



**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

RESIDENT/HUMANITARIAN COORDINATOR

Ms. Mia Seppo

REPORTING PROCESS AND CONSULTATION SUMMARY

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

AAR was conducted in May 2013, following completion of core activities, to ensure early review by the clusters and ahead of preparation of the 2013/14 food security response plans. All clusters were represented, even those not directly involved in CERF, including education, transport, logistics, water and sanitation.

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

YES ☐ NO ☒

Agencies provided bilateral inputs into the report. The content of the report had already been discussed during AAR.

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

YES ☒ NO ☐

Agencies were given limited time to review the report due to the completion of the compilation close to the deadline

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 88,862,789		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,219,663
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	NA
	OTHER (bilateral/multilateral)	63,000,000
	TOTAL	66,219,663

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 7 December 2012			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-005	Protection / Human Rights / Rule of Law	380,498
UNICEF	13-CEF-006	Health - Nutrition	1,411,386
FAO	13-FAO-004	Agriculture	1,427,779
TOTAL			3,219,663

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,120,349
Funds forwarded to NGOs for implementation	240,000
Funds forwarded to government partners	859,314
TOTAL	3,219,663

HUMANITARIAN NEEDS

During the 2011/12 agricultural season, Malawi experienced widespread dry spells from December 2011 through to March 2012, especially the southern part of the country. The dry spells occurred at critical stages of crop development and consequently led to reduced production of most food crops. The food insecurity was severe as this was the fourth consecutive bad year for most of the places affected.

The Malawi Vulnerability Assessment Committee (MVAC) report of June 2012 estimated that 1.63 million people, of whom 277,000 were children, would not meet their minimum food requirements until the next harvest in March 2013. Since June 2012, the situation deteriorated, especially in the southern region and some parts of the central region, as the number of households with no access to food increased. The updated MVAC report of November 2013 found a 21 per cent increase in the number of people with missing

food entitlements from 1.63 million to 1.97 million. The Integrated Food Security Phase Classification working group report indicated that the worst affected Districts were Balaka, Blantyre, Chikhwawa, Mulanje, Neno, Nsanje, Ntcheu, Phalombe and Thyolo.

With regard to the level of food consumed, 39 per cent of the total population of these districts had food gaps ranging from 3 to 8 months in the 2012/13 consumption year. "Poor" and some "Middle" households started using stress coping mechanisms earlier than usual. Of the districts reporting food insecurity, three, namely Balaka, Chikwawa and Nsanje, had been reporting food insecurity for four years in a row.

During the same season, the Ministry of Agriculture and Food Security's (MoAFS) crop production estimates showed a 7 per cent reduction in maize production as compared to the previous year. There was an extremely low production especially for "poor" and "middle" wealth group households for all key food and cash crops in the affected districts. Irrigated crop production, which also supplements food needs of the poor population, suffered reduction due to inadequate water available for irrigation. Low production, coupled with the general increase in prices, resulted in maize prices being high and therefore beyond the purchasing power of most rural households. Price projections showed that maize prices would remain above normal seasonal trends. This was set against a background whereby 60 per cent of the affected population were getting their food from purchases.

Household food insecurity has a specific impact on short-term hunger which in itself also contributes to existing high levels of malnutrition in the country (53 per cent of under-fives are stunted). For school-going children, food insecurity is associated with increased absence and drop outs. This perpetuates the intergenerational cycle of malnutrition, vulnerability and death. Negative and destructive coping mechanisms are also likely consequences of food insecurity as households turn to desperate measures to access food. Furthermore, food insecure households lack the time to concentrate on their own farms, trapping them in chronic food insecurity. Higher cases of crime and abuse among vulnerable groups, women, and children are also likely to occur during a food insecurity crisis.

II. FOCUS AREAS AND PRIORITIZATION

As outlined in section I above the humanitarian needs were as determined by the Malawi Vulnerability Assessment Committee Report of June 2012. These needs were compounded by a number of other prevailing vulnerabilities, for example malnutrition. Considering the high prevalence of chronic malnutrition stunting rates at 53 per cent, and in order to enrich the MVAC assessment findings, the HCT commissioned a Nutrition Survey which was conducted in October 2012. The findings showed that the prevalence of Global Acute Malnutrition (GAM) using the 2006 WHO Child Growth Standards based on weight for height z-scores and/or oedema among the children ranged from 2.1 per cent (95 per cent confidence interval of 1.3 - 3.2 per cent) in the Thyolo-Mulanje Tea Estates Livelihood Zone to a high of 4.2 per cent (3.0 per cent- 6.0 per cent) in the Lower Shire Livelihood Zone which is within the acceptable range (< 5 per cent). There were concerns that the situation would worsen during the hunger period, i.e. December to February. Severe acute malnutrition (SAM) prevalence was highest in the Rift Valley Escarpment Livelihood Zone (2.0 per cent) followed by the Lower Shire Livelihood Zone (1.6 per cent). Although prevalence of global acute malnutrition recorded in the survey was within the acceptable range of less than 5 per cent, the Lower Shire Livelihood Zone and the Thyolo-Mulanje Tea Estates registered higher rates. Refer to map below on Livelihood zones.

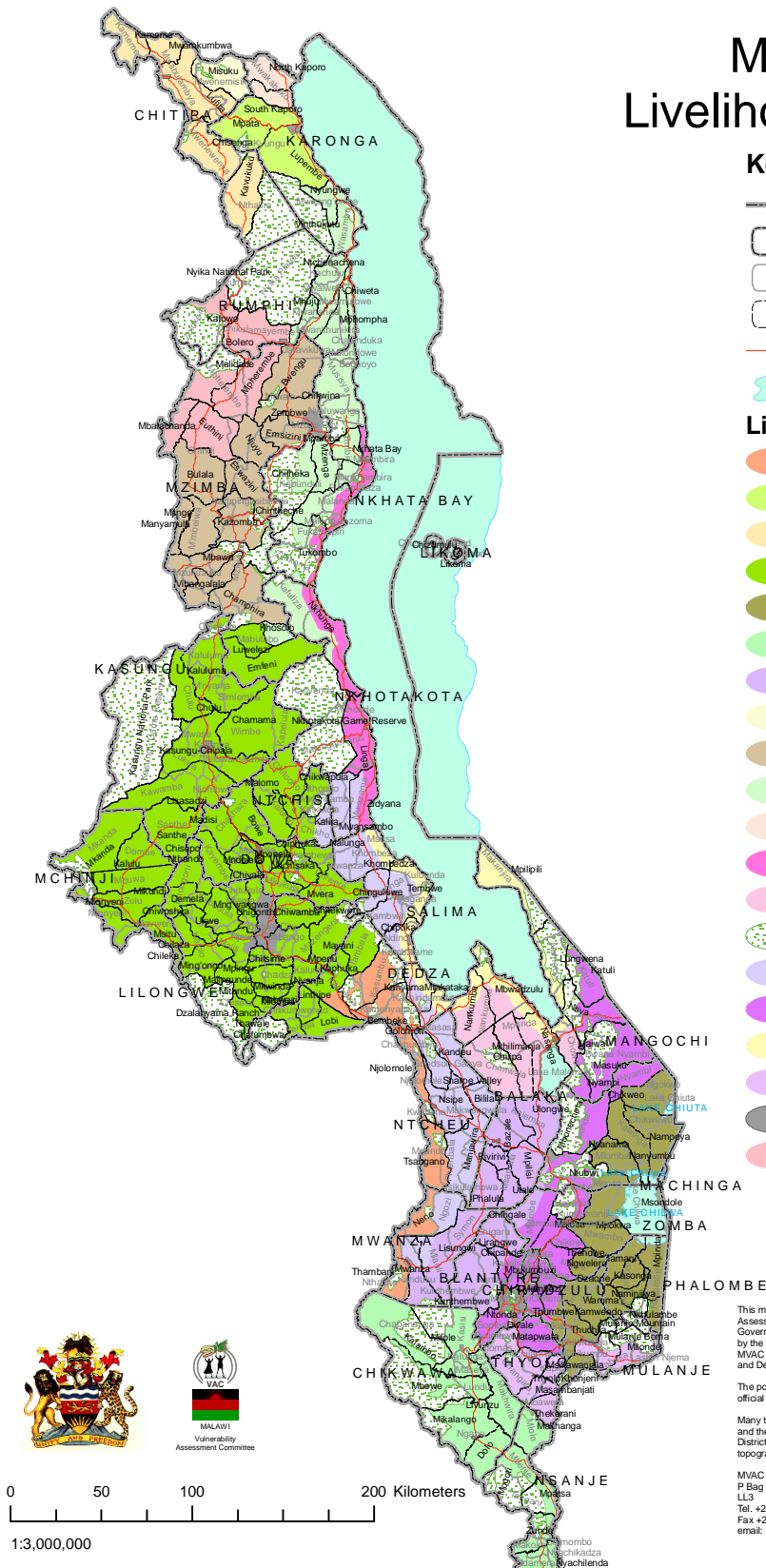
Malawi Livelihood Zones

Key:-

- National Boundary
- Districts
- TAs
- EPAs
- Main Roads
- Lakes

Livelihood Zones

- Border Productive Veg
- Central Karonga
- Chitipa Millet & Maize
- Kasungu-Lilongwe Plain
- Lake Chilwa - Phalombe Plain
- Lower Shire
- Middle Shire Valley
- Misuku Hills
- Mzimba Self Sufficient
- Nkhata Bay Cassava
- Northern Karonga
- Northern Lakeshore
- Phirilongwe Hills
- Protected Area
- Rift Valley Escarpment
- Shire Highlands
- Southern Lakeshore
- Thyolo-Mulanje Tea Estates
- Urban and Peri-Urban
- Western Rumpi & Mzimba



This map has been produced by the Malawi Vulnerability Assessment Committee (MVAC). The MVAC is made of a variety of Government and non-government organisations and is chaired by the Ministry of Economic Planning and Development. The MVAC Secretariat is located in the Ministry of Economic Planning and Development.

The position of any boundaries or entities in no way implies any official endorsement of these boundaries or entities.

Many thanks to the National Statistics office, the Dept. of Surveys and the Ministry of Agriculture and Food Security for providing the District boundaries, the TA boundaries, the EPA boundaries and topographical features.

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An analysis of similar food security crisis in Malawi has shown that children and women are considered the most vulnerable group to food insecurity. As food insecurity increases, women and children are more exposed to malnutrition and infections and leaving them

in a vicious circle. Further analysis also shows that food insecurity contributes towards an increase in protection issues like gender based violence, abuse, exploitation, neglect of orphaned elderly people and children, and other vulnerable groups within food insecure communities.

Considering the high levels of chronic malnutrition in the districts reporting food insecurity but also their ranking by the Integrated Phase Classification Working Group, the following districts were prioritised for CERF activities: Chikhwawa, Nsanje, Zomba, Thyolo, (Balaka, Blantyre, Chikwawa, Chiradzulu, Dedza, Machinga, Mangochi, Mulanje, Mwanza, Neno, Nsanje, Ntcheu, Phalombe, Salima Thyolo, Zomba). Prioritization at national level was determined by predefined districts within the MVAC Report while at the district level, decision on which areas to be targeted depended on consultations with district authorities who know vulnerable areas. Further discussion occurred at the Traditional authority level where these leaders in consultation with organizations implementing response chose villages to be targeted.

For the nutrition component, the emphasis was on treating severely malnourished children and on enhancing active case identification. This was carried out by intensifying screening and surveillance and by undertaking a communication campaign for risk mitigation, early detection and treatment of childhood SAM. For the agricultural component, FAO and its implementing partners provided inputs for food insecure families but also built their capacity on the use of improved and sustainable agricultural practices to enable them to better cope with shocks associated with weather and climate change, e.g. Conservation Agriculture (CA). The protection component strengthened systems for better monitoring and reporting, as well as in referral of cases of violence, abuse and human rights violations, which had increased as a result of the food insecurity.

While resource mobilization efforts were underway, the Humanitarian Country Team (HCT) felt it necessary that humanitarian needs be addressed as quickly as possible to save lives of the affected population. CERF was the only option where quick funds could be accessed for addressing such urgent needs. Additionally for the agricultural component, time was of critical importance as Malawi has a limited agricultural window owing to the fact that rains fall only from November to March. The sectors funded by this CERF application were severely underfunded in a response that was so far dominated by food distribution, and time-critical support in nutrition and agriculture was necessary to save lives and to break out of the downward food insecurity cycle.

III. CERF PROCESS

In anticipation of a large number of food insecure people during the 2012/2013 food consumption year and for early planning purposes, the HCT had preliminary discussion with the Government in which it was agreed that focus be given to key four sectors, namely: food security, nutrition, education and protection. With support from the HCT, the Government, through the Department of Disaster Management Affairs (DoDMA), facilitated the development of response plans in food security and agriculture, health and nutrition with a focus on nutrition, education and protection which were all consolidated into one response plan.

The response plan was developed within the national contingency planning process where different agencies participate through the cluster mechanism under the leadership of the Government and with the support of the Resident Coordinator's Office through the coordination and assessments cluster. All partners, including the Government, UN agencies and NGOs, interacted at the cluster meetings to make sure the response is well coordinated at all times. The response plans were simultaneously presented and discussed before the Humanitarian Response Committee which mainly consists of Government, donor, UN and NGO representatives, and at the Humanitarian Country Team. After endorsement by both the Government-led and UN-led structures, the consolidated response plan was launched by the Minister of Economic Planning and Development where an appeal for support towards addressing humanitarian needs was made.

The first meeting on the development of Response plans was held on 10 July 2012. A follow up HCT meeting of 22 August discussed that nutrition, education, protection and agriculture sub-components of the response plans had received no funding so a re-prioritization process was undertaken where agriculture, protection and nutrition were identified as projects to be submitted for CERF. Meanwhile, the coordination and assessment cluster was at the forefront ensuring that reprioritization is also done at the inter-cluster level. The HCT involved representatives from mainly the four clusters of food security and agriculture, health and nutrition, education, and protection.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 1,972,993				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Protection / Human Rights / Rule of Law	113,475	102,025	222,500
	Health – Nutrition	1,010,118	162,810	1,172,928
	Agriculture	93,340	69,388	162,728

BENEFICIARY ESTIMATION

There were some challenges in estimating the direct beneficiaries for some elements of the nutritional project and the protection project because it depended on admissions and referrals for the case of nutrition and people receiving support services for protection. The total number of the beneficiaries for the CERF has been based on the highest number who received a direct assistance (through vitamin A supplements and deworming) and those children would not be re-counted should they belong to a family receiving either protection or agriculture assistance. For the agriculture component, the estimated beneficiaries were related to the potential vulnerable farming families in key areas and the capacity to implement in those areas.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	1,014,118	1,216,933
Male	958,875	334,223
Total individuals (Female and male)	1,972,993	1,551,156
Of total, children <u>under</u> age 5	335,000	83,009

CERF RESULTS

For the entire programme, most of the target beneficiaries received their assistance as planned. While agriculture and nutrition projects were able to exceed their beneficiary targets from planned, the protection component were only able to verify a beneficiary number that was slightly less than what had been proposed as some centres that benefited from the grants were unable to submit reports due to lack of capacity, not many centres had access to computers and with no training some were unable to keep records. Overall, the CERF funding allowed FAO and UNICEF to have a greater impact than expected and was able to meet the emergency needs of affected population while making them more resilient to future crises. This impact continues to be evident as even during the following year when Malawi faced another difficult year of food insecurity, all of the recipients of CERF agriculture support (particularly because of the irrigation component) did not require assistance the following year. This was despite the targeted population being from regions which were affected by dry spells and late rains. UNICEF and their nutrition partners observed that in the following year, there were improvements in the community referral of moderate malnutrition and the mortality rate of acute malnutrition.

FAO- AGRICULTURE

The CERF funded project procured and distributed the quantity of inputs as planned: The number of beneficiaries increased to reach 29,587 hh (162,728 people) due to the fact that not all households got the full package of inputs as initially planned. Inputs were being distributed while planting had already started. Some of the selected beneficiaries had already planted other crops with low

quality inputs and they remained with small pieces of land that could not accommodate all the inputs that were earmarked for them. This then resulted in other households that were equally in need of assistance being targeted as additional beneficiaries.

The project also developed capacities, skills and competencies of implementing partner staff and government extension staff in the fields of conservation agriculture, irrigation as well as community managed seed systems. A total of 59 staff/extension workers and 454 lead farmers (including 212 females) were trained. The project also enhanced coordination and collaboration among implementing partners through planning and review meetings and joint supervisory and monitoring visits. These events were instrumental in providing timely support to selected beneficiaries, promoting best practices and cross learning.

The capacity building of lead farmers and project beneficiaries led to the establishment of village savings and loan schemes with beneficiaries paying in-kind and/or cash regardless of their vulnerability, thereby increasing their resilience. The cash was to be used as a revolving scheme for the procurement of crop seed and inputs to be loaned to farmers during the next growing season to sustain their livelihoods. Grain banks have been established to complement the revolving schemes for farmers. In some cases, 2.5 metric tons of assorted crops had already been paid back towards the grain bank. Besides the grain bank, seed multiplication (cassava and sweet potatoes) was initiated and promoted both at individual and group levels to ensure availability of planting materials during the next growing season which would be shared among members. This resulted from the no cost extension that the ERC granted the project. This was so as it allowed the implementation of activities like training in seed management techniques. Agricultural activities are implemented in a sequential manner, hence these kind of trainings are reserved for towards harvesting of crop for higher impact, as it was not possible to train farmers on after harvest activities during the critical stages of crop management.

UNICEF Nutrition

UNICEF was able to exceed their targets with regard to Vitamin A supplementation and deworming.

The following outcomes were achieved:

- 18,557 Severe Acute Malnourished under five children in the food insecure districts accessed RUTF, F75 and F100, reducing the number of severely malnourished children contributed to saving lives as these children tend to endure delayed growth there by preventing parents/ guardians in participating in livelihood activities.
- 1,329,426 of children aged 6 to 59 month supplemented with vitamin A capsules representing 96 per cent and 1,124,964 (99%) children aged 12 to 59 months dewormed in the 16 food insecure districts. This assisted in reducing the number of children who might otherwise have suffered vitamin A deficiency, particularly considering that they live through cycles of food shortages.
- Enhanced active case identification through quality nutrition screening at community level for early identification of moderately and severely acute malnourished under-five children, pregnant and lactating women for enrolment in supplementary feeding and therapeutic care programmes. Community identification and treatment of SAM in 16 food insecure districts in the community-based management of acute malnutrition (CMAM) was improved. Conducted a communication campaign in promoting of key nutritional messages on infant and young child feeding, active case identification has led to early identification of case and hence higher cure rate.

UNICEF Protection

UNICEF reported that they reached 222,500 of the planned 1,972,993 people. Reporting on provision of psychosocial support and protection services in community-based child care organizations is a challenge. Not all centres that received support were able to submit reports. This component has to be strengthened in subsequent programs. Disaggregation of information was also a challenge.

The program trained and deployed 120 community based child care centre caregivers, 90 children's corner caregivers, 60 monitors that included community child protection workers and 30 community policing groups. Between January and June, 2013 over 11,280 cases were recorded in police stations in the 16 districts affected by the food insecurity an increase of 4% on the 2012 figures (10,867) observed in the same period, an indication that food insecurity has an impact on violence against women and children.

The CERF support enabled the protection teams in the districts to empower the police officers on proper handling of these cases, taking into accounts the plight of the victims and to coordinate better with social welfare and other service providers in the referral systems. Most of these cases required provision of psychosocial support, mediation and counselling of the affected families. Social Welfare Officers at district and community level were empowered to provide services to such victims.

Between January and May 2013 over 216,000 children aged three to five years and 6,500 aged 6-18 years received psychosocial support, protection, early learning and stimulation through Community Based Child Care Centres and children's corners in the food insecurity affected districts. The CERF contribution was used to orient 90 community based child care centres and children's corner caregivers to oversee the management of the centres, over 100 child protection committee members to monitor human rights in the

communities and over 100 community policing members to provide security issues at community level. The funds were also used to procure 170 CBCC kits which contain play and educational equipment benefitting a total of 17,000 children.

CERF's ADDED VALUE

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

YES ☐ PARTIALLY ☒ NO ☐

The Malawi Vulnerability assessment Committee and the nutrition survey reports recommended that affected populations required assistance starting from the month of October. Without any other funding received, CERF enabled protection actors to implement activities in areas where food /cash response was going on. Therefore, although the funds were received late because of late application for funding but agencies were still able to reach out affected communities during peak hunger season in January and February crucial times when violence also tends to increase.

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

YES ☒ PARTIALLY ☐ NO ☐

In Malawi, December to February is the lean period and this is a time when the nutrition situation gets worse in some areas. Having CERF ensured that nutrition hotspots are targeted with assistance during this critical time. For the agricultural component, the funding needed to coincide with the rainfall season which commenced in November. However, FAO was still able to reach vulnerable households to participate in the season's agricultural activities for irrigated cropping. Also, CERF enabled FAO and its partners to implement irrigated cropping at the right time just when the residual moisture levels were still high. In terms of protection, activities were implemented alongside the food security response and as such, the availability of funding enabled proper monitoring of the food security response.

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

YES ☐ PARTIALLY ☒ NO ☐

While the agricultural and protection components did not get additional funding, the nutrition component managed to attract additional funding. However the sectors of nutrition, protection and agriculture subcomponent were yet to attract donor funding. This funding for nutrition was earmarked for developmental interventions but it came about due to the publicity that nutrition issues got through the CERF development process.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

The humanitarian response in Malawi has been traditionally dominated by food aid/ cash response. The CERF application and implementation led to a greater interaction among non-traditional players especially those involved in nutrition and protection sectors. The prospects of funding gave incentives for players to coordinate.

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

The availability of CERF funding, as highlighted above, helped improve areas which had weak coordination. For instance, there was an increased realisation that inter-cluster coordination needed strengthening. All in all, the first CERF process resulted in coordination for the 2013/14 response planning process as most stakeholders came to understand and appreciate good coordination. On the ground, CERF follow up also pointed to the need for stronger collaboration among implementing organizations at the district level to ensure that coordination at that level is equally strengthened.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Cerf proposal application template was not provided in advance to the applying countries and this delayed some proposals as they were supposed to follow new guidelines/templates	Cerf should ensure that any changes in the application guidelines are communicated in advance so that countries are aware before they start developing proposals	CERF secretariat
Irrigation component performed better than the rain fed component and built actual resilience of affected households	CERF should allow for irrigation components to be part of the life saving interventions as rainfed agriculture is. These two types of agriculture are saving the lives of farmers affected by shocks; however, the irrigation component is more likely to move vulnerable people out of the vicious cycle of emergency assistance each time there is a climatic shock.	CERF secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Clearer inter-linkages among CERF programme components needed	Linkages among sectors implementing CERF project should be clearly identified and agreed from planning stage to implementation.	Implementing Organizations
CERF Funding for the agriculture window should come in November at the latest in order to ensure affected farmers will be able to plant good quality seeds with the first rains.	Agencies to start CERF application in good time so that funding is secured by September/October and procurement is done on time to catch up with the planting rains	Applicant Agencies
More organizations not involved in the application process due to time limitations	CERF process should be incorporated into the response planning process	Cluster leads
Monitoring missions not available during the critical periods of project implementation	OCHA should conduct more frequent monitoring visits so that they become aware of what works well and what less. OCHA could then inform the CERF secretariat of the importance of their contribution and timeliness	OCHA RO

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS					
CERF project information					
1. Agency:		UNICEF		5. CERF grant period:	11 Jan. 2013 – 10 Jul. 2013
2. CERF project code:		13-CEF-005		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Protection			<input checked="" type="checkbox"/> Concluded
4. Project title:		Protection and human rights for people affected by food insecurity in southern and central Malawi			
7. Funding	a. Total project budget:		US\$ 556,400	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:		US\$ 380,498	▪ NGO partners and Red Cross/Crescent: US\$ 0	
	c. Amount received from CERF:		US\$ 380,498	▪ Government Partners: US\$ 125,409	
Results					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).					
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:	
a. Female		1,014,118	113,475	Reporting on provision of psychosocial support and protection services in Community Based Child Care Organisations is a challenge. Not all centres that received support were able to submit reports. This component has to be strengthened in subsequent programs. Disaggregation of information was also a challenge.	
b. Male		958,875	109,025		
c. Total individuals (female + male):		1,972,993	222,500		
d. Of total, children <u>under</u> age 5		335,000	38,825		
9. Original project objective from approved CERF proposal					
Strengthen protection systems so that they are better equipped to monitor, report and refer cases of violence, abuse and human rights violations caused by food insecurity, to victim support services.					
10. Original expected outcomes from approved CERF proposal					
<ul style="list-style-type: none">• Women, children, the elderly, people with disabilities and the chronically ill are protected from violence, abuse, exploitation, discrimination and neglect• Human rights violations during relief food distribution are monitored, reported and addressed					
11. Actual outcomes achieved with CERF funds					
<p>Coordination teams were revamped and sensitized to handle protection issues in and in response to the humanitarian situations. Key responsibilities for response in the area of protection have been given to District Civil Protection Committee, Area Civil Protection Committees and Village Civil Protection Committees. In each district, 17 officers with responsibilities for children from police, social welfare, Department of Disaster Management, district assemblies, health, education, judiciary and civil society organisations were trained in preparedness and response to humanitarian situations. A guideline for protection interventions in humanitarian setting was also developed to guide the districts in their work. The district teams have been instrumental in activating the community structures comprising community policing fora, community victim support units, community child protection workers, and committee members for children’s corners, community based childcare centres to prevent and respond to violence against the vulnerable groups.</p> <p>The collaborative efforts of these multi-sector teams at district level have facilitated reporting on violence against vulnerable groups, referrals amongst the various services and response as described below. At community level, the programme trained and deployed 120 community based child care centre caregivers, 90 children’s corner caregivers, 60 monitors that included community child</p>					

protection workers and 30 community policing groups.

Between January and June 2013, over 11,280 cases were recorded in police stations in the 16 districts affected by food insecurity. There was an increase of 4 per cent from the 2012 figures (10,867) observed in the same period. This was an indication that food insecurity has an impact on violence against women and children.

Approximately over 8,844 cases were reported to community victim support units in the food insecure districts from January to through July to October, 2013. Victim support units work at community level to provide referral, counselling and mediation services to victims of violence, abuse, exploitation and neglect.

The most dominant type of offenses reported to police victims support units during January to March 2013 relates to failure by husband to render support (23 per cent), husbands engaging in extra marital affairs (22 per cent), wife battery (18 per cent) illegal divorce (12 per cent), unlawful wounding (11 percent), and family desertion (6 percent) most of which usually exacerbated by worsening economic conditions.

The CERF support enabled the protection teams in the districts to empower the police officers in proper handling of these cases, taking into account the plight of the victims and to coordinate better with social welfare and other service providers in the referral systems. Most of these cases required the provision of psychosocial support, mediation and counselling of affected families. Social Welfare Officers at district and community levels were empowered to provide services to such victims.

In response to the food insecurity and the anticipated violence against the vulnerable groups, the project planned to provide psychosocial support to children affected by food insecurity through support to community based childcare centres and children's corners. The project also aimed at utilizing case management approach to provide holistic services to victims.

Between January and May 2013, over 216,000 children aged three to five years and 6,500 aged six to eight years received psychosocial support, protection, early learning and stimulation through CBCCs and children's corners in the food insecurity affected districts. The CERF contribution was used to orient 90 community based child care centres and children's corner caregivers to oversee the management of the centres, over 100 child protection committee members to monitor human rights in the communities and over 100 community policing members to provide security issues at community level. The orientation of CBCC and children corner caregivers has improved the delivery of early childhood development and psychosocial support services through better facilitation of play, early stimulation and learning sessions, child protection, hygiene, nutrition and provision of child care and support.

During humanitarian situations, children are usually traumatised and emotionally disturbed due to their failure to understand and cope with traumatic situations and the displacement which limits play. At the community based child care centres and children's corners, the children are provided with opportunities to play various sporting activities, interact and socialise with other children for their emotional and psychosocial healing. The CERF funding helped district teams to better coordinate the provision of these services especially targeting the highly affected areas. The funds were also used to procure 170 CBCC kits which contained play and educational materials for use in these centres. The kits currently being distributed will benefit a total of 17,000 children. UNICEF will continue supporting the CBCCs and children corners beyond this project through direct support to the district councils and civil society partners for project sustainability.

In districts where case management approach to service provision to children in need of care and support, the project made linkages to ensure that those children affected by the food insecurity and identified as in need of care and support are linked to case management.

In terms of observance of human rights violations, there were no reported cases of discrimination in the provision of relief items. During monitoring visits, the major human rights issue observed was in Mangochi where the displaced population complained that the land where they were resettled under a government programme known as "kudzigulira malo" was prone to flooding and the

people had no choice but to remain in the area since they bought the land and were moved from other districts to settle there. They thus requested to be re-allocated to another plot of land to avert the situation.

For long term monitoring of human rights during a humanitarian crisis, UNICEF entered into a memorandum of understandings with the Eye of the Child and Centre for Human Rights and Rehabilitation to continuously monitor human rights in the emergency prone districts.

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

Reporting on provision of psychosocial support and protection services in community based child care organisations is a challenge. Not all centres that received support were able to submit reports. This component has to be strengthened in subsequent programmes. Disaggregation of information was also a challenge.

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

YES ☐ NO ☒

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

If 'NO' (or if GM score is 1 or 0): Gender mainstreaming is part of UNICEF programming. The training of caregivers and civil protection committee members considered gender issues.

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

YES ☐ NO ☒

This component was not included as part of the project as such there was no funding for this component

TABLE 8: PROJECT RESULTS					
CERF project information					
1. Agency:		UNICEF	5. CERF grant period:	8 Jan. 2013 - 7 Jul. 2013	
2. CERF project code:		13-CEF-006	6. Status of CERF grant:	<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Health – Nutrition		<input checked="" type="checkbox"/> Concluded	
4. Project title:		Management of moderate and severe acute malnutrition in 16 food insecure districts in southern and central Malawi			
7. Funding	a. Total project budget:		US\$ 7,062,378	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:		US\$ 5,547,047	▪ NGO partners and Red Cross/Crescent: US\$ 0	
	c. Amount received from CERF:		US\$ 1,411,386	▪ Government Partners: US\$733,905	
Results					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).					
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached	
a. Female		1,010,118	18,557 (9,019 males and 9,541 females) Severely Acute Malnourished under-five children treated. A total of 22,372 (9,319 males and 13,053 females) Moderately Acute Malnourished children.	The targeting for the community-based management of acute malnutrition (severe and moderate) in the 16 food insecure districts is based on the total populations of the districts and not only the affected number of people reported by the Malawi Vulnerability Assessment Committee. This also applies to the vitamin A supplementation and deworming for the under-five population.	
b. Male		162,810			
c. Total individuals (female + male):		1,172,928			
d. Of total, children <u>under age 5</u>		335,000	A total of 1,329,426 children aged 6 to 59 months were supplemented with vitamin A capsules representing 96 per cent in the 16 food insecure districts during Child Health Days (CHDs) campaign. In addition, 1,124,964 (99 per cent) children aged 12 to 59 months dewormed in the districts.		
					Supplemented 67,711 postpartum women within 8 weeks of delivery with high-dose vitamin A capsules during Child Health Days.
9. Original project objective from approved CERF proposal					
To mitigate the risks of a nutrition crisis and reduce mortality and morbidity due to acute malnutrition in under-five children in the 16 food insecure districts.					

10. Original expected outcomes from approved CERF proposal	
<ul style="list-style-type: none"> Under-5 children in the 16 affected districts access ready to use therapeutic food (RUTF), F75, F100 Children in the 16 affected districts access deworming medication and vitamin A supplements Improved quality of community identification and treatment of severe acute malnutrition in 16 food insecure districts (as per sphere standards) Women and children access behaviour change communication interventions towards improving health care and infant young feeding practices 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> 18,557 Severe Acute Malnourished under five children in the food insecure districts accessed RUTF, F75 and F100 1,329,426 of children aged 6 to 59 month supplemented with vitamin A capsules (96 per cent) and 1,124,964 (99 per cent) children aged 12 to 59 months dewormed in the 16 food insecure districts. Enhanced active case identification through quality nutrition screening at community level for early identification of moderately and severely acute malnourished under-five children, pregnant and lactating women for enrolment in supplementary feeding and therapeutic care programmes. The provision of the anthropometry equipment contributed to the quality implementation of this activity. This resulted in improved quality of community identification and treatment of SAM in 16 food insecure districts in the community-based management of acute malnutrition (CMAM) as follows: <ul style="list-style-type: none"> Nutrition Rehabilitation Units (NRU); cure rate: 85.2 per cent, death rate: 7.8 per cent and default rate: 2.5 per cent Out-patient Therapeutic Program (OTP); cure rate: 91 per cent, death rate: 1.4 per cent and default rate: 6.1 per cent Supplementary Food Program (SFP); cure rate: 90.4 per cent, death rate: 0.3 per cent and default rate: 7.0 per cent Conducted a communication campaign in promoting of key nutritional messages on infant and young child feeding 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There was no discrepancy between planned and actual outcomes	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <ul style="list-style-type: none"> If 'NO' (or if GM score is 1 or 0): CMAM data trends show no significant difference between the male and female admissions in the programme. However gender equality was mainstreamed in the programme design and implementation as follows; <ul style="list-style-type: none"> The revised 2012 CMAM guidelines incorporated the separation of growth charts for boys and girls as per 2006 WHO Growth Standards. The CMAM monitoring tools and database has gender disaggregated data for all beneficiaries. In line with the Government of Malawi Guidelines, the CMAM protocol strengthens male involvement in child care and practices. CMAM maximizes its convergence with Essential Nutrition Action (ENA) as it provides a number of contact points for implementing the essential nutrition actions through; individual counselling for the caregiver, health education talks and demonstrations. Investigation of the child and mother's nutritional status (including micronutrients) and providing appropriate supplementation or care. CMAM operates under the principles of community involvement which calls for active participation of all the community members. Men as heads of most households have great influence in the overall welfare of the family; this includes household food security as well as the ability of other household members to health care seek contributing to the prevention of malnutrition at household level. In households hosting an acute malnourished child or pregnant or lactating women, men play an important role in early case identification and referral, adherence to nutrition treatment and sustaining optimal nutrition practices to void relapses. Supplementary Feeding Programme targets malnourished pregnant and lactating women to promote maternal health and 	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The program has not been evaluated as the component was not included in the programme set-up for this project. The programmes already run on the national platform where there is a database and there is 100 per cent district coverage and national 86 per cent health facility coverage.	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	18 Jan. 2013 - 30 Sep. 2013
2. CERF project code:	13-FAO-004	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Agriculture		
4. Project title:	Emergency assistance to support food insecure populations affected by climatic shocks in six districts of the southern region of Malawi		
7. Funding	a. Total project budget:	US\$ 25,255,398	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$44,899	■ NGO partners and Red Cross/Crescent: US\$ 240,000 ■ Government Partners: US\$ 0
	c. Amount received from CERF:	US\$ 1,427,779	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	74,250	93,340	The late application of funds resulted in delays in procurement of inputs. The inputs were as a result being distributed while planting was already in progress. Some of the selected beneficiaries for CERF project had already planted other crops with low quality inputs and they remained with small pieces of land that could not accommodate all the inputs that were earmarked for them through the CERF project. This then resulted in other households that were equally in need of assistance being targeted as additional beneficiaries.
b. Male	49,500	69,388	
c. Total individuals (female + male):	123,750	162,728	
d. Of total, children <u>under</u> age 5	2,475	3,255	
9. Original project objective from approved CERF proposal			
<p>The project will save lives by ensuring minimum food availability and access to currently vulnerable population. It fits into the FAO Disaster Risk Management Strategic objective by establishing immediate response in view of building resilience of households (HHs) affected by climatic shocks and to mitigate risks of further food insecurity due to loss of agricultural productive assets in the affected areas.</p> <p>The overall aim of this project is to restore the productive cycle of the most affected farming households for the next planting season through agricultural input distribution and avoid further failure by ensuring that basic method of conservation agriculture and irrigation are applied.</p> <p>Specifically the interventions will aim at:</p> <ul style="list-style-type: none"> • Provide immediate live saving essential agricultural inputs to ensure successful production for the coming season by food insecure households affected by climatic shocks in the previous season • Provide essential training to ensure successful production by affected farming households who will be provided with the agricultural inputs, to better cope with shocks associated with floods or drought. 			
10. Original expected outcomes from approved CERF proposal			
<p>By the end of the project, the following outputs will have been achieved:</p> <ul style="list-style-type: none"> • Increased food production and access to food for 22,500 households who have lost their crops and other productive 			

<p>assets due to floods and drought;</p> <ul style="list-style-type: none"> Improved access by the flood/drought affected households to quality hybrid maize seed, legumes, assorted vegetable seeds and treadle pumps through direct distribution; 375 tonnes of fertilizer, 22.5 tonnes of improved maize seed, 1 kg of legume seeds and 22,500 packets of assorted vegetable seeds procured and distributed to 7,500 affected households in Nsanje, Chikhwawa, Zomba, Mulanje, Thyolo and Balaka districts for irrigated agriculture by the end of the project. With these quantities of seed and fertilizers, each household will be able to cultivate 0.12 ha and produce 0.540 mt of maize which will cover them for approximately 6 months from the harvest time. In addition to the above, 1,500 treadle pumps will be procured and distributed. Improved access to planting materials of appropriate locally adapted varieties (including cassava cuttings, sweet potato vines and legumes, Sorghum and Millet for crop diversification during rain fed agriculture season targeting 15,000 households. The selection of the above crops will be based on the suitability of the crops to the climatic conditions of the affected areas. Improved coordination and facilitation of agricultural emergency interventions by District Extension staff of the Ministry of Agriculture and Food Security (MoAFS) improved sustainable agricultural practices;
<p>11. Actual outcomes achieved with CERF funds</p>
<p>Increased Access to Improved Seeds and InputsThe CERF funded project procured and distributed the quantity of inputs as planned: 18,750 bundles of cassava cuttings, 22,500 bundles of sweet potato vines, 7,500 kgs of pigeon peas, 9,750 kgs of cow peas and 7,500 kgs of millet seed that were meant for 22,087 hhs (121,478 people) who were targeted for rain fed agriculture as well as 22,500 kgs of maize seed, 7,500 kgs of bean seed, 22,500 packets of assorted vegetable seeds, 375 mt of fertilizers (both basal and top dressing) and 1,500 treadle pumps that were meant for 7,500 hhs (41,250 people) that were targeted for irrigated agriculture. These beneficiaries were from: Chikwawa, Thyolo, Zomba, Phalombe, Mangochi</p> <p>The number of beneficiaries increased to reach 29,587 hh (162,728 people) due to the fact that not all households received the full package of inputs as initially planned. Inputs were being distributed while planting had already started. Some of the selected beneficiaries had already planted other crops with low quality inputs and they remained with small pieces of land that could not accommodate all the inputs that were earmarked for them. This then resulted in other households that were equally in need of assistance being targeted as additional beneficiaries.</p> <p>Improved Coordination and Capacity of Stakeholders</p> <p>The project developed capacities, skills and competencies of Implementing partner staff and government extension staff in the fields of conservation agriculture, irrigation and well as community managed seed systems. A total of 59 staff were trained in all the three areas. These in turn trained lead farmers at community level in the same fields in order to promote passing on of skills at the grass root level. At the end, a total of 454 lead farmers (including 212 female) were trained.</p> <p>The project has enhanced coordination and collaboration among implementing partners through planning and review meetings and joint supervisory and monitoring visits. These events were instrumental in providing timely support to selected beneficiaries, promoting best practices and cross learning.</p> <p>Non-functional irrigation schemes were revived and scheme management committees were revamped and trained on scheme management, leadership skills and group dynamics. This increased capacity of scheme management committees enabled a full utilization of irrigation facilities and an optimum return on investment. Farmer groups were initiated and mobilized and project inputs (seeds and other planting materials) were channelled through these groups.</p> <p>The capacity building of lead farmers and project beneficiaries led to the establishment of village savings and loan Schemes with beneficiaries paying in kind and/or cash regardless of their vulnerability thereby increasing their resilience. The cash was to be used as a revolving scheme for procurement of crop seed and inputs to be loaned to farmers during the next growing season to sustain their livelihoods. Grain banks have been established to complement the revolving schemes for farmers. In some cases 2.5 metric tons of assorted crops had already been paid back towards the grain bank. Besides the grain bank, seed multiplication (cassava and sweet potatoes) was initiated and promoted both at individual and group level to ensure availability of planting materials during the next growing season which would be shared among members. Kindly note however that these activities were made possible after a no cost extension had been granted to the project.</p> <p>Increased Diversity and Productivity</p> <p>The project supported 22,087 hhs under rain-fed crop cultivation and 7,500 hhs under irrigation (winter) farming with assorted improved seeds and inputs. These included various improved maize seed, vegetable seed (tomato, cabbage, mustard), beans, cassava, sweet potatoes, pigeon peas, cow peas, fertilizers (both basal and top dressing) and treadle pumps. These inputs helped</p>

to improve land productivity and crop and nutrition diversity of the supported households. Significant increase in crop yields have been witnessed, especially where proper management was employed using the skills learnt through the training sessions. For instance in Thyolo an average yield of 4.t/ha for hybrid maize was achieved, which is well above the district average yield of 3.15t/ha representing a 30% increase. Income of beneficiary households also increased through sale of surplus food and cash crops. For instance, farmers were selling green maize between MK45, 000 for 0.12 ha to MK90, 000 for 0.25 ha of maize field, while beans were sold between MK300 and MK 350 per kilogram.

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

The inputs were being distributed while planting was already in progress. Some selected beneficiaries had already planted other crops with low quality inputs and they remained with small pieces of land that could not accommodate all the inputs that were earmarked for them. This then resulted in other households that were equally in need of assistance, being targeted as additional beneficiaries. Given the time limit of the program it was near to impossible to fully implement activities with this additional group, this is why a no cost extension was required to allow for completion of such activities.

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

YES ☐ NO ☒

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

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

In Malawi most of the agricultural labour is provided by women who contribute to 70 per cent of the labour force in the smallholder sector. In the context of food insecurity, children and women are considered the most vulnerable group. As food insecurity increases, women and children are more exposed to malnutrition and infections, impacting on their economic productivity. With the alarming increase of severe malnutrition amongst children of under 5 years of age, pregnant and lactating women, it was imperative that the interventions targeted a good number of women who were at a great risk. With this in mind, FAO designed the intervention with a focus on the most vulnerable, 74,250 selected women versus 49,500 selected men. This focus was kept during implementation since actual beneficiaries reached 93,340 females and 69,388 males. Gender issues were fully mainstreamed.

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

YES ☐ NO ☒

If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL

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

There were no funds set aside for evaluation.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
13-FAO-004	Food security and agriculture	FAO	Concern Universal	NGO	40,000	21 February 2013	14 January 2013	
13-FAO-004	Food security and agriculture	FAO	Save The Children	INGO	40,000	21 February 2013	14 January 2013	
13-FAO-004	Food security and agriculture	FAO	Catholic Development Commission of Malawi (CADECOM)	NNGO	40,000	21 February 2013	14 January 2013	
13-FAO-004	Food security and agriculture	FAO	World vision International	INGO	40,000	21 February 2013	14 January 2013	
13-FAO-004	Food security and agriculture	FAO	Goal Malawi	INGO	40,000	21 February 2013	14 January 2013	
13-FAO-004	Food security and agriculture	FAO	Evangelical Association of Malawi	NNGO	40,000	21 February 2013	14 January 2013	
13-CEF-005	Protection	UNICEF	Ministry of Gender, Children and Social Welfare	Government	125,409	12 February 2013	24 February 2013	
13-CEF- 006	Health and Nutrition	UNICEF	Department of Nutrition and HIV /AIDS	Government	733,905	14 February 2013	1 April 2013	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CA	Conservation Agriculture
CMAM	Community Management of Acute Malnutrition
DoDMA	Department of Disaster Management Affairs
FAO	Food and Agriculture Organization
HCT	Humanitarian Country Team
IPC	Integrated Phase Classification
MoAFS	Ministry of Agriculture and Food Security
MVAC	Malawi Vulnerability Assessment Committee
NRU	Nutritional Rehabilitation Unit
OTP	Outpatient Therapeutic Programme
RUTF	Ready to use Therapeutic Food
UNICEF	United Nations Children's Fund
WFP	World Food Programme