, would experience high acute food insecurity IPC Phase 3, Crisis, in 28 districts and four cities between May and September 2023, with the figure escalating to 4.4 million leading up to March 2024. This meant that 4.4 million people across the country classified as IPC Phase 3 would struggle to meet their basic food requirements without depleting crucial livelihood assets or resorting to negative coping measures. CERF provided a grant of US$2,000,000 to provide lifesaving and life-sustaining assistance to the people most affected by severe dry spells through integrated humanitarian interventions

CERF provided a grant of US2,000,00 to provide lifesaving and life-sustaining assistance to the people most affected by severe prolonged dry spells. The funding enabled the implementation of integrated, multisectoral interventions targeting the most vulnerable communities, including those facing acute food insecurity, WASH interventions, agriculture restoration capacity and deteriorating nutrition conditions. Through coordinated efforts among humanitarian partners, CERF support facilitated rapid response activities such as emergency food distribution, treatment of severe cases of wasting through the Community Management of Acute Malnutrition programme and other nutritional support as well as provision of cash-based support to restore the agricultural productive capacity and ensure food security. This timely assistance helped stabilize affected households and prevent a deterioration of humanitarian conditions. The CERF allocation played a critical role in bridging immediate funding gaps and ensuring that urgent needs were met in a principled and efficient manner.

### CERF's Added Value:

CERF funding helped cure 11,064 malnourished children by providing timely treatment. Additionally, the 50kg bags of maize offered relief to families for a month as they sought alternative sources of food.

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

Yes ☒ Partially ☐ No ☐

Yes, the CERF funds led to fast delivery of assistance to people affected by the El Nino phenomenon and prevented further deterioration of nutrition indicators, resulting from inadequate food intake.

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

Yes ☒ Partially ☐ No ☐

Under food assistance, the CERF funding provided urgent life-saving food assistance for one month to approximately 55,000 beneficiaries (6,722 women, 5,500 men, 23,528 boys, 19,250 girls) in Nsanje district. Each household (calculated at 4.5 people) received one 50 kg bag of maize and was facing critical or emergency levels of food insecurity (IPC3 and above), according to the IPC report.

In the fight against malnutrition, a total of 11,064 children received treatment across the districts of Blantyre, Chikwawa, Machinga and Nsanje, yielding a cure rate of 84 percent, a default rate of 1 percent, and a non-response rate of 10 percent, likely attributed to intrahousehold food sharing. Additionally, the project screened 121,727 (58,429M & 63,298F) under-five-children, identifying and treating 5,239 (2,514M & 2,725F) cases of severe wasting through the Community Management of Acute Malnutrition programme between June and November 2024.in Machinga district.

.

Under WASH, the project provided 7,800 people, 52 per cent of whom were women, with access to safe water through the installation of two solar-powered water systems in healthcare facilities that also served nearby communities. Additionally, 61,711 people in 13,000 households and five healthcare facilities received essential WASH supplies, such as handwashing buckets, soap, water treatment chemicals, and hygiene messaging to promote healthy practices.

Under protection, 215,327 (94,569M, 120758F) individuals, including 103,997 children, were screened for violence and abuse. Additionally, Community Child Protection Workers identified and managed 3,215 cases of child abuse and neglect, while 111,330 people were reached with messages on protection from sexual exploitation, abuse, and gender-based violence through 200 community outreach sessions led by Machinga Health Promotion Theatre. Mental health and psychological support services reached 31,509 individuals through 500 trained providers, fostering resilience and well-being in affected communities in Machinga District.

Finally, under agriculture, 17,775 vulnerable people (approximately 3,950 households) in Machinga district were provided with cash-based support to restore the agricultural productive capacity and ensure food security. The cash provided improved crop productivity through the provision of cash assistance, which was devoted to buying agricultural inputs, alongside other expenses.

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

Yes ☒ Partially ☐ No ☐

Yes, CERF funding improved coordination amongst humanitarian players during needs analysis and prioritization for the flash appeal, writing proposals, and during implementation and reporting.

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

Yes ☒ Partially ☐ No ☐

The Rapid Response encouraged partners to collectively mobilize resources through a Flash Appeal. Additionally, the Government of Malawi also developed a response plan in coordination with other humanitarian actors to supplement the CERF funds. Resources from other donors amounted to approximately US67,944,982 in various sectors, including WASH, protection, nutrition, food security, and agriculture.

## Considerations of the ERC's Underfunded Priority Areas[1]:

The needs of specific populations were considered in targeting and distribution methods, particularly women, people with disabilities and the elderly, in coordination with the protection cluster. Women and girls were prioritized in distributing hygiene supplies, including menstrual hygiene materials, to support their dignity and health. In agriculture, the CERF intervention prioritized the targeting of women-headed and child-headed households as they are the most vulnerable categories during crises. In Malawi, women provide about 70 percent of agricultural labour

### Table 1: Allocation Overview (US$)

| **Total amount required for the humanitarian response** | **135,500,000** |
|---|---|
| CERF | 1,995,676 |
| Country-Based Pooled Fund (if applicable) | 0 |

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

| | |
|---|---|
| Other (bilateral/multilateral) | **71,894,982** |
| **Total funding received for the humanitarian response (by source above)** | **73,890,658** |

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

| Agency | Project Code | Sector/Cluster | Amount |
|---|---|---|---|
| **FAO** | 24-RR-FAO-017 | Food Security - Agriculture | 625,000 |
| **UNICEF** | 24-RR-CEF-032 | Nutrition | 266,890 |
| **UNICEF** | 24-RR-CEF-032 | Water, Sanitation and Hygiene | 242,064 |
| **UNICEF** | 24-RR-CEF-032 | Protection | 111,722 |
| **WFP** | 24-RR-WFP-029 | Food Security - Food Assistance | 487,500 |
| **WFP** | 24-RR-WFP-029 | Nutrition | 262,500 |
| **Total** | | | **1,995,676** |

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

| | |
|---|---|
| **Total funds implemented directly by UN agencies including procurement of relief goods** | **1,864,340** |
| Funds sub-granted to government partners* | 101,482 |
| Funds sub-granted to international NGO partners* | 29,854 |
| Funds sub-granted to national NGO partners* | 0 |
| Funds sub-granted to Red Cross/Red Crescent partners* | 0 |
| **Total funds transferred to implementing partners (IP)*** | **131,336** |
| **Total** | **1,995,676** |

* 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:**

Prolonged dry spells, which lasted longer than four weeks in most areas of southern Malawi, during the cropping season in January and February 2024, led to severe crop damage and decreased food production, where more than 80% of the population depends on agriculture for their livelihoods. According to the Malawi Vulnerability Assessment Committee's 2024 IPC report, 4.4 million people were projected to experience high levels of acute food insecurity (IPC Phase 3 or worse) leading up to March 2024. This population was mostly from the region affected by low agricultural productivity, prolonged dry spells, pest infestations, and diseases in crops like maize and groundnuts. Livestock was also impacted by shrinking pastures, reduced access to water, and a possible increase in disease, which had a detrimental impact on farmers' ability to mitigate the impact of crop failure. The situation was exacerbated by a 44% devaluation in November 2023, which led to increased malnutrition levels, with more severely malnourished children being admitted to health facilities than in previous years.

## Operational Use of the CERF Allocation and Results:

In response, the Emergency Relief Coordinator allocated $2 million on 2 May 2024, from CERF's Rapid Response window for life-saving action, targeting about 236,245 people in the Nsanje and Machinga districts of Malawi, of whom 52,944 are women, 517 are children, and 5,282 are persons with disabilities. The CERF allocation strengthened essential basic services in the most severely drought-affected districts in southern Malawi via cash transfers, the provision of maize, CSB++, and RUTF, as well as the treatment of SAM cases, and the provision of safe water, amongst other activities. The CERF grant benefited approximately 55,000 individuals in Nsanje district, including 6,722 women, 5,500 men, 23,528 boys, and 19,250 girls, by providing food assistance. Additionally, 7,800 people (52% women) gained access to safe water through the installation of two solar-powered water systems in healthcare facilities, which also served nearby communities. Essential WASH supplies were delivered to 61,711 people across 13,000 households and five healthcare facilities. The project identified and managed 3,215 cases of child abuse and neglect and reached 111,330 people through 200 community outreach sessions, promoting protection from sexual exploitation, abuse, and gender-based violence. Finally, cash-based support was provided to 17,775 vulnerable individuals to restore agricultural productivity and ensure food security.

## People Directly Reached:

Data was collected through various methods, including training registers, activity reports, and Post Distribution Monitoring (PDM) surveys. Agriculture data was gathered by 33 trained district agricultural officers using the FAO IDEA ecosystem and KoBo toolkit, with logistical support for effective data collection and transmission to FAO for analysis. This data helped register beneficiary households, distribute cash assistance, and inform post-distribution assessments. For nutrition, UNICEF used screening data and DHS-2 data, while WFP relied on PDM results, clinic reports, and outcome surveys. Training registers ensure that only those who attend specific training or sessions are recorded. Activity reports help cross-reference who was served during each activity, ensuring that there is no overlap in the beneficiaries counted across different reports or distributions. PDMs, on the other hand, include beneficiary-specific data (such as ID numbers), which can be cross-checked with the original distribution lists to confirm that each recipient is counted only once.

## People Indirectly Reached:

Hygiene awareness and water treatment messages were shared with a broader audience beyond direct beneficiaries, helping prevent waterborne diseases. Community theatre messages on protection from sexual exploitation, abuse, and gender-based violence reached 30,000 indirect beneficiaries. In agriculture, cash assistance benefited more people through the extended family system common in Malawi's rural areas.

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

| | Planned | | | | | Reached | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Sector/Cluster** | **Women** | **Men** | **Girls** | **Boys** | **Total** | **Women** | **Men** | **Girls** | **Boys** | **Total** |
| Food Security - Agriculture | 8,085 | 3,465 | 3,465 | 1,485 | **16,500** | 8,710 | 3,732 | 3,733 | 1,600 | **17,775** |
| Food Security - Food Assistance | 6,722 | 5,500 | 23,528 | 19,250 | **55,000** | 6,722 | 5,500 | 23,528 | 19,250 | **55,000** |
| Nutrition | 35,442 | 723 | 61,966 | 57,199 | **155,330** | 35,191 | 821 | 69,494 | 63,297 | **168,803** |
| Protection - Gender-Based Violence | 46,222 | 10,675 | 64,661 | 59,687 | **181,245** | 19,286 | 10,045 | 34,522 | 31,727 | **95,581** |
| Water, Sanitation and Hygiene | 10,780 | 9,952 | 2,695 | 2,488 | **25,915** | 25,672 | 23,697 | 6,418 | 5,924 | **61,711** |

* 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.

**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** | 0 | 0 |
| **Host communities** | 0 | 0 |
| **Other affected people** | 236,245 | 237,160 |
| **Total** | **236,245** | **237,160** |

| **Table 6: Total Number of People Directly Assisted with CERF Funding*** | | | **Number of people with disabilities (PwD) out of the total** | |
|---|---|---|---|---|
| **Sex & Age** | **Planned** | **Reached** | **Planned** | **Reached** |
| **Women** | 52,944 | 32,394 | 3,190 | 4,502 |
| **Men** | 16,175 | 29,197 | 900 | 755 |
| **Girls** | 88,189 | 93,022 | 620 | 1,324 |
| **Boys** | 78,937 | 82,547 | 572 | 1,020 |
| **Total** | **236,245** | **237,160** | **5,282** | **7,601** |

# PART II – PROJECT OVERVIEW

## 3. PROJECT REPORTS

### 3.1 Project Report 24-RR-FAO-017

#### 1. Project Information

| | | | |
|---|---|---|---|
| **Agency:** | FAO | **Country:** | Malawi |
| **Sector/cluster:** | Food Security - Agriculture | **CERF project code:** | 24-RR-FAO-017 |
| **Project title:** | Intensifying agricultural production through cash transfer interventions among farming households severely impacted by El Nino in Malawi. | | |
| **Start date:** | 04/06/2024 | **End date:** | 03/12/2024 |
| **Project revisions:** | No-cost extension ☐ | Redeployment of funds ☐ | Reprogramming ☐ |

**Funding**

| | |
|---|---|
| **Total requirement for agency's sector response to current emergency:** | **US$ 5,500,000** |
| **Total funding received for agency's sector response to current emergency:** | **US$ 500,000** |
| **Amount received from CERF:** | **US$ 625,000** |
| **Total CERF funds sub-granted to implementing partners:** | **US$ 0** |
| Government Partners | US$ 0 |
| International NGOs | US$ 0 |
| National NGOs | US$ 0 |
| Red Cross/Crescent Organisation | US$ 0 |

#### 2. Project Results Summary/Overall Performance

Through the Central Emergency Response Fund (CERF) under the Rapid Response (drought) funding window, FAO supported the Government of Malawi to respond to a critical emergency that arose due to the severe impact of the 2023-2024 El Niño episode that affected the lives and livelihoods of the rural vulnerable communities in the country. The intervention that was rolled out with the CERF funding was implemented during the period 04 June 2024 to 03 December 2024 and successfully contributed to responding to the negative impact of El Niño on rural farming households in Machinga district. Specifically, at the country level, the project was in line with the United Nations Sustainable Development Framework for Malawi 2024-2028, particularly with its Pillar 3 on Inclusive and Resilient Growth, as well as the FAO Malawi's Country Programming Framework (CPF) 2024-2028 – Priority Area 3: Emergency Preparedness, Response and Recovery. Furthermore, the project was designed in line with CERF (ERC) priority areas in Malawi that such as support for women and girls and other aspects of protection.

The FAO CERF intervention managed to provide cash-based support to restore the agricultural productive capacity and ensure food security of 17,775 vulnerable people (approximately 3,950 households) in Machinga district. The project helped to improve crop productivity through the provision of cash assistance, which was devoted to buying agricultural inputs, alongside other expenses.

According to the results of the post-distribution monitoring (PDM) assessment conducted by FAO in November 2024, about 77 percent of the farmers that were provided with unconditional cash assistance during the 2024 winter/irrigation season used it to access agricultural inputs, such as early maturing and adaptable crop seeds and fertilizers, among others, while the rest (33 percent) used the support to access other immediate survival needs such as food and other utilities. As a result, the intervention helped to support and safeguard the farmers' lives and livelihoods through enhanced agricultural productivity, thereby sustaining the main livelihood strategy of the rural vulnerable population in Machinga.

## 3. Changes and Amendments

No changes or deviations were made from the original project document.

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

| Sector/cluster | Food Security - Agriculture | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | 0 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | **0** |
| Other affected people | 8,085 | 3,465 | 3,465 | 1,485 | **16,500** | 8,710 | 3,732 | 3,733 | 1,600 | **17,775** |
| **Total** | **8,085** | **3,465** | **3,465** | **1,485** | **16,500** | **8,710** | **3,732** | **3,733** | **1,600** | **17,775** |
| **People with disabilities (PwD) out of the total** | | | | | | | | | | |
| | 841 | 360 | 360 | 154 | **1,715** | 841 | 360 | 360 | 154 | **1,715** |

* 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

The project indirectly reached out to 33 district agricultural officers who were trained in data collection using the FAO Identification, Delivery, and Empowerment Application (IDEA) ecosystem, which uses the KoBo toolkit. The same officers were also provided with logistical support to enable them to effectively undertake the data collection and transmission to FAO for analysis and reporting. The data collection served to register beneficiary households, provide them with the cash assistance, and collect information and data to inform the post-distribution assessment.

Through the purchase of inputs with the cash that was provided, the project benefited local agro dealers in the district who sold various agricultural inputs to direct beneficiaries of the cash transfers, thus also boosting the private sector economy. As the beneficiaries of the cash also used part of the cash to purchase other commodities, such as food and household utilities, which are usually sold in local/informal markets, there is a very high likelihood that many unquantifiable individuals and households also indirectly benefited from the support through market linkages.

Furthermore, considering the cohesiveness of the society in which the project was implemented, where an extended family system is also a common practice, it is believed that many other unintended and unquantifiable beneficiaries were supported by the project. For instance, based on the results of the PDM, 48% of the respondents indicated that the cash assistance was used beyond their homes or households. Through the extended family system, most of the critical household supplies are shared beyond a project beneficiary household in such a way that the spill-over effect of the project support is widespread.

## 6. CERF Results Framework

| | |
|---|---|
| **Project objective** | To restore the productive capacity of farming households affected by El Nino-induced dry spells in Machinga district. |
| **Output 1** | 3 950 farming households (equivalent to approximately 17 775 people) in Machinga are supported with cash transfers to protect productive assets and sustain their food production against the impacts of El Nino. |

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

| **Sector/cluster** | Food Security - Agriculture | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | Cash 2a Number of people receiving sector-specific unconditional cash transfers (Number of farming households benefiting from cash transfer activities supported by the project) | 17 775 | 17,775 | FAO PDM Assessment |
| Indicator 1.2 | Cash 2b Total value of sector-specific unconditional cash transfers distributed in USD (Total amount of cash to be distributed) | 474 000 | 474,000 | FAO Mission Report and Standard Bank reports |
| **Explanation of output and indicators variance:** | | NA | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|

| | | |
|---|---|---|
| Activity 1.1 | Conduct identification of beneficiaries based on pre-established criteria, their registration and identity verification using FAO's IDEA digital ecosystem. | FAO and Machinga District Agriculture Office |
| Activity 1.2 | Organize awareness and sensitization sessions with the target beneficiaries and government stakeholders on the purposes of the cash transfer interventions to sensitize them on the use of the assistance to sustain their food consumption and production | FAO |
| Activity 1.3 | Distribute cash transfers to verified beneficiary farming households. | FAO and Standard Bank of Malawi through Garda World |
| Activity 1.4 | Conduct a post distribution monitoring exercise to gauge the effectiveness of the intervention. | FAO and Machinga District Agriculture Office |

## 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[2] 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)[3]:**

The project was implemented in one of the districts most affected by El Niño, according to the result of the El Niño Impact Assessment on Agriculture and Food Security, led by FAO, the Ministry of Agriculture, and the Malawi Vulnerability Assessment Committee (MVAC). The selection of the beneficiaries employed participatory approaches using the district and community Disaster Risk Management (DRM) structures available. The initial project sensitization meetings provided room for gathering feedback on how the project's cash intervention would be implemented, monitored, and evaluated. As much as possible, FAO integrated the needs and priorities of the affected communities and households by providing unconditional cash assistance to enable the beneficiaries to utilize the support based on their requirements and priority needs.

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

The project was implemented through the Machinga District Council's DRM structures, which by design already embed elements of feedback and complaints mechanisms. During the inception meetings, FAO sensitized the district and community stakeholders, including the direct beneficiaries of the project, to utilize the available feedback and complaints reporting mechanisms to ensure all feedback and grievances were reported to relevant authorities such as FAO, community police, and government authorities. FAO further pledged full support to facilitate the resolution of concerns of beneficiaries and other stakeholders regarding any alleged or potential violations of the beneficiaries'/stakeholders' rights and entitlements or any wrongdoing, and the same stakeholders were urged to report any such incidents via the available mechanisms.

[2] 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.

[3] 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.

By co-locating the FAO activities with the interventions of the other CERF partners, the project also stood to benefit from any existing mechanisms already utilized by the other partners. A commitment was made that any complaint or feedback would be followed through by adhering to all due protocols of confidentiality.
During the project period, no feedback was reported.

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

Throughout the implementation of the intervention, FAO strictly adhered to its policy for sexual exploitation and abuse and ensured the policy was made accessible to all project staff and project stakeholders. All FAO employees who were involved in the project undertook a mandatory prevention of sexual exploitation and abuse (PSEA) training course. During project sensitization meetings, FAO deliberately included awareness-raising messages to remind all stakeholders about their rights and the project's commitment to preventing SEA. In addition, through the available structures, channels for reporting SEA were made clear to all stakeholders, including highlighting the FAO whistleblower protection policy to encourage reporting of cases without fear of retaliation. The stakeholders were assured that impartial investigations would be activated upon receiving SEA reports.

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

The project integrated gender equality by prioritizing women and young girls when targeting the beneficiaries. The nature and design of the interventions of the CERF helped to reduce the intrinsic disparities in access to agricultural support among women, the youth, and the disabled that are typical in the country. The CERF intervention prioritized the targeting of women-headed and child-headed households as they are the most vulnerable categories during crises. In Malawi, women provide about 70 percent of agricultural labour, yet they are the most marginalized when it comes to access to farm inputs. As such, the project ensured women were prioritized for the cash intervention to provide them with the opportunity to engage in irrigation farming activities and improve their food consumption, as most of them were already involved in farming activities. The project benefited from the structures and mechanisms that were made available by the CERF partners to prevent any gender-based violence (GBV) cases.

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

The project reached out to around 1,700 persons with various disabilities by providing them with unconditional cash, who utilized it to restore their productive capacity after the impact of the El Niño. This was done with full realization of the vulnerabilities that people with disabilities face and the inadequate agricultural support that most of them receive to sustain their livelihoods.

**f. Protection:**

FAO reckons that the inclusion of the most vulnerable people who had difficulties accessing other livelihood options due to the severe impact of El Nino was in line with the Emergency Relief Coordinator (ERC)'s priority areas. As already indicated above, the project attempted to reach the last mile in prioritizing the targeting of the severely affected farming households, with systematic consideration to the gender, youth and disability dynamics and the critical needs of the affected populations. The targeted farming households were those that solely depended on crop and livestock production to earn a living and had to be prioritized to ensure the restoration of their main livelihood strategy. The affected households were, therefore, provided with cash support as it was the quickest and most feasible modality at the time to revive their lives and livelihoods.

**g. Education:**

While the intervention did not have a specific component to uplift or support the education of the beneficiary households, FAO assessed that some of the households used part of the cash received to support the education of school-going children. As the project helped to improve the food security of the beneficiary households through enhanced agricultural productivity and direct food purchases, it thus reduced the likelihood of school-going children attending classes on an empty stomach and/or eventually dropping out of school. In Malawi, lack of food is a crucial factor that triggers high school dropout rates, as the learners are forced to leave school to either search for food or revert to negative coping strategies that affect their education. Furthermore, 5% of the respondents mentioned that they used part of the cash assistance to pay school fees for their children/dependents.

## 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 | 17,775 |

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.

FAO provided to each beneficiary household the corresponding amount in Malawi Kwacha (local currency) of USD 120, that was determined based on the agricultural basket and was derived from the cost of two bags of fertilizers (one for basal and another for top dressing for a total amount of USD 100), 5 kg of maize seeds (corresponding to USD 11), 2 packets of vegetable seeds (USD 4) and 2 bundles of cassava cuttings (USD 5). This value was established by the Malawi Cash Working Group (CWG) in March 2024 after calculations done by FAO.

The FAO Post-cash Distribution Monitoring (PDM) report revealed that 77 percent of the targeted farmers used the unconditional cash transfer to acquire essential agricultural inputs such as seeds, fertilizers, and pesticides, and to facilitate the cultivation of maize, particularly for irrigation farming, thereby contributing to guaranteeing food security for their families. The remaining 33 percent used the support to access other immediate survival needs such as food and other utilities. As a result, the project helped to support and safeguard the farmers' lives and agricultural productivity, which is the main livelihood of the rural vulnerable population.

There was a general feeling among the respondents of the interviews conducted as part of the PDM assessment that the overarching objective of the cash support to reduce food insecurity and improve agricultural productivity among the vulnerable farming households was reached. Furthermore, the results also suggest a strong conviction that the cash transfer was an essential instrument for enhancing livelihoods and addressing food scarcity in the impacted district of Machinga.

| Parameters of the used CVA modality: | | | | |
|---|---|---|---|---|
| **Specified CVA activity** (incl. activity # from results framework above) | **Number of people receiving CVA** | **Value of cash** (US$) | **Sector/cluster** | **Restriction** |
| Provision of unconditional cash transfers to 3 950 farming households (equivalent to approximately 17 775 people) in Machinga to protect productive assets and sustain their food production against the impacts of El Nino | 17,775 | US$ 474,000 | Food Security - Agriculture | Unrestricted |
| [Fill in] | [Fill in] | US$ [insert amount] | Choose an item. | Choose an item. |
| [Fill in] | [Fill in] | US$ [insert amount] | Choose an item. | Choose an item. |

## 9. Visibility of CERF-funded Activities

| Title | Weblink |
|---|---|
| | |
| | |
| | |

Currently, FAO does not have any publicly available social media posts (on X, Facebook, Instagram, etc.) but FAO managed to conduct a Post-cash Distribution Monitoring Exercise (PDM) which will soon be published. The report contains considerable findings and feedback on the benefits of the assistance that was provided and how its programming would further be improved. FAO shall thus circulate and publish the report on its website once it is technically cleared.

## 3.2 Project Report 24-RR-CEF-032

### 1. Project Information

| | | | |
|---|---|---|---|
| **Agency:** | UNICEF | **Country:** | Malawi |
| **Sector/cluster:** | Nutrition<br>Water, Sanitation and Hygiene<br>Protection | **CERF project code:** | 24-RR-CEF-032 |
| **Project title:** | Support scale-up of preventive and curative Nutrition, WASH and Protection services with integrated response in El Nino-drought affected Machinga district in Malawi. | | |
| **Start date:** | 01/06/2024 | **End date:** | 30/11/2024 |
| **Project revisions:** | No-cost extension ☐ Redeployment of funds ☐ Reprogramming ☐ | | |

**Funding**

| | |
|---|---|
| **Total requirement for agency's sector response to current emergency:** | **US$ 23** |
| **Total funding received for agency's sector response to current emergency:** | **US$ 2,500,000** |
| **Amount received from CERF:** | **US$ 620,676** |
| **Total CERF funds sub-granted to implementing partners:** | **US$ 84,972** |
| Government Partners | US$ **84,972** |
| International NGOs | US$ 0 |
| National NGOs | US$ 0 |
| Red Cross/Crescent Organisation | US$ 0 |

### 2. Project Results Summary/Overall Performance

In response to the El Niño crisis in Machinga district, UNICEF implemented WASH interventions, significantly improving the lives of 293,988 (134,084 M,159,904 F) vulnerable individuals while ensuring sustainability through community involvement. The project provided 7,800 people, 52 per cent of whom were women, with access to safe water through the installation of two solar-powered water systems in healthcare facilities that also served nearby communities. Additionally, 61,711 people in 13,000 households and five healthcare facilities received essential WASH supplies, such as handwashing buckets, soap, water treatment chemicals, and hygiene messaging to promote healthy practices. These efforts were reinforced by active community engagement, with 3,423 individuals, approximately 60 per cent women, participating in planning and decision-making through established feedback mechanisms.

To safeguard vulnerable populations, the project extended protection services to 215,327 (94,569M, 120758F) individuals, including 103,997 children screened for violence and abuse. Community Child Protection Workers identified and managed 3,215 cases of child abuse and neglect, while 111,330 people were reached with messages on protection from sexual exploitation, abuse, and gender-based violence through 200 community outreach sessions led by Machinga Health Promotion Theatre. Mental health and psychological support services reached 31,509 individuals through 500 trained providers, fostering resilience and well-being in affected communities in Machinga District.

In the fight against malnutrition, the project screened 121,727 (58,429M & 63,298F) under-five-children, identifying and treating 5,239 (2,514M & 2,725F) cases of severe wasting through the Community Management of Acute Malnutrition programme between June and November 2024. UNICEF supplied 4,620 boxes of Ready-to-Use Therapeutic Food (RUTF) and therapeutic milk to ensure effective treatment. These efforts maintained high performance standards, with a recovery rate of 94 per cent, a death rate of 1.4 per cent, and minimal non-response and default rates. A total of 36,012 (821M & 35,191F) caregivers of children aged 6-23 months who were screened for acute malnutrition received comprehensive nutrition counselling on optimal maternal, infant, and young child nutrition practices. Overall, the project has assisted a total of 157,739 (59,250M & 98,489F) people with nutrition counselling, screening, and severe wasting treatment.

This integrated approach underscores the importance of integrating critical needs across water, protection, and nutrition while empowering communities to actively participate in creating sustainable change.

## 3. Changes and Amendments

During the implementation phase, $9000 in cost savings from construction and contracting services were identified, allowing for the reallocation of funds. Following email approval, these savings were utilized to procure and distribute additional WASH supplies, further enhancing the project's impact.

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

| Sector/cluster | Nutrition | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | 0 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | **0** |
| Other affected people | 35,442 | 723 | 61,966 | 57,199 | **155,330** | 35,191 | 821 | 63,298 | 58,429 | **157,739** |
| **Total** | **35,442** | **723** | **61,966** | **57,199** | **155,330** | 35,191 | 821 | 63,298 | 58,429 | **157,739** |
| **People with disabilities (PwD) out of the total** | | | | | | | | | | |
| | 3,190 | 65 | 620 | 572 | **4,447** | 3,167 | 74 | 633 | 584 | **4,458** |

| Sector/cluster | 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 | 0 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | **0** |
| Other affected people | 46,222 | 10,675 | 64,661 | 59,687 | **181,245** | 19,286 | 10,045 | 34,522 | 31,727 | **95,581** |
| **Total** | **46,222** | **10,675** | **64,661** | **59,687** | **181,245** | 19,286 | 10,045 | 34,522 | 31,727 | **95,581** |
| **People with disabilities (PwD) out of the total** | | | | | | | | | | |

* 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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 3,190 | 65 | 620 | 572 | **4,447** | 42 | 29 | 0 | 0 | **71** |

| **Sector/cluster** | Water, Sanitation and Hygiene | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Planned** | | | | | **Reached** | | | | |
| **Category** | **Women** | **Men** | **Girls** | **Boys** | **Total** | **Women** | **Men** | **Girls** | **Boys** | **Total** |
| Refugees | 0 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | **0** |
| Returnees | 0 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | **0** |
| Internally displaced people | 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 | 10,780 | 9,952 | 2,695 | 2,488 | **25,915** | 25,672 | 23,697 | 6,418 | 5,924 | **61,711** |
| **Total** | **10,780** | **9,952** | **2,695** | **2,488** | **25,915** | **25,672** | **23,697** | **6,418** | **5,924** | **61,711** |
| **People with disabilities (PwD) out of the total** | | | | | | | | | | |
| | 1,000 | 900 | 260 | 240 | **2,400** | 385 | 237 | 96 | 89 | 807 |

* 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

Over 50,000 benefited indirectly from hygiene awareness messaging and water treatment interventions, helping to prevent waterborne diseases. Additionally, messages on protection from sexual exploitation, abuse, and gender-based violence by community theatres reached 30,000 indirect beneficiaries.

## 6. CERF Results Framework

| | |
|---|---|
| **Project objective** | Provision of multi-sector assistance for the most climate-affected population |
| **Output 1** | WASH response is provided to the El Nino El-affected population in 1 targeted district |

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

| **Sector/cluster** | Water, Sanitation and Hygiene | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard. | 10,000 | 7,800 | Activity Report |
| Indicator 1.2 | WS.17 Number of people receiving WASH/hygiene messaging. | 25,915 | 61,711 | District activity reports |
| Indicator 1.3 | WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated | 2 | 2 | Construction reports |
| Indicator 1.4 | # of people reached through GBV community awareness activities to promote access to services to respond to incidents of GBV during hygiene promotion sessions | 25,915 | 61,711 | District Activity Reports |
| Indicator 1.5 | # of community feedback (disaggregation of age, sex and disability) collected from the programme beneficiaries through an established feedback mechanism | 3,000 | 3,423 | Activity Reports |

| **Explanation of output and indicators variance:** | The overachievement in the number of people receiving WASH services can be attributed to the efficient use of resources. Savings from construction and contracting services enabled the procurement of additional WASH supplies, allowing the project to extend its reach and provide essential services to a larger population.<br><br>However, the underachievement on the first water supply indicator is due to the actual count of people benefiting from the two water schemes being lower than initially estimated. |
|---|---|

| **Activities** | **Description** | **Implemented by** |
|---|---|---|

| | | |
|---|---|---|
| Activity 1.1 | Construction/Rehabilitation of 2 water points (including in the institution i.e. Schools, and Health centres) | UNICEF through contractors |
| Activity 1.2 | Promote hygiene practices and handwashing through door-to-door mobilization of community volunteers. | Machinga District Health Office |
| Activity 1.3 | Establish a feedback collection mechanism (observation, qualitative and qualitative) to engage affected populations in programme planning and delivery | Machinga District Health and Water Offices |

| | |
|---|---|
| **Output 2** | Strengthen equitable access to multi-sectoral nutrition services to prevent and treat acute malnutrition resulting from the impacts of El Nino /food insecurity. |

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

| **Sector/cluster** | Nutrition | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 2.1 | N.4 Number of children screened for acute malnutrition | 119,165 | 121,727 | District monthly nutrition screening report |
| Indicator 2.2 | N.3a Number of children admitted to SAM treatment programme (therapeutic feeding) | 5,183 | 5,239 | DHIS-2 |
| Indicator 2.3 | N.3b Percentage of children who were admitted for SAM treatment who recovered (SAM recovery rate) >90% | 90 | 94 | DHIS-2 |
| **Explanation of output and indicators variance:** | | The over achievement of number of SAM children treated is due to intensified nutrition screening and worsening of food insecurity in the El Nino districts | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 2.1 | Strengthen the quality of management of severe acute malnutrition (SAM) through procurement and last-mile distribution of nutrition supplies. | Machinga District Health office/ Central medical stores trust (CMST) |
| Activity 2.2 | Strengthen early identification and referral for treatment of children with SAM through mass screening. | Machinga District council |
| Activity 2.3 | Promote optimal age-specific feeding practices (including breastfeeding, young child, maternal and adolescent nutrition) including gender-based violence and SEA | Machinga District council |

| | |
|---|---|
| **Output 3** | Enhance awareness and engagements on child protection and GBV and ensure access to protection services for victims of violence and abuse |

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

| **Sector/cluster** | Protection | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 3.1 | Number of children (0-5) screened for violence. | 119,165 | 103,997 | District Report |

| | | | | |
|---|---|---|---|---|
| Indicator 3.2 | Number of people reached with GBV risk mitigation activities including awareness | 62,080 | 111,330 | District Report |
| Indicator 3.3 | Number of people reached with MHPSS services | 20,000 | 31,509 | District Report |
| **Explanation of output and indicators variance:** | | A lot more people were reached because of the strategies that were employed. Engaging theatre groups meant wider reach with GBV risk mitigation messages | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 3.1 | Orientation of Nutrition screening officers and child protection workers on screening for violence | District Social Welfare and Nutrition Office, Machinga |
| Activity 3.2 | Screening of children for violence and abuse | Health Surveillance Assistants, Child Protection Officers, Nutrition Care Groups, Mother Groups, Children's Corner Facilitators |
| Activity 3.3 | Awareness and engagements with caregivers on GBV risk mitigation and response. | Health Promotion Theatre, Machinga District Health Office |
| Activity 3.4 | Provision of MHPSS | Child Protection Workers, Community-Based Organisation, social workforce |
| Activity 3.5 | Orientation of mother groups, CBOs, Children's Corner facilitators on GBV risk mitigation and response | District Social Welfare Officers |

## 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[4] 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)[5]:**

A participatory approach was adopted to ensure the inclusion of vulnerable groups such as women, children, people with disabilities, and the elderly. During the design phase, comprehensive community consultations, conducted through focus group discussions (FGDs) and key informant interviews (KIIs), provided safe and supportive spaces for these groups to express their needs and priorities.

In the implementation phase, diverse and inclusive community-based committees played a pivotal role in overseeing the equitable distribution of resources. Additionally, specialized training sessions equipped community members with essential skills in water

[4] 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.

[5] 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.

management and hygiene promotion, ensuring that the specific needs of the most vulnerable populations were prioritized and addressed effectively.

Community theatre groups further enhanced engagement during awareness sessions by first discussing community members' concerns, challenges, and risks. These insights were incorporated into the messages conveyed through the theatre performances, ensuring relevance and resonance. Critical reporting mechanisms for child protection, gender-based violence, and protection from sexual exploitation and abuse were also introduced and disseminated during these sessions. In total, 200 community sessions were conducted in the district, reaching over 111,330 directly and an additional 30,000 indirectly through message passing by the protection workforce that was oriented in this project.

As part of these efforts, awareness sessions were conducted, reaching a broad audience and reinforcing vital protection messages to promote safety and well-being across the communities.

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

The project implemented an inclusive, accessible, and confidential feedback mechanism for all target groups, including vulnerable populations. Various channels, such as community meetings and trained focal points, were utilized to gather input, ensuring confidentiality through anonymized reporting and trained staff handling sensitive complaints. A clear follow-up process allowed for timely action on feedback, including adaptations like rescheduling WASH supply distributions to accommodate women with caregiving responsibilities. This approach promoted inclusivity, built trust, and enabled adaptive project implementation.

During community awareness sessions organized by the protection teams, mechanisms for reporting complaints were disseminated. These included complaint boxes and direct reporting to the social service workforce available during the sessions, especially child protection workers, members of community policing forums, and police officers. Throughout the project's implementation, 3,215 child protection violations were reported to the social service workforce and through complaints and feedback mechanisms.

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

Existing reporting mechanisms were used to report and handle sexual exploitation and abuse. Child protection workers and health workers engaged in screening activities were oriented on gender-based violence and sexual exploitation, and abuse. Community members were also sensitised, including channels for reporting abuse. These mainly included child protection workers, complaints boxes available in protection service points, and during performances by the theatre groups.

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

Gender-sensitive consultations were conducted during the planning phase to ensure the voices of women, girls, and marginalized groups were heard and incorporated. Women and girls were prioritized in distributing hygiene supplies, including menstrual hygiene materials, to support their dignity and health. The project also included awareness sessions on gender equality and protection, targeting both community members and leaders to challenge harmful norms and promote inclusivity. Safe spaces and feedback mechanisms were also established to allow women, girls, and sexual and gender minorities to raise concerns confidentially and influence project decisions.

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

The project promoted the inclusion of Persons with Disabilities (PwD) through targeted consultations, inclusive feedback systems, and training for service providers to address their specific needs. While the project reached 807 PWDs with WASH services, gaps in data collection due to limited knowledge about disabilities highlight the need for capacity building to improve the collection and analysis of information on PwD, ensuring more effective and inclusive interventions. During protection screening, children with disabilities were included, and those requiring assistance were referred to protection services. A total of 42 (19 M, 23 F) persons with disabilities took part in this project. The number of reported children is quite low, as most disability identification efforts focus primarily on visible or physical disabilities. This highlights the need for reinforced capacity-building at the district level to ensure a more inclusive approach that considers diverse types of disabilities, including mental, developmental, and sensory impairments. To address this gap, we are working with district

authorities to enhance disability identification efforts. This includes intensifying outreach through household visits and leveraging community platforms to ensure that all individuals with disabilities, regardless of type, are accurately identified and supported. In addition, during community theatre engagements, sign language interpreters were present for effective communication with those with hearing impairments.

**f. Protection:**

During orientation sessions, nutrition officers were capacitated to identify children with protection risks and how to refer to child protection workers for further assessments. Malnourished children had their protection risks assessed through household assessments. The mainstreaming of protection in nutrition screening enhanced the capacity of health workers in knowledge on child protection, identification of abuse and facilitated referral of protection cases to protection services. This will go a long way in ensuring that all child protection cases are brought to the attention of service providers.

**g. Education:**

Not relevant

## 8. Cash and Voucher Assistance (CVA)

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

| Planned | Achieved | Total number of people receiving cash assistance: |
|---|---|---|
| No | No | NA |

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.

No
The focus of the nutrition application was on the management of severe acute malnutrition. The national protocol recommended the use of specialized therapeutic food (RUTF) for the management of severe acute malnutrition. This was dispensed free of charge through the health system, eliminating the need for cash or vouchers. Additionally, the key focus of this intervention was on life-saving activities such as the provision of supplies, water treatment at the community and household levels, and supporting children through various services. As a result, no cash was directly provided to beneficiaries at that time.

**Parameters of the used CVA modality:**

| **Specified CVA activity** (incl. activity # from results framework above) | **Number of people receiving CVA** | **Value of cash** (US$) | **Sector/cluster** | **Restriction** |
|---|---|---|---|---|
| [Fill in] | [Fill in] | US$ [insert amount] | Choose an item. | Choose an item. |
| [Fill in] | [Fill in] | US$ [insert amount] | Choose an item. | Choose an item. |
| [Fill in] | [Fill in] | US$ [insert amount] | Choose an item. | Choose an item. |

## 9. Visibility of CERF-funded Activities.

| Title | Weblink |
|---|---|
| Solar-powered water system transforms healthcare at Chikuluma Health Post | https://www.unicef.org/malawi/stories/solar-powered-water-system-transforms-healthcare-chikuluma-health-post |
| How a solar-powered water system changed Melise's family in southern Malawi | https://www.unicef.org/malawi/stories/how-solar-powered-water-system-changed-melises-family-southern-malawi |
| Improved water and sanitation supplies helping to reduce disease outbreak in southern Malawi | https://www.unicef.org/malawi/stories/improved-water-and-sanitation-supplies-helping-reduce-disease-outbreak-southern-malawi |

## 3.3 Project Report 24-RR-WFP-029

### 1. Project Information

| | | | |
|---|---|---|---|
| **Agency:** | WFP | **Country:** | Malawi |
| **Sector/cluster:** | Food Security - Food Assistance<br>Nutrition | **CERF project code:** | 24-RR-WFP-029 |
| **Project title:** | Providing food and nutrition assistance to food insecure people living in the department of Nsanje and Machinga | | |
| **Start date:** | 06/06/2024 | **End date:** | 05/12/2024 |
| **Project revisions:** | No-cost extension ☐ | Redeployment of funds ☐ | Reprogramming ☐ |

**Funding**

| | |
|---|---|
| **Total requirement for agency's sector response to current emergency:** | **US$ 87,500,000** |
| **Total funding received for agency's sector response to current emergency:** | **US$ 12,550,000** |
| **Amount received from CERF:** | **US$ 750,000** |
| **Total CERF funds sub-granted to implementing partners:** | **US$ 46,364** |
| Government Partners | US$ 16,510 |
| International NGOs | US$ 29,854 |
| National NGOs | US$ 0 |
| Red Cross/Crescent Organisation | US$ 0 |

### 2. Project Results Summary/Overall Performance

With the contribution from CERF, WFP was able to support food-insecure people in Malawi through:

Nutrition activities | Distribution of MAM treatment (CSB++) to children in Machinga District | USD 250,000

The World Food Programme (WFP) procured 113.25 metric tonnes of Super-Cereal Plus (CSB++) to address moderate acute malnutrition (MAM) among children aged 6-59 months through the Supplementary Feeding Programme (SFP). A total of 11,064 children received treatment across the districts of Blantyre, Chikwawa, Machinga and Nsanje, yielding a cure rate of 84 per cent, a default rate of 1 per cent and a non-response rate of 10 per cent, likely attributed to intrahousehold food sharing. Although initially WFP planned to reach 6,286 beneficiaries in Machinga District, the caseload was not as high as expected, and the treatment was expanded to health centres in other operational districts, with a much greater impact. Not all children required treatment for the full three months, which also accounted for a higher figure.

Additionally, an estimated 2,465 caregivers of children in MAM programme in Machinga District received nutrition education to support dietary improvement at the household level through CERF funding. Caregivers in the three other districts also received this training through other donor funds.

Several activities were conducted in Machinga District to ensure the effective implementation of the programme:

MAM Capacity Assessment: A comprehensive capacity assessment was conducted across all 23 health facilities to evaluate their readiness for the programme's implementation. Gaps were identified, including limited capacity of service providers, a lack of essential programme implementation tools (such as stationery), and inadequate storage facilities.
Staff Reorientation and Training: In response to these gaps, 23 health facilities, comprising 110 staff members, were re-oriented on the SFP protocol, including monitoring procedures, commodity warehouse management, protection against sexual exploitation and abuse (PSEA) and complaints and feedback mechanism (CFM). Additionally, 51 staff members from health facilities and the district council were trained in SFP Monitoring and Evaluation (M&E) data digitization. On-the-job mentorship was provided to a total of 169 staff members across the district, including health facility in-charges, SFP focal persons, senior health surveillance assistants, nurses, data clerks, pharmacists, homecraft workers, and clinic volunteers.
Procurement of Stationery, SBCC Materials and security padlocks: Procurement was undertaken to provide essential SFP stationery for data documentation and management, along with Social Behaviour Change Communication (SBCC) materials, for all 23 health facilities involved. Additionally, security padlocks to enhance security of CSB storerooms were purchased for 8 health facilities where a gap was observed.
Inception Meetings: Before full implementation, national and district-level inception meetings were held with District Council management, the District Nutrition Coordinating Committee (DNCC), and the District Health Management Team (DHMT). These meetings were crucial for informing the teams about the project and securing their support.
Cooperation Frameworks: A Cooperation Framework was established with the Ministry of Health through a Memorandum of Understanding as the primary implementer of the programme, and a second framework with the district council to guide, manage, and oversee the programme's activities. The MOU with the district council outlined provisions for resources to facilitate coordination, monitoring, and oversight, and to support SBCC activities to enhance programme efficiency and sustainability.
Community Engagement: Community awareness and sensitization meetings on infant and young child feeding practices, as well as complaints and feedback mechanisms, were conducted in all 23 health facility catchment areas. This reached 105 traditional leaders and 23 senior health surveillance assistants. These cadres cascaded the information to an estimated 536,550 number of people within their locality catchment areas. The aim was to improve childcare practices and nutrition within households while establishing a mechanism for the community to report any concerns regarding SFP services.
Joint Supervision and Mentorship: Joint support supervision and mentorship activities were conducted in all 23 health facilities to enhance service provision. At the national level, a joint oversight visit was made by senior government officials and WFP, providing on-site support to the district council, DNCC, and health facilities for the quality improvement of the SFP implementation. The district councils through the district nutrition coordinating committee and district health management team further conducted programme monitoring and mentorship too to the five health facilities that still had challenges in adequately following SFP protocols to enhance programme delivery. Through these efforts, the programme has made significant strides in addressing MAM in Machinga District, with the active involvement of the district council, local authorities, health personnel, and the community. WFP remained committed to ensuring collaboration among the various actors at both national and district levels to ensure the sustainability and success of the programme.

General Food Assistance | Distribution of maize in Nsanje District | USD 500,000
In coordination with the nutrition activities, The World Food Programme procured 604 metric tonnes of maize to assist the most food insecure population in Nsanje District. The maize was procured from Tanzania and transported by road to Malawi. Upon arrival in Malawi it was stored in the WFP Blantyre warehouse, before the WFP logistics team transported it to food distribution points. Here, the cooperating partner (Concern Worldwide) lead the food distributions. All WFP cooperating partners were trained prior to field activities and, together with WFP team members, they revised targeting, beneficiary verification, and ensured coordinated efforts with local councils. Food distributions took place in October during the first round of emergency assistance. This contribution of 604 mt of maize reached approximately 55,000 beneficiaries (6,722 women, 5,500 men, 23,528 boys, 19,250 girls). Each household (calculated at 4.5 people) received one 50 kg bag of maize, intended to last for a month.

While no challenges were faced in Nsanje specifically, WFP faced the overall challenge of fuel shortages during the emergency response. Malawi has been experiencing fuel shortages since October 2024. These shortages affected WFP's food distributions under the El Niño emergency response. Although WFP manages fuel reserves for participating UN agencies in Malawi – which helped to mitigate some challenges – the reserves are located in Lilongwe, while most field operations (included food distribution activities) were

happening in the southern districts. While this situation posed some delays in distributions, it did not completely halt them, and food distributions were able to be finalised. It is important to note that food distributions are still taking place until end of March 2025, and WFP has not yet secured full funding for the overall food assistance requirements for El Niño Response. WFP is working on resource mobilization to close this gap and ensure continued support.

## 3. Changes and Amendments

Initially, WFP had planned to reach 6,286 children under 5 in Machinga District through the provision of MAM treatment. Due to the short time frame of the CERF funding (6 months) and a lower-than-expected caseload of children in Machinga District (2,465 beneficiaries) WFP provided CSB++ commodities to 11,064 children under 5 through health centres in Machinga, Nsanje, Chikwawa and Blantyre districts. The additional districts had a high MAM caseload, too, which prompted WFP to respond in complementarity to the food security response activities under CERF funding. The CERF funding was complemented by ICELAND and Norway funds for the MAM supplementation programme in the 4 districts. Capacity strengthening activities using CERF funds focused on Machinga District only, with other donor funding providing this support in Nsanje, Chikwawa and Blantyre districts. This change has maximised reach and impact with this funding.

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

| Sector/cluster | Nutrition | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | 0 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | **0** |
| Other affected people | 0 | 0 | 3,269 | 3,017 | **6,286** | 0 | 0 | 6,196 | 4,868 | **11,064** |
| **Total** | **0** | **0** | **3,269** | **3,017** | **6,286** | 0 | 0 | **6,196** | **4,868** | **11,064** |
| **People with disabilities (PwD) out of the total** | | | | | | | | | | |
| | 0 | 0 | 32 | 30 | **62** | 0 | 0 | 0 | 0 | 0 |

| Sector/cluster | Food Security - Food Assistance | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | 0 | 0 | 0 | 0 | **0** | 0 | 0 | 0 | 0 | **0** |
| Other affected people | 6,722 | 5,500 | 23,528 | 19,250 | **55,000** | 6,722 | 5,500 | 23,528 | 19,250 | **55,000** |
| **Total** | **6,722** | **5,500** | **23,528** | **19,250** | **55,000** | **6,722** | **5,500** | **23,528** | **19,250** | **55,000** |
| **People with disabilities (PwD) out of the total** | | | | | | | | | | |

* 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.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 67 | 55 | 235 | 193 | **550** | 67 | 55 | 235 | 193 | 550 |

* 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

NA

## 6. CERF Results Framework

| | |
|---|---|
| **Project objective** | Food insecure and crisis-affected populations in Nsanje and Machinga districts have access to nutritious food and in-kind assistance to meet their urgent needs. |
| **Output 1** | Provide food assistance to most vulnerable households |

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

| **Sector/cluster** | Food Security - Food Assistance | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |
| Indicator 1.1 | FS.5b Percentage of households with acceptable or borderline food consumption score (=>95%) | 95 | 87 | WFP outcome survey |
| Indicator 1.2 | Average consumption-based coping strategy index (=<15) | 15 | 14 | WFP outcome survey |
| Indicator 1.3 | FS.1d Percentage of households using crisis or emergency livelihood coping strategies (=<60%) | 60 | 48 | WFP outcome survey |
| Indicator 1.4 | FN.1a Number of people receiving in-kind food assistance | 55,000 | 55,000 | Partner report |
| Indicator 1.5 | FN.1b Quantity of food assistance distributed in MT | 601 | 604 | Partner report |
| **Explanation of output and indicators variance:** | | While coping strategies were within targets, 13% of households had poor food consumption, failing to meet WFP's corporate target of below 5%. This was due to a ration size well below 100% of caloric requirements, the particularly harsh season, and the fact that, at the time of the survey, the average number of days since distribution was 26—towards the end of the one-month assistance cycle. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 1.1 | Procuring food | WFP |
| Activity 1.2 | Distributing food | WFP and cooperating partner |
| Activity 1.3 | Monitoring and evaluating the food distributions | WFP |

| | |
|---|---|
| **Output 2** | Management of moderate acute malnutrition |

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

| **Sector/cluster** | Nutrition | | | |
|---|---|---|---|---|
| **Indicators** | **Description** | **Target** | **Achieved** | **Source of verification** |

| | | | | |
|---|---|---|---|---|
| Indicator 2.1 | Percentage of MAM cases reached (coverage): 78% (6,289 out of 8,103 children 6–59-month-olds) | 78 | 137 (11,064 ÷ 8,103) | Clinic report |
| Indicator 2.2 | N.3b Percentage of people who were admitted for MAM treatment who recovered (MAM recovery rate):>75% | 75 | 84% | Clinic report |
| Indicator 2.3 | MAM treatment mortality rate:<3% | 3 | 0% | Clinic report |
| Indicator 2.4 | MAM treatment default rate: <15% | 15 | 1% | Clinic report |
| Indicator 2.5 | MAM treatment non-response rate <15% | 15 | 10% | Clinic report |
| Indicator 2.6 | Total volume of CSB++ distributed (mt) | 113.15 | 113.25 | Clinic report |
| Indicator 2.7 | N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (6,286 assuming 1 child per care giver) | 6,286 | 9,891 caregivers | Clinic report |
| Indicator 2.8 | Total number of people reached with nutrition messages | 904,135 – This is district population and nutrition radio messages can reach the entire district | 000 | WFP estimate (Dzimwe FM - local station |
| **Explanation of output and indicators variance:** | | A total of 11,064 children received MAM treatment across the districts of Blantyre, Chikwawa, Machinga and Nsanje. Although initially WFP planned to reach 6,289 beneficiaries in Machinga District, the caseload was not as high as expected and the treatment was expanded to health centres in other operational districts. Not all children were enrolled for the full three months which also accounted for a higher beneficiary figure for the same amount of CSB++.<br><br>Around SBCC the plan was also to utilize local radio stations to disseminate messages, however these are not available in Machinga. Local radio stations allow for a wider coverage unlike direct messaging and awareness campaigns alone, accounting for the lower numbers reached. | | |

| **Activities** | **Description** | **Implemented by** |
|---|---|---|
| Activity 2.1 | Procurement and delivery of 113.152 mt of CSB++ to health facilities | WFP procured and distributed the CSB++ to health centres in Blantyre, Chikwawa, Machinga, and Nsanje districts. |
| Activity 2.2 | Distribution of CSB++ to treat MAM in 6,286 children to 6 to 59 months | Ministry of Health through district councils and health facilities provided nutrition screening and distribution of CSB++ to beneficiaries. |
| Activity 2.3 | Technical assistance and capacity building of partners to effectively implement SFP | WFP collaborated with Ministry of Health to conduct capacity needs assessment; conduct training sessions on SFP protocols and data digitization including commodity/warehouse management, protection against sexual protection and abuse and complaints and feedback mechanism; provide oversight support and mentorship where required to enhance programme implementation effectiveness and support security |

| | | |
|---|---|---|
| | | enhancement for the facility CSB++ storerooms to prevent pilferage. |
| Activity 2.4 | Nutrition SBCC promotional messaging | Nutrition SBCC messages were disseminated to the caregivers and communities mainly through direct nutrition education to the caregivers at the health facility and community awareness campaigns utilizing frontline workers and community leaders. |
| Activity 2.5 | Monitoring and evaluation of MAM treatment interventions | WFP established digital reporting and trained clinics on its use, ensuring transparency and facilitating programme management. WFP spot checks at nearly all clinics further improved implementation. The Ministry of Health supported oversight for the intervention. |

## 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[6] 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)[7]:**

The needs of specific populations were considered in targeting and distribution methods, particularly women, people with disabilities, and the elderly, in coordination with the protection cluster. Community engagement sessions were conducted using context-based methods to ensure that communities are aware of activities, entitlements, and Community Feedback Mechanisms (CFM). WFP's Community Feedback Mechanisms, comprised of help desks and suggestion boxes, were available at all distribution points, and a toll-free hotline number (452).

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

WFP established Community Feedback Mechanisms (CFM) to ensure that communities could easily report issues, ask questions, and provide feedback on assistance. This system is designed to enhance accountability, transparency, and responsiveness, particularly for vulnerable groups such as women, people with disabilities, and the elderly. WFP's CFM is multi-channel, comprising help desks and suggestion boxes at all distribution points, as well as a toll-free hotline (452) to facilitate direct communication with beneficiaries. Additionally, help desk operators were trained to provide activity updates and respond to frequently asked questions, ensuring that communities have access to timely and accurate information about their entitlements.

CFM plays a crucial role in identifying and addressing accountability and protection issues, such as forced sharing of food assistance or mismanagement during distributions. When complaints or concerns are raised, WFP and cooperating partners (CP) staff act to resolve

[6] 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.

[7] 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.

these issues. WFP has a system in place to track complaints and queries, automatically sending email alerts to the relevant staff for immediate action. This helps ensure that complaints are documented, escalated, and resolved in a timely and efficient manner.

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

WFP operates on a "Do No Harm" principle, ensuring that all actions uphold the dignity, safety, on GBV and child protection as well as PSEA. In addition, WFP also uses the referral pathway put in place by the protection cluster to safeguard affected populations. To enhance protection, WFP is actively strengthening its context analysis, involving consultations with affected communities, WFP security and conflict analysts, civil society organisations, and humanitarian partners. Given WFP's frontline presence due to its activity scale, protection officers are also tasked with shaping advocacy messages for the wider humanitarian community to address protection concerns that may extend beyond WFP's mandate.

In collaboration with protection cluster members, WFP has a structured referral pathway according to the interagency standing committee referral pathway and to ensure rapid access to protection services, including support for gender-based violence survivors and child protection services.

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

WFP places a priority on preventing gender-based violence, targeting women as a key focus. To ensure assistance without causing further family or community conflict, WFP collaborates with organisations supporting women and girls. WFP staff and partners also receive gender mainstreaming training to strengthen these efforts and ensure women have effective, straightforward access to assistance. WFP is committed to identifying and including the most vulnerable, particularly people with disabilities and those with special needs, in humanitarian assistance. Partnering with civil society organisations and groups supporting people with disabilities, WFP aims to reinforce the inclusion of these groups. WFP provides special attention to gender-based violence, and targets women as a priority, ensuring this does not result in additional intra-familial issues, to ensure she has effective and plain access to the assistance provided. On the ground, WFP has partnered with organisations and CSOs that support the empowerment of women and girls and sensitise staff and partners on gender mainstreaming.

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

WFP will enhance its efforts to identify and ensure the inclusion of the most vulnerable, especially by ensuring that disabilities and special needs are captured in the scope registration tool. Partnering with Civil society organisations and organisations that support the disabled will help reinforce inclusion in WFP humanitarian assistance.

The Protection and Accountability officer in country will conduct regular protection assessments, with support/oversight of the regional protection advisor, using different ways of collecting key qualitative and quantitative information. WFP will rely on a protection-mandated organisation for protection trends and wider protection analysis, including protection monitoring reports, while contributing to analysis and advocacy messages when relevant through active participation in the protection cluster and working groups at national and local levels.

Moreover, WFP interventions will aim to prevent, reduce, mitigate, and respond to the risks and consequences of violence, coercion, deprivation, and abuse for persons, groups, and communities.

**f. Protection:**

Ensuring WFP operations Do No Harm and contribute to the dignity, safety, and integrity of the affected population. To identify, prevent and mitigate any risk, WFP is increasing its protection context analysis, in close consultation with the affected populations, WFP security and conflict analysts, Civil society organisations and the wider protection mandated humanitarian organisation on the ground; Because WFP is often on the frontline according to the volume and nature of activities, the protection officers deployed might also support the development of advocacy messages toward the humanitarian community regarding protection concerns that might arise from other needs that are beyond WFP's mandate. For example, WFP is shaping a formal and more systematic referral pathway, based on the protection

cluster members capacity and presence to ensure a timely and effective access to protection services (i.e. for gender-based violence survivors, child protection).

**g. Education:**

Not applicable for this project.

## 8. Cash and Voucher Assistance (CVA)

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

| Planned | Achieved | Total number of people receiving cash assistance: |
|---|---|---|
| No | No | NA |

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.

CVA is not used as a methodology due to the nature of the project

**Parameters of the used CVA modality:**

| Specified CVA activity (incl. activity # from results framework above) | Number of people receiving CVA | Value of cash (US$) | Sector/cluster | Restriction |
|---|---|---|---|---|
| [Fill in] | [Fill in] | US$ [insert amount] | Choose an item. | Choose an item. |
| [Fill in] | [Fill in] | US$ [insert amount] | Choose an item. | Choose an item. |

## 9. Visibility of CERF-funded Activities

| Title | Weblink |
|---|---|
| News release | WFP launches emergency food distributions in Malawi \| World Food Programme |
| El Niño multidonor visit (with UN RCO team member representing the UN through the CERF funding) | https://x.com/WFP_Malawi/status/1841472211338600582 |
| El Niño multidonor visit (with UN RCO team member representing the UN through the CERF funding)<br><br>CSB++ post on X (formerly Twitter) | https://x.com/WFP_Malawi/status/1841443782761324835<br><br>https://x.com/WFP_Malawi/status/1835570064856121554 |

## ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Total CERF Funds Transferred to Partner US$ | Date of First Payment to Implementing Partner | Start Date of CERF Funded Activities By Implementing Partner* |
|---|---|---|---|---|---|
| 24-RR-CEF-032 | Water, Sanitation and Hygiene | UNICEF | $8,026 | 26-Sep-24 | 26-Sep-24 |
| 24-RR-CEF-032 | Nutrition | UNICEF | $18,394 | 17-Sep-24 | 8-Oct-24 |
| 24-RR-CEF-032 | Child Protection | UNICEF | $58,552 | 12-Aug-24 | 19-Aug-24 |
| 24-RR-CEF-032 | Food Assistance | WFP | $29,854 | 1-Oct-24 | 29-Nov-24 |
| 24-RR-CEF-032 | Nutrition | WFP | $16,510 | 20-Sep-24 | 1-Jul-24 |