

START Fund Alert 310 Malawi

**Addressing the needs of vulnerable groups affected
by floods in**

Blantyre City, Chikwawa District and Nsanje District



Evaluation

June 2019

Gillian Wells, B.A, M.Sc.

Preface

This evaluation is produced with thanks for the considerable support provided by older people, people with disabilities and women involved in the project, team members from MANEPO, GOAL and Islamic Relief, government and other stakeholders. Their willingness to support the evaluation and explain, show and demonstrate the project impact and process was at all times, professional, timely and transparent and was an essential component in ensuring the production of this report.

List of Acronyms

CaLP	Cash Learning Partnership
CHS	Core Humanitarian Standards
CRM	Complaints response mechanism
DCPC	District Civil Protection Committee
DEC	District Executive Committee
DfID	Department for International Development
DoDMA	Department of Disaster Management Affairs
DPC	District Protection Committee
FGD	Focus Group Discussion
H.S.A	Health Surveillance Assistant
IR	Islamic Relief
KII	Key informant interview
MANEPO	Malawi Network of Older Persons' Organizations
MUAC	Mid Upper Arm Circumference
MKW	Malawian Kwacha
NFI	Non Food Item
NFIs	Non Food Items
OP	Older person
PDM	Post distribution monitoring
PLT	Pregnant and Lactating Women
PwD	People/Person with a disability
T/A	Traditional Authority
UTC	Unconditional Cash Transfers
VCPC	Village Civil Protection Committee
WaSH	Water and Sanitation

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1. Executive Summary

Heavy rains began across Southern Malawi on 5th March 2019 leading to heavy flooding and on 8 March the Government of Malawi declared a State of Disaster. A START Alert was submitted 11th March, followed by a START funding application from HelpAge on 13th March involving GOAL, Islamic Relief and MANEPO. Rapid response was critical, and approval was given on 14th March, with a response started on 15th March and direct impact in terms of life saving activities for beneficiaries from 18th March.

The project planned to address lifesaving needs across the 3 areas of Blantyre City, Chikwawa District and Nsanje District over 45 days in the humanitarian sectors of Protection, Water and Sanitation (WaSH), Capacity building, Unconditional cash transfers, Health, Non Food Items (NFI), Shelter and Food Security and Livelihoods (FSL) working to address the needs of 21,934 people with a budget of £231,741.

The planned impact of this project was specifically to support vulnerable groups (pregnant and lactating women, older people, people with disabilities and children) who were particularly affected by the crisis in the following ways:

- ensuring they were able to reach camps or otherwise receive immediate support;
- ensure camps were well managed with adequate supplies and accommodation and protection standards;
- provide supplies of key food, non-food items and cash to address immediate needs;
- awareness raising activities to address sanitation and health concerns in the camps and surrounding areas;
- alert other relevant stakeholders with other immediate needs of the vulnerable for action.

Six activities were conducted across the 3 areas. These activities reached 29,485 beneficiaries and included: beneficiary identification and verification, house to house visiting, camp management, NFI distribution, food distribution, unconditional cash transfers, WaSH and health awareness raising, chlorination, water testing and latrine construction, and coordination with government and other NGOs and CSOs.

START had requested that the project aimed to increase the number of beneficiaries and also ensure rapid response. The project reached 36% more beneficiaries than originally planned and started to benefit those affected by day 4 of the project.

This was the first time GOAL, Islamic Relief and MANEPO had worked together. The structure of project delivery agreed by the three organisations was set out the outset, by geography and sector, and was key in making coordination between the three agencies easier.

Overall the project exceeded expectations against planned objectives both in terms of numbers of individuals (both overall and specifically vulnerable) reached and introducing additional activities. Key successes included the rapid response to needs through NFI and food distribution, work to address health and sanitation issues through robust awareness raising

training and increasing awareness of the needs of the vulnerable through age and disability inclusion training.

Given that this was the first time the agencies had worked together there was some learning around alignment of systems for beneficiary criteria, data reporting, financial systems.

The purpose of this evaluation was to evidence good practice and identify learning for future projects. The full Terms of Reference are in Annex 1.

Recommendations are listed throughout the report alongside the findings they relate to and also consolidated in Section 8 for ease of reference.

2. Context

Flooding is a recurring event in Malawi with severe flooding taking place approximately once every two years.

Floods particularly affect vulnerable individuals who tend to have less resilience and are often excluded from Disaster Risk Reduction planning. As a result, they are therefore particularly severely impacted by lack of shelter, medication and evacuation options, loss of agricultural produce, livestock and other livelihoods.

In 2019, heavy rains fell between 5-8th March. This was followed by Cyclone Idai which swept through Malawi on 14-15th March compounding the existing flood crisis and devastating livelihood, homes and infrastructure.

In response to the flooding, the Government of Malawi declared a State of Disaster on 8th March (Republic of Malawi press statement). At least 15 districts across Southern Malawi were affected by the cyclone.

As a result of the heavy rains, many houses collapsed, and affected people sought shelter in schools, churches and additional camps. Agriculture fields were washed away as well as small livestock. There was a critical need for food, portable water, shelter, and sanitary facilities. There was also a risk of water borne diseases.

According to the Malawi Department of Disaster Management Affairs (DoDMA) and United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) 868,900 Malawian people were affected (184,945 households (HH)). Of these 86,980 individuals (16,545 households) were displaced, with 60 fatalities and 670 injuries¹. Many people in neighbouring Mozambique were also displaced by the floods and came to Malawian camps to seek refuge. Given the crises, Malawi Network of Older Persons' Organizations (MANEPO) coordinated the submission of a START Alert on behalf of 8 agencies on 11th March. An allocation of £400,000 was awarded to respond to the disaster in Malawi.

¹ Source: DoDMA 12th March update

3. Project Overview

Following approval of the Alert, MANEPO went on to submit a project to START Fund through HelpAge International, in partnership with GOAL and Islamic Relief, which was approved. This project planned to implement lifesaving activity for 21,934 vulnerable people across 3 areas over 45 days between 14th March and 28th April with a budget of £231,980. The funder advised the recipients to try and reach to more than 21,934 individuals.

Of the vulnerable 5,328 were planned to be older people and 1,000 to be people with disabilities. The project areas were selected because they were severely affected by the floods (Chikwawa District, Nsanje District) and in addition were often excluded from support (Blantyre City).

The six planned activities were:

- (1) community outreach to identify the most vulnerable households and assist them to have access to support through camps and/or to be adequately supported in their own homes;
- (2) support for camp set-up, management and coordination to ensure effective supplies, protection and support to those in camps;
- (3) distribution of a basket of key food and non-food items to the most vulnerable families currently residing in camps in Nsanje & Chikwawa where access to markets is limited in the immediate term;
- (4) multi-purpose cash transfers (worth 25,000 MKW) provided to key vulnerable households in Blantyre urban where markets are operating and easily accessible to allow households to procure vital food, NFI or shelter materials (amount to be confirmed by Cash Working Group);
- (5) WASH advocacy and provision of chlorine/water guard to reduce risk of cholera and other water-borne diseases;
- (6) support for district level emergency response coordination efforts.

The planned impact of this project was to specifically support vulnerable groups (pregnant and lactating women, older people, people with disabilities and children) who were particularly affected by the crisis in the following ways:

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- ensure camps were well managed with adequate supplies and accommodation and protection standards;
- provide supplies of key food, non-food items and cash to address immediate needs;
- awareness raising activities to address sanitation and health concerns in the camps and surrounding areas;
- alert other relevant stakeholders with other immediate needs of the vulnerable for action.

To enable good project coordination, roles and activities were agreed and shared at the outset between the three agencies by both area and specific activity as follows:

Agency	Geographical coverage	Activity lead
GOAL	Nsanje	Camp management, WASH
Islamic Relief	Chikwawa	NFI and food distribution
MANEPO	Blantyre	Cash transfers and inclusion training

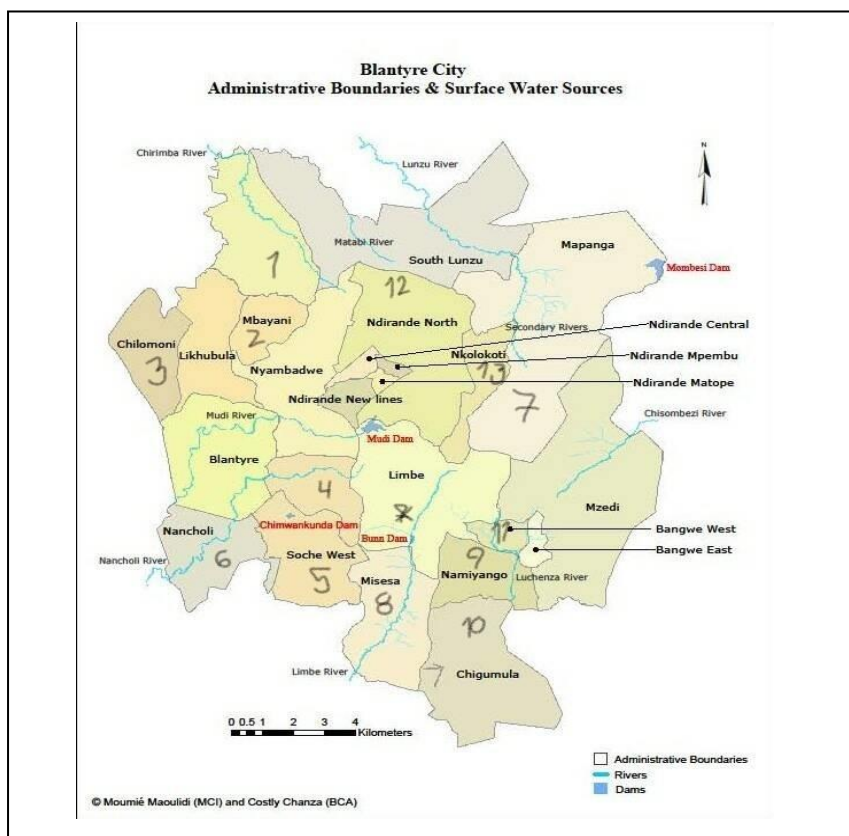
In Chikwawa the 11 camps worked in were Jombo, Linga, Khwangwa, Mbiya, Thabwa 1 and 2, Tusida, Medramu, Namira, Tiasamale, and Nkhawanga. Nsanje was one of the districts most severely affected by the floods. It has many rivers including the Shire which flood when there is rain either locally or in upstream districts.

In Nsanje, 8 camps were targeted (Nthole, Mguda, Kachere, Khope, Chilimba, Phokera, Old Lalanje and Mbenje (Ngabu Evacuation Centre). In response to government advice the final camp allocation was adjusted to allow for one camp being split into two. Another camp (Bangula) was targeted but was excluded from the project as the camp authorities there advised that they had sufficient support.

Camps across both districts varied in size between 473 and 3,807 people.

Thirteen areas were selected in Blantyre City based on level of need and knowledge of the area. These are indicated in Fig 3 below.

Fig 3: Blantyre City areas targeted for unconditional cash transfers.



Key to project areas:

1. Chirimba
2. Mbayani and Chemusa
3. Chilomoni
4. Chilobwe
5. Soche West, Chimakhunda
6. Nancholi and Chatha
7. Kachere
8. Misesa
9. Namiyango
10. Chigumula
11. Bangwe West
12. Ndirande
13. Machinjiri and Makheta

4. Evaluation objectives and methodology

4.1. Objectives

The external evaluation's purpose was to provide details of best practice and learning from the project on:

- (a) the impact on beneficiaries; and
- (b) analysis of the process in relation to all the activities.

This resulting evaluation report is designed to be used to:

- provide internal learning and best practice on project implementation for MANEPO, GOAL and Islamic Relief;
- support advocacy for the inclusion of older people, people with disabilities and other vulnerable groups as an important group to be explicitly considered in emergencies;
- provide findings that will support future learning and system improvement.

In order to complete the evaluation purpose this report includes an:

1. After Action Review: i.e. what happened, what was different and why, what could be done differently.
2. DAC² evaluation questions: i.e. relevance, efficiency, effectiveness, impact and sustainability.
3. Assessment against key quality standards and strategic development i.e. Humanitarian Inclusion Standards, Core Humanitarian Standards, Leave no one behind, Sustainable Development Goals

The full terms of reference for the evaluation are in Annex 1.

4.2. Methodology

The information was gathered in country between 27th April and 6th May with further data shared throughout May to conclude findings. Sources of information were through:

- Literature review and documentary analysis;
- Field visits to 4 camps (2 in Nsanje and 2 in Chikwawa) and 2 localities (Blantyre City) and observation;
- Briefing from key staff (MANEPO, GOAL, Islamic Relief);
- Key informant interviews (older people, people with disabilities, GOAL staff, Islamic Relief staff, government, MANEPO staff, members and volunteers, community leaders); and
- Focus group discussions (older people, people with disabilities, pregnant and lactating women, camp management and village civil protection committees)

4.2.1. Literature review:

² Development Assistance Committee, Organisation for Economic Cooperation and Development.

Twenty eight information sources comprising reports, minutes, training summaries and other documents were analysed and are listed in Fig 4 below.

Fig 4: Literature review sources

Project proposal	Initial needs assessment – Blantyre, Chikwawa and Nsanje
Mid-term report	Minutes of Inter cluster meetings (1,2 and 4)
Minutes of project team meetings	Flood 2016 evaluation
Cholera 2018 evaluation	End of project list of activities
Post distribution needs assessment	Case studies
E mail correspondence	Complaints response feedback report
Camp management and Village Civil Protection Committee population records	
Follow on rapid needs assessments on older people	Protection committee training report
Camp management training report	Health committee training report
WASH awareness raising report	Age and Disability Inclusion standard training report
MANEPO members orientation report	Beneficiary registration forms (GOAL, MANEPO)
Activity plan	Chikwawa reporting officer summary
Memorandum of Understandings	Data analysis sheets

4.2.2. Field visits:

Field visits were undertaken in Nsanje District (Lalanje and Phokera camps), Chikwawa District (Mabanga and Mwalija camps) and Blantyre City (Katchere and Chigumula areas)

4.2.3. Focus Group Discussions, Key informant Interviews and questionnaire:

20 focus group discussion (FGDs), 9 Key informant interviews (KIIs), 4 house to house (HH) interviews and 2 questionnaires, 6 case studies were completed involving 197 individuals (175 beneficiaries and 21 implementors). These are summarised in Fig 5 overleaf.

Fig 5: FGD, KII and HH interviews and questionnaires conducted for evaluation

	Blantyre	Chikwawa	Nsanje	Total numbers of individuals involved
Older women and women with disabilities	2 FGD x 8 people, HH	2 FGD x 8 people, 4 x case studies	2 FGD x 8 people	48
Older men and men with disabilities	2 FGD x 8 people,	2 FGD x 7 people, 2 x HH	2 FGD x 8 people	47
Pregnant and lactating women		2 FGD x 8 people	2 FGD x 8 people	48
Children	Case study	Case study	0	2
Camp management, protection and health committees	0	2 x FGD x 8 people	2 x FGD x 8 people	32
Government	0	1 KII x DODMA	1 KII x DODMA	2
MANEPO organizational members	KII x 2	0	0	2
Volunteers	2 KIIs	0	0	2
Staff	KIIs – 4, end of project meeting 8	1 questionnaire	KII-1 1 questionnaire	15
Total				198

4.2.4. Analysis

This information was used to review process, assess impact, relevance, efficiency, effectiveness, sustainability and measurement against key quality standards and strategic developments.

4.2.5. Limitations of the study

We did not take a population sample for questionnaire purposes. This would have required between 202 and 378 questionnaires³. An RNA OP was conducted part way through the project.

The population themselves on a number of occasions had complained of the number of agencies coming to ask questions, often without then providing anything afterwards. With questionnaire fatigue we felt triangulation using the different sources was the most effective way of understanding the key elements of the project and focusing in on specific points that needed more investigation as they arose.

³ www.raosoft.com/samplesize.html sample size guidance.

378 individuals with a 50% distribution would need to be interviewed to achieve 95 % confidence with 5% Margin of error.

202 individuals with a 75% distribution would need to be interviewed to achieve 90% confidence with a 5% margin of error.

We heard of some cases of child led households but did not receive any direct feedback from children. A sample of children's feedback could have been done sensitively perhaps through key workers in the camps.

5. Findings

This section summarises findings by each activity taking an After Action Review approach in order to review process through the following questions:

- What actually happened?
- Were there any differences and if so why?
- What would partners do next time?

The overall findings highlighted the following:

Key positive elements included the fact that efforts were made to make clear the specific criteria of beneficiaries receiving support to avoid resentment within and outside camps. Cash transfers were made direct by money transfer to minimise the risk of beneficiaries being potential targets for theft or coercion. All items were purchased in country in order to support in country sustainability and the economy.

Funds arrived on day 25 of the 45 day project and would have significantly delayed project response, however each of the three agencies pre financed the project from their own resources to mitigate against this.

Recommendation: System for prompt transfer of project funds to be put in place with clear responsibilities across different stakeholders.

Beneficiaries were involved in a number of ways: Camp management supported identification and verification of beneficiaries in camps. Community volunteers helped to identify and verify beneficiaries outside of camps. Protection and health committees were engaged to provide cascading information on WASH and health requirements to the wider community. Village leaders outside of camps helped to investigate any cash transfer issues after distribution (e.g. claims that cash had not been received or wrongly transferred). Camp management investigated any issues on behalf of beneficiaries. As a result vulnerable people received more effective one-to-one support so that they could receive lifesaving support in health, disease prevention, food and non-food items.

A weekly report system and template was put into place for submitting each Friday, the project coordinator suggested that alongside there be a virtual discussion every week to exchange learning and ensure coordination of the timing of activities. It was also better to have a report on Thursday so that any issues could be addressed on the Friday.

Recommendation: Include briefing phone/WhatsApp discussion each Thursday alongside a written report.

The geographical splits, and the technical splits provided clarity and seemed to work well across the three agencies.

One suggestion was that we do less activities given the shortness of time. However on review all elements of the work were regarded as lifesaving and were interlinked – meaning that no one activity could have been removed without impacting on the other lifesaving work.

A review of the project stages is given in Fig 9 below.

Fig 9: Review of project stages

Stage	Positives	Learning	Recommendation
Prestart up	Fast joint writing of proposal. Proposal successful	Budget split was not agreed beforehand because of shortness of time. This resulted in further work being needed after proposal submission to finalise amounts.	Agree budget split early on, using agreed format.
Start up	Excellent initiation meeting, procurers already in place, timetable agreed.	Finance requirement and personal meeting of field staff did not take place. This could have further clarified financial requirements from the outset and facilitated communication through the project. T	Whole finance and field staff meeting at outset.
Implementation	Most implementation went according to plan. In terms of project monitoring there were weekly reports, post distribution monitoring, a complaints response mechanism and mid-term review and report.	Transport of NFIs/Food was a week late in one case, but this could not be avoided. The multiple systems of monitoring enabled good oversight of the project.	A multiple system of monitoring, as was adopted with this project, enabled good project oversight.
Project end.	95% of activities were completed in good time.	There were some issues with late receipt of names for child registration for cash transfer. This led to pressured activity in the final stages.	Ensure all registration and verification is completed well ahead of time.
Project close	Closure meeting was undertaken. START project report and evaluation report work began directly project ended.	Good documentation overall of work. Some key project data arrived late. Prompt data collection enables smoother reporting at project close.	Ensure accurate project data kept throughout.

5.1. Project initiation

Following project funding approval (Day 1) a project initiation meeting took place on Day 2 which covered all key areas of implementation. The three agencies had not worked together before and this meeting was key in establishing responsibilities and a common approach to the project.

Specific areas agreed included reporting, purchasing, overall beneficiary criteria, area responsibilities and staff leads.

Other important points were discussed at the project outset including exact beneficiary criteria, financial procedures, what the age and disability inclusion training covered (and how it related to beneficiary identification) and process for verification.. Some team members suggested that further detail on some of these elements could have been established after the meeting.

Staff pressure was high from the outset as teams worked to verify needs and begin implementations. If time a face to face meeting of just the three staff leads across the three agencies at the outset, would have established good rapport in order to ease common understanding and trouble- shooting through the project.

Recommendations: Following inception meeting hold a face to face finance meeting across all implementing partners to clarify detail of financial procedures and requirements for the project.

Recommendation: Organisational team leads to meet face to face at the project outset to facilitate future communication.

5.2. Baseline survey

A baseline survey and rapid needs assessment were conducted on 11th of March in Blantyre and 16th and 17th of March in Nsanje and Chikwawa districts.

The Rapid Needs Assessment in Blantyre Urban was conducted in Senior Chief Kapeni camp (Somanje/Makata), Chiwembe/Macheso) and (Zingwangwa). Local authorities responsible in the communities and those that had information on the damage, injuries and harm caused by the disasters were interviewed in focus group discussions.

Rapid Needs Assessment was conducted across 13 camps (5 in Nsanje and 8 in Chikwawa). The quantitative part of the survey collected data from 45 individuals in 5 camps. 6 Key Informant Interviews were conducted in all of the camps where camp managers or others in charge were found.

The baseline and needs assessment work confirmed the validity of the previously identified project activities. This demonstrated that the intelligence gathering exercise during the Alert and proposal writing stage was effective.

Figure 6: Monitoring, Evaluation and Learning officer interviewing an older person in the evacuation camp



5.3. Beneficiary identification and verification of beneficiaries

By Day 22 (mid-way) through the project most households in Nsanje and Chikwawa had been identified. In Blantyre beneficiary identification had started but verification of beneficiaries was still in process. Chikwawa verification took place on 28 March and then 3 to 4 April. In Nsanje, the reporting officer stated that *‘This was done well, and the right beneficiaries were identified.’*

The data was disaggregated in a consistent way by sex, elderly, people with disabilities, pregnant women, lactating women and children under 5.

GOAL used formal guidance on vulnerability (See Annex 4) however there was not a consistent approach to identifying vulnerable across the three agencies. The agencies also had varying approaches to verification – some checking names with others rechecking vulnerability criteria.

The registration form for MANEPO detailed questions to assess vulnerability.

Recommendation: Design/adopt a common registration form in preparation for future emergencies that assess vulnerability.

In some camps internally displaced people (IDPs) stated that the wider camp population were not happy with targeting of just vulnerable beneficiaries. Camp management addressed this in part by ensuring the vulnerability criteria was known to all. Suggestions were made in FGDs to target everyone but allow an additional ration for the vulnerable, however budget constraints prevented this.

In Ngabu camp, Nsanje, surrounding members of the population stopped the registration by intimidating officers and camp management, saying they will be beaten if they only register people in the camp. In most cases individuals understand the need to target the most vulnerable. However this intimidation had in part arisen as a result of a high level government

visit to the area that week saying that ‘everyone’ would receive support. Registering stopped until the District Civil Protection Committee (DCPC) resolved the issue.

Multiple channels of free phone, suggestion boxes and registration point support were used as part of a Complaints Response Mechanisms (CRM). Most feedback related to concerns about how the registration was done. These complaints were received and responded to by NGOs and local authorities.

One major challenge was found in Chikwawa where the camp committee inflated the figure to 429 by registering families that were not affected. This was effectively addressed during verification by people themselves and the figure came down to 364 households.

Recommendation: Ensure age and disability inclusion and other training are provided to camp committees so that they know how to effectively register beneficiaries and resolve any issues from the outset.

Some camp management committees reported that by the time distributions were done, additional people had come to the camps. This would require a reverification to add additional individuals, which given the short project timetable and budget constraint could not be accommodated.

5.4. Camp management and set up

Camp management committees (camp management, health and protection) varied between 10 and 14 people with all being half female and half male. Most were trained four weeks into the project.

GOAL reported that, ‘orientation of the camp management committees on their roles really helped in the camps’. They went on to say that ‘This was done well and especially in the enforcing of the activeness of the protection committee, establishing and orientation of health committees who assisted in the hygiene of the camp and camps environments.’

FGDs confirmed that camp management, health and protection committees were aware of their responsibilities and were committed to delivering these. Some camps were more proactive than others in ensuring those in the camp were cared for and had needs addressed.

In 2 of the 4 camps visited as part of this evaluation it was clear that the Village Civil Protection Committees had significant influence and camp management committee felt they did not have control over distribution. This has allegedly affected the accurate and fair distribution of items to the vulnerable. In these cases the issues were taken to DoDMA at district level to look into.

Recommendation: Risk assessment and stakeholder analysis to be included at start of intervention in order to mitigate against and plan for potential stakeholder difficulties.

Recommendation: Organisations supporting camp management to regularly be in contact with and monitor camp management so that any issues are identified rapidly and taken up with the appropriate authorities to quickly correct.

5.5. Distribution of Food

Food baskets were provided to 3,500 individuals and comprised 40 kg ground maize, 1 kg cooking oil, 2 kg Corn Soya Blend, 3 kg cow peas, 1 kg soya pieces and 1 kg salt.

The reporting officer of Islamic Relief stated that ‘The project provided beneficiaries with food which was the most basic need to them.’

Many were satisfied with the distribution. Some requested whole maize rather than pounded maize. Others did not like the soya pieces.

Others said it would be better to provide cash (‘We prefer cash than food because with cash we can buy what we want’). However some who said this commented that the market was 6 km away which would have been difficult to access for vulnerable individuals.

When the implementing partners were weighing up the benefits of food distribution compared to unconditional cash transfers, one of the key factors was that it was likely that essential food could be supplied more quickly than cash to the vulnerable given existing contacts with suppliers. Distribution of food rather than cash therefore made sense.

Recommendation: Ensure consultation is carried out on the food pack as part of the needs assessment prior to food pack purchase.

The project implementors were keen to distribute food quickly, however, the supplier was unable to transport items during the chosen week, because of pressure from other agencies.

Recommendation: Put agreements in place with suppliers that can be mobilised in times of emergency.

Many focus groups reported that those that were registered did receive food, and volunteers helped to carry goods where necessary. Others said it was easy for some women to get food ‘because pregnant women were asked not to carry the items on their own’. FGDs went on to confirm that individuals used food items they got from START to prepare food for the family. ‘Volunteers and children helped them to carry food items to their rooms.’

5.6. Distribution of Non-food items (NFIs)

The NFIs received included 5 pieces of cloth, washing soap, 4 pieces of body soap, 1 dose of water guard. Plastic plates, buckets and basins were also provided. The purchase orders were placed for food and NFIs in the first week but not delivered due to transport challenges. Distribution of NFIs took place on day 22 in Nsanje and day 16 in Chikwawa.

As with food in Section 5.5 above, some said they would have preferred cash to NFIs but also said that the market was 6 km away in some cases. On balance it does seem that the project team made the correct decision in distributing items instead of cash, particularly as vulnerable people could not travel 6 kms away.

Figure 7: Distribution of food and non-food items at Lalanje camp, Nsanje



5.7. Distribution of Cash

Unconditional cash transfers (UCTs) of 21,750 MKW were planned for 1,000 people in Blantyre City. MANEPO distributed to 850 individuals identified through MANEPO members and 1500 individuals identified by Islamic Relief

To make this effective MANEPO member orientation took place. This was delivered by 5 staff members on 27 March and covered criteria for selecting beneficiaries. The most affected areas were identified by MANEPO members and volunteers on the ground and allocations for each area were decided based on need. Verification was done to ensure those identified fitted the criteria and were the most needed.

MANEPO conducted the distribution of its 8500 allocated UCTs in two phases using Mpamba. (Mpamba is a service in which registered customers are able to use their mobile phones to access financial services)

The following areas were part of phase 1; Misesa – 110, Machinjiri – 80, Ndirande – 110. Mbayani – 100, Bangwe – 100, Chigumula – 50, Kachere – 50

The following areas were part of phase 2: Manase – 100, Chimwankhunda – 40, Chilobwe – 30, Chilomoni – 30

Islamic Relief provided names to MANEPO for further UTCs with a main focus on benefiting children.

Financial resources were provided for transport, lunch, and communication (airtime). The exercise seemed well organized with MANEPO members and volunteers stating that the task was clear. MANEPO had the advantage of already knowing the area as a result of previous development project work through its member organizations.

Recommendation: Further build MANEPO member skills in needs assessment and humanitarian response to support future projects when a rapid response is needed, given their knowledge of localities.

People used their own phones where possible to receive the cash. Where individuals did not have their own phone, they were given their own sim card to use to make the one off transfer in a relative or colleague's phone. This was to reduce the risk of another person taking the cash transfer.

The project was well run, and most individuals received their full allocation of cash.

In a small number of cases individuals did not use their sim cards to collect funds, these cases were being resolved the time of the evaluation visit. Where individuals put their sim cards in other phones in some cases the phone owners took some of the money from the recipients. These issues were being followed up at the time of the evaluation.

For example in one focus group it was clear that a person who had collected cash on his phone on behalf of his grandfather appeared to have taken some 6,000 MKW of it without the grandfather knowing.

Recommendation: Ensure robust monitoring on the day of collection and Post Distribution Monitoring exercise afterwards to follow up with those who have had to use other people's phones.

One MANEPO member stated that cash transfers were easy to monitor and cross check that people had received their allocation. They were however concerned, that whilst the main objective of distributing cash was to purchase shelter, many spent it on food. Whilst this may be a concern, the purpose of unconditional cash transfers is to enable recipients to spend funds on what they see as their greatest priority.

Another member reported that a lot of hard work was involved reaching all beneficiaries for verification, and that something for volunteers should be provided for lunch during these days.

Recommendation: Ensure food allowance is provided for all those undertaking beneficiary and verification exercises, including volunteers, where significant distances have to be walked.

Recommendation: Ensure initial needs assessment includes consultation on the primary need for unconditional cash transfers.

Others commented that the amount of 21,750 MKW was not sufficient to reconstruct a shelter. One household visited had only partially completed their house but needed additional funds to

complete it. Asked if, with the same budget, fewer people should be allocated more funds instead there was a mixed view between volunteers and MANEPO members.

MANEPO, GOAL and IR have all been successful in securing follow on and match funding in response to the crisis. Some of this may be able to be used for further shelter completion.

Some pregnant and lactating women reported that the cash distribution part of the project had reinstated some of the traditional values of looking after their older people in the neighbourhood. 'We are thankful that the project helped in their time of older people's need. We would continue taking care of our older people and we are bringing back the old tradition of take care of older people and orphans.'

Older people reported that 'the way the money was sent was systematic and secure.' Individuals said that they used the money for a mixture of constructing shelter and food and candles. Whilst most supported the approach it was noted that 'There were no mechanisms put in place to raise complaints' by MANEPO.

Recommendation: Research and put in place a fit for purpose Complaints response mechanism that MANEPO will use in future emergencies.

5.8. Post distribution monitoring (PDM)

PDM was conducted for food, NFI and cash distribution however some staff noted that time and resource was insufficient to do adequate post distribution monitoring

Recommendation: Factor in sufficient PDM budget as part of the initial project plan.

5.9. Water and Sanitation training

Health committees were trained in WaSH and FGDs confirmed that they had received and were putting this training into use. This involved moving around the camp to check areas were being kept clean and setting up a rota for cleaning latrines and bathrooms

Project staff reported that 'This was a very important activity and it really helped. The lesson that was learnt was at the disaster like this most agencies think of the food response with no hygiene promotion and the camps identified for the project had no toilets and there were faeces all over the environment. The construction of temporary latrines in the targeted camps help to prevent the diarrhoea cases in the camps.'

74 latrines and 22 bathrooms were constructed across the camps.

5.10. Mid Upper Arm Circumference Training

908 mothers of children under 5 received nutritional assessment and Mid Upper Arm Circumference (MUAC) training. This was not part of the initial project. Whilst being beneficial, ideally all vulnerable groups should be covered in the training in future projects.

Recommendation: In order to enable older people and people with disabilities to be included in future emergency nutrition response, advocate at national policy level for older people and PwD to be included in nutrition policy.

Recommendation: Embed the inclusion of older people and people with disabilities in future projects alongside pregnant, lactating women and children in MUAC screening.

5.11. Training of protection committees

Each protection committee comprised 10 people (5 men and 5 women) with the following make up - 2 women representatives, 2 male and female old aged women, 1 disabled person (male or female), 2 gender champions, 1 child protection worker, 2 youth (male and female). They were trained in the following: Disasters, Human rights, Gender and gender based violence, reporting techniques, security in the camps, governance issues and environment. This was delivered in Nsanje on 26 and 27 March and in Chikwawa orientation of all committees took place on 28 March and 2 to 3 April.

The specific aim of these committees is to make sure that the rights of everybody are being respected and security and protection of people is good in the camps.

Discussion with the committees showed that the training had been taken on board. Some noted that time and resources needed to be greater in moving between camps.

Recommendation: Build in sufficient funds for stationery and food for participants in all training and sufficient time for travel between training locations.

5.12. Orientation of health committees

Each health committee comprised 5 men and 5 women. They were each trained in water and sanitation around the camp. The training covered the following topics; role of camp health committee, leadership and communication skills, leading causes of morbidity and mortality in Nsanje – transmission and prevention for malaria, acute respiratory infections and diarrhoeal diseases and other crosscutting health issues such as malnutrition and HIV/AIDS; water sanitation and hygiene and its importance in overcrowded camp settings; monitoring and evaluation of health related activities.

All planned briefing meetings were conducted within the scheduled timeframe. N all committee members were trained as they were out of the camp doing piece work.

Some people felt refreshments should be provided for an all-day training.

Recommendations: For committee training, where possible, ensure notice is given so that people can plan to be present and consider including refreshments on the briefing meetings.

The impact of this training will help in reduction and prevention of different diseases.

The trainers were concerned that there were camps (outside of this project area) where committees were not briefed, and these camps would remain at a greater risk of disease outbreak due to poor sanitation. The situation is exacerbated with the presence of few Health Support Assistants (HSAs) who are managing these camps.

Recommendation: Ensure that any gaps e.g. in health training or HSAs is emphasised at district and regional coordination meetings so that other agencies/government can take on this training responsibility.

Health committees reported that they had valued the training and used it to help keep the camps clean, and help people travel to hospital or local clinics if needed. They also inspected areas in the camps to ensure they were keeping their own areas clean.

5.13. Age and disability inclusion training

In Nsanje age and disability inclusion training was delivered in Nthole camp (Kaudzu camp members present), Mphamba camp (Ntlongo camp present) and Lalanje camp (Phokera camp present)

In Chikwawa district it was delivered in Nkhwangwa camp, Mbiya (Tusida and Tabwa 2 present), Jombo Camp, Mwalija camp and Mikolong Primary School (Thabwa, Tiasamale, Namila and Medramu camps present) by two members of staff.

The purpose of the training was to introduce age and disability inclusion into disasters and emergencies. It had impact by “ensuring inclusion of older people in initial emergency needs and assessments”

The DoDMA focal persons in the districts were briefed on the purpose of the training and they provided relevant advice on how to target all camps while being time effective.

Camps that were nearby received combined training in order to save time. All 19 camps were targeted, with 13 single camp training sessions and 3 combined camp training sessions; 6 in Nsanje and 10 in Chikwawa and targeted committees on health, protection, social welfare and overall camp management committee as well as Health Support Assistances (HSAs). The training was participatory with participants given topics to discuss and provide feedback on. Questions and comments/suggestions were allowed at the end of each session. It was conducted in Chichewa in order to make sure there was proper interaction among the participants. Trainers reported that in all the camps, participation was excellent

The orientation included: Human Rights, Inclusion Standards, Older persons & disasters, Health, Nutrition, Shelter, Protection and Wash. The training was interactive, and participants were encouraged to discuss the challenges around the 8 components but also to find out the solutions to the challenges Older people face in the camps.

The output from this activity was that the committee members and HSAs trained had a deeper understanding on how to ensure older people received the services they are entitled to and that services were age friendly (i.e. distribution of food/non-food items, fetching water)

Discussions at each of the camps identified some of the key challenges for older people. These focused on lack of involvement in decision making, difficulties in fleeing dangerous areas and limited access to health facilities.

A full list of issues raised by in camp management committees that should be factored into camp management planning when considering older people is listed in **Annex 3**.

The inclusion training was delivered some days into the project. With hindsight it could have been delivered at the outset before beneficiary registration, so that all project activities fully took into account age and disability issues.

Recommendation: Build clear plan for Age and Disability training into relevant projects and share training briefing sheet with all implementing partners at outset so that all are clear of what is included.

Recommendation: Plan capacity for Age and Disability training so that it can be timetabled and delivered at the outset of any project.

5.14. Wider hygiene promotion and community sensitization:

Hygiene promotion and sensitization was delivered to 24,945 individuals across the 19 camps (between 19th and 24th March) and covered Sanitation, Nutrition, Safeguarding, Complaints and Response mechanisms.

This was done through the use of public address system and a drama group. Its primary focus was on prevention of diarrhoea in the camps.

The awareness raising reached a large number of people and had a marked impact on sanitary practices across the camps.

However not all people could receive the training as they were away doing piece work.

Recommendation: Consult on time of training sessions with camp population prior to setting the dates and times to ensure maximum attendance.

Fig 8: Hygiene awareness raising in Chikwawa



5.15. Latrine and bathroom construction

74 temporary latrines and 22 bathrooms were constructed across the 19 camps in Nsanje and Chikwawa. Between 4 and 12 were constructed in each camp.

In Chikwawa the field officer reported on the contribution of this activity: 'Provision of sanitation facilities was also one of the most important area that the project looked on. This prevented... outbreak of water borne diseases such as diarrhoea, cholera, typhoid and trachoma.'

5.16. Water testing

8 out of 35 bore holes tested positive implying that people are consuming contaminated water. Water guard was distributed to rectify the problem and orientation was given on pot to pot chlorination.

5.17. Coordination

In the preplanning to this project MANEPO coordinated production of the ALERT Note to identify need. This involved links with GOAL, Islamic Relief, Plan International, OXFAM, Christian Aid, Trócaire, Save the Children Fund, Concern Worldwide and Welthungerhilfe.

MANEPO with input from GOAL and IR did work to provide a joint table on who was proposing to work where during the proposal development stage, in order to reduce the risk of duplication and address gaps.

The project continued to coordinate with these agencies during project implementation to avoid duplication and address gaps through the Department of Disaster Management (DoDMA) meetings and cluster meetings at regional (two weekly) and district (weekly) level.

Coordination also took place with the other START funded project which covered two different districts. GOAL had a number of discussions and met with the project lead (Trocaire) to discuss progress and share ideas

In Nsanje, OAL facilitated coordination amongst the agencies in the district and also involved the government authorities in joint monitoring to see project activities implemented in the camps.

UNOCHA's '4Ws' system (Who, Where, When What) to record activity was largely outdated for the majority of this response and provided a challenge in coordination.

The Blantyre District Executive Committee (DEC) director of administration asked that cash not be distributed, and the existing system of food distribution be used, arguing that this would address greatest need. After checking with other agencies and stakeholders for advice it was agreed to continue the cash transfer method in order to enable beneficiaries to be empowered to make their own decisions on priority needs. This was a sensitive issue which was handled well through support and common agreement across the three implementing partners.

In Nsanje it was difficult to bring all people together for coordination meetings because of time pressures, lack of notice of meetings, and insufficient resources for individuals to come to meetings. They were therefore visited by Goal officers in their separate offices.

Recommendation: Each agency should commit to attend coordination meetings, to engage with the local authorities, and to encourage other agencies in the response to do the same.

At Southern Regional level the partners attended Government lead cluster coordination meetings wherever possible. The first meeting was called 22 March 2019. The meetings were important to feed into government, other participants of NGOs, Malawian Red Cross Society, INGOs, UN agencies, Malawian and South African military and government departments. The main objective of the coordination meeting was to share experiences, avoid duplication and understand, as Government, what have been partners' actions and plans.

All project agencies also participated in the 26 April 4th Regional (Blantyre) cluster meeting which emphasised the need for a coordinated effort to encourage IDPs to return.

Many other agencies were also trying to respond to the crisis along with government. MRCS and individual well-wishers. Agencies included UNICEF, Plan, WFP, IRR, ActionAid, ADRA, FIDS, United Purpose.

DODMA requested GOAL to not undertake activity in one camp location that was already heavily served by other agencies GOAL followed this advice and transferred its activity from this to another camp with greater need.

The three organisations attended coordination meetings.

Organisations were asked to play their full part in co-chairing clusters at district level. However clusters were often poorly attended – one field officer view was that poor attendance was partly due to meetings being too frequent after initial emergency planning, to be useful. This could be addressed if the case were made to government that these meetings were made fortnightly instead of weekly after the first 2 weeks of the emergency, and also that government support their staff to attend these.

Recommendation: In the initial weeks of an emergency retain weekly meetings but make the case for fortnightly cluster meetings once the lifesaving element is past.

Recommendation: Make the case for government to strongly support their staff to prioritise attending cluster meetings in order to strengthen a coordinated response.

5.18. Complaints response mechanism

CRM was used in Nsanje and Chikwawa. This was a free toll phone, suggestion boxes and posters advertising the phone line. A desk by the side of distribution points was also planned and put in place.

There were 9 complaints received, one saying that numbers registered at camp were less than actual numbers, one saying they needed more support and the remaining 7 having issues with how fair the registration and distribution was. Three specifically asked GOAL/IR to investigate or be present at distributions. These were addressed through a mixture of collaboration with the Village Civil Protection Committees, camp management committees and Malawian Committee of the Red Cross.

Islamic Relief did not have a toll free number so also advertised Goal's number at times of distribution. Only the toll free number of GOAL was advertised in the posters so that people did not have to use airtime.

Many IDPs said they were very happy with the system. In post distribution exercises undertaken by Islamic Relief 100% of respondents said they were aware of the CRM system although none of those responding had used it. Others in one camp in Nsanje said they were unaware, others said they had no phones and did not know of other systems, others were nervous to complain because of any come back. Most focus groups were aware of the toll free service. One focus group was also aware of the post box. One camp group feared reporting – this was connected to the working of one specific VCPC. Another group mentioned that they did not have phones so could not use the phone system.

It was positive that a range of CRM were planned which accommodated the different circumstances of beneficiaries. It is also recognised that almost all CRM systems will not be able to reach a small proportion of the population. Nevertheless identifying the best methods of CRM for vulnerable people is an area that would benefit from future consideration in Malawi.

The camp management tensions observed at two camps as a result of VCPC roles had obviously been in place for some time and project agencies seemed unaware. There needed to be a link between camp management and the project implementors so that these could be raised quickly. A recommendation on stakeholder analysis and risk assessment to help address this in future projects is made earlier in the report.

Recommendation: NGOs to be sensitive to camp management tensions through camp visits and complaints so that concerns can be raised promptly through the appropriate channels.

Recommendation: A spread of CRM methods is ideal. Ensure a toll free number as well as other mechanisms agreed across all project areas at the outset of the project.

Recommendation: Research most appropriate CRM mechanisms appropriate to Malawi so that MANEPO has a system in place ready for future emergencies. Share the learning from this research with other partners for their consideration.

6. Analysis

6.2. Key DAC measurements

6.2.1. Relevance: Did the project meet the beneficiary' priorities? Was there a difference across different beneficiaries (by age, gender, etc.)?

Overarching needs assessment data before the project started found that the worst affected had already moved to camps and main problems (supported by government data) were concluded to be lack of food and NFIs.

This was reinforced by a more detailed needs assessment in the camps and areas to be targeted on day 3 of the project.

Cash seemed most appropriate in Blantyre given markets for food and non-food items were functioning. Although, intended for shelter, many chose to spend it on food as a more pressing need.

Some said shelter materials were more important in Blantyre, but this would have been more costly to implement. Some said more dignity kits should have been provided. Some other agencies were providing these (e.g. Save the Children Fund in Chikwawa). GOAL partnered with UNFPA to distribute these in Nsanje.

Once the immediate danger had passed, many beneficiaries were anxious to receive food, seed and shelter support so that they could leave the camps and re-establish their lives. These demands went beyond the scope of the limited timescale and lifesaving remit of the project budget which needed to focus on immediate lifesaving actions after the disaster.

In conclusion the project was effective as it did enable beneficiaries to address their main needs of hunger, risk of disease through the WASH awareness, food storage and shelter.

Geographically, with limited budget, it also reached the camps with greatest need and responded to changing circumstances as advised by DoDMA, meaning that camps that beneficiaries with greatest need as per Government advise had their needs addressed.

6.2.2. Efficiency: Were the least costly resources possible used to achieve the desired result?

The project budget against project spend is summarised in Fig 10 below.

Fig 10: Project expenditure against budget

	Budget	[Partner 1 - MANEPO] Expenditure	[Partner 2 - ISLAMIC RELIEF] Expenditure	[Partner 3 - GOAL] Expenditure	Total Expenditure
Implementation	186,693.07	£46,087.00	£63,716.00	£65,745.00	£175,548.00
Operations	23,980.68	£14,444.00	£3,975.00	£16,291.00	£34,710.00

ICR / NPAC	21,067.38	£7,889.00	£6,352.00	£8,202.00	£22,443.00
ALL	231,741.13	£68,420.00	£74,043.00	£90,238.00	£232,701.00

Overall the project delivered efficiently through the following:

- Efficiency was planned by allocating geographical areas and activities to each of the three agencies at the outset.
- Some operational costs (e.g. for Islamic Relief) were subsidised through other funding.
- Inclusion training right at the start before identification would have also ensured the vulnerable were fully included.
- Procurement was done through existing contacts and using in country suppliers therefore minimising transport costs.
- Value for money was secured through an existing supplier used by Islamic Relief that offered a beneficial rate for food and NFIs that kept project costs to a minimum.
- The proportion of direct implementation costs to operations was 75%/25%. (the 25% included 15% of in country costs and 10% head office costs) Project spend deviated from budget by 0.4%.
- Head office costs may seem to be high but cover the work between projects to position an organisation well for funding, as well as support during the project itself.
- Cost per head was (budget of 232,710, beneficiaries 29,485) £7.89. (947 M. Kw⁴).
- Good coordination was key to ensuring efficiency and avoid duplication and ensure resources were effectively spent not only for this project, but across all funders supporting the response to the floods and Cyclone Idai. The project implementors input into southern region coordination meetings was therefore also an important factor. (see coordination section above).

6.2.3. *Effectiveness:* Were the objectives achieved, what were the key influencers of this?

The aim of the project were to meet lifesaving needs for 21,750 of those vulnerable most affected by the crisis.

⁴ Based in exchange rate of time of project start (£1 = 946.80 M.Kw)

The specific objectives of the project, together with the effectiveness in achieving these is given below:

Objective	Effectiveness in achieving this	Influencers
Vulnerable were able to reach camps or otherwise receive immediate support;	Most in urgent need had already arrived at the camps by the time the project started. The project addressed the most pressing need of 29, 475 individuals in the camps and in Blantyre City.	Existing presence on ground. Expertise in camp management. Ability to bring in staff quickly. Logistical transport and procurement systems. Good relations with government at district level.
Ensure camps were well managed with adequate supplies and accommodation and protection standards;	Training was provided across 19 camps. Cash for accommodation was provided to 1,000 households in Blantyre.	Comprehensive training across Wash, age and disability, health was provided. The project assisted with food, NFIs and in Blantyre, cash.
Provide supplies of key food, non-food items and cash to address immediate needs;	Supplies provided 29,475 with either food and NFIs or Cash. This was delivered in week 2.	Rapid response across the three agencies was facilitated by (a) existing knowledge on the ground, (b) experienced staff that could be quickly mobilized (c) relations with existing suppliers and gDo clear coordination structures and procedures agreed across all agencies from the outset,
Deliver awareness raising activities to address sanitation and health concerns in the camps and surrounding areas;	Awareness raising together with latrine construction, bathroom construction and pot to pot chlorine distribution was prioritized and delivered to mitigate against high risk of disease.	Awareness raising early on in the project helped to prevent disease in the camps.
Alert other relevant stakeholders with other immediate needs of the vulnerable for action.	Scarce resources across the project were allocated to areas of greatest need in order to maximize benefit.	Attendance of district, regional and national cluster coordination meetings enabled advice to be given and used to direct activities to areas of greatest need.

The lifesaving objectives of the project were achieved effectively given the timeliness of the project

- All the three partners were able to pre-finance and therefore activities could be implemented despite funding coming in late.
- GOAL, MANEPO and IR had an existing presence in each of the three districts and could use existing mechanisms and contacts to communicate with individuals in the districts thus the quick implementation was possible.
- During the first days of the project entry meetings were conducted in the all three districts. Before the day 7 Rapid Needs Assessment for Older People was conducted and the report was written, hygiene promotion was conducted at Ngabu evacuation camp reaching 310 people and beneficiary identification in Chikwawa and Nsanje had started.
- Local district officials and camp committees have been involved in project implementation from the beginning and they have been proactive supporting the project.

The biggest challenge was the delay in the disbursement of funds. Fortunately all the partners were able to pre-finance before the funds were transferred.

Orders for food and non-food items were pressed but the supplier was unable to deliver the items as planned due to transport challenges. The items were supplied in the following week.

There have been some challenges in the ground, especially on the targeting of the beneficiaries, for example surrounding community would like to benefit as well and, in some locations, officers have been threatened. Camp protection committee was to resolve the issue.

Blantyre City Council Management suggested that we divert activities from unconditional cash transfers to providing food items. The request was appreciated but as markets are operating in Blantyre, initial plan was followed.

Some field officer specific comments are noted below with responses (in black):

- ‘There is need for proper verification of beneficiaries as some of them did not get registered despite that they are vulnerable affected victims (In response to this point it has to be noted that funds were not sufficient to include every beneficiary in each camp)
- There is need for proper collaboration with the stakeholders (in the main this was done with government officials).
- There is need to ensure that all beneficiary needs are met. For instance, most beneficiaries mentioned of the need for tents, sleeping mats and sanitary towels for women. However all these needs were not met’ (The project was based on the needs assessment and prioritised responses based on the 45 day emergency nature of the START fund focus on life saving activity immediately after an emergency).

The project timetable is given below (Please see the full detail in Annex 3)

Fig 11. Project timetable.

Day/week	Activity
Week 1	Day 2 Set up meeting Day 3 and 4 RNA in 6 camps across N and Ch. Day 5 assessment report Day 6 project briefing – N and Ch Day 6 NFI and Food orders (GOAL) Transport difficulties Day 7 project briefing implementors MANEPO members and govt
Week 2	Beneficiary registration GOAL Orientation to health committees GOAL Coordination meeting Blantyre with DODMA Day 10 reviewing CRM template and CRM awareness planning Beneficiary registration completed Water testing in 8 camps – 40% positive. Day 13 – protection committees orientated on GBV Day 14 hygiene messages (Chikwawa (c))
Week 3	Demographic data captured – Chikwawa Day 14/15 – hygiene messages – Chikwawa Day 16 and 17 – beneficiary identification – Blantyre Day 20 and 22 – Blantyre verification – Blantyre. Food items distributed Nsanje (N) Chikwawa – food and NFIs distributed Awareness raising in GBV – Chikwawa
Week 4	Food distribution completed – N Latrine construction continues – N Training for camp management in GOAL Contacted submitted to TNM – B Distribution of food and NFIs – Ch
Week 5	Field monitoring (joint team visit) N Age and disability inclusion training Cholera awareness training done in surrounding villages – N NFIs distributed – N Joint monitoring visit with Govt Outreach mobile clinics – N Follow up on those who have not yet received funds in Blantyre
Week 6	No specific activities
Week 7 (post project)	Post project meeting START report
	Evaluation data gathered

A midterm report summarising activities by day 22 was produced. This helped to take stock and ensure the timescale was on track and consolidate what needed to be done for the remainder of the project time.

6.2.4. *Impact:* What were the positive and negative changes produced by the intervention?

This project was specifically focused on addressing the vulnerable including older people. Of the 29, 485 total camp beneficiaries of this project, 16, 724 of these were women and 13,049 were men. 572 (2% of beneficiaries) were people with disabilities and 2,219 (8% of beneficiaries) were older people. Fig 11 overleaf gives the full breakdown of beneficiaries.

However for the targeted activity (cash transfers, NFI and food distribution) the proportions of disabled and older people were large – in line with the objectives of the project. 20 % of cash transfers were received by older people and 4% by people with disabilities. 36% of food and NFIs were received by older people and 9% by people with disabilities.

Fig 12 overleaf provides the breakdown of beneficiaries receiving support from the project. The impact of the activities on these individuals was as follows:

1. Health and protection committees regularly checked and followed up with vulnerable households to check for health, sanitation and any protection issues (e.g. safety, checking all could receive food and NFIs). This benefited approximately 2,494 vulnerable people.
2. Some activities had impact on the whole population of 24,945 across the 19 camps in Chikwawa and Nsanje. This impact resulted in:
 - ensuring camps were managed so that all are kept safe and also that vulnerable people receive essential food and non-food items, are safe, specific vulnerable cases are supported and transported to health clinics, specific concerns from camp residents are addressed
 - disease (including Cholera) was prevented amongst the camp population and their families through awareness raising, latrine and bathroom construction and water testing.
 - Coordination efforts across the districts enabled resources to be allocated in the most effective and efficient way across food and NFI in order to save life.
3. 3,500 vulnerable households received essential food preventing hunger. In most cases this was sufficient for two weeks supply. Some focus groups spoke of hunger after this period, having been in the camps for two months by the time of the evaluation.
4. Practical items were provided to the same 3,500 vulnerable households which were essential for daily living. clothes and body soap supported the water and sanitation orientation and other items supported the clean and safe preparation of food and collection of water.
5. 1,000 households (comprising 4,540 individuals) were able to repair or partial repair shelters and/or purchase essential food to prevent hunger through the receipt of unconditional cash transfers.

Fig 12: Break down of beneficiaries by activity

Activity and Impact	Location	Sector	Week started	Imp. Orgs	< 18 yrs F	18-50 yrs F	> 50 yrs F	< 18 yrs M	18-50 yrs M	> 50 Yrs M	TOTALS	Female (PwD)	Male (PwD)
Support for camp set-up, management and coordination - including effective protection mechanisms, WASH set up, liaison with health authorities.	19 camps in Nsanje and Chikwawa	Capacity Building	Week 1	GOAL, Islamic Relief	735	630	76	537	464	52	2494	25	17
Support for camp set-up, management and coordination - including effective protection mechanisms, WASH set up, liaison with health authorities.	19 camps in Nsanje and Chikwawa	Capacity Building	Week 1	GOAL, Islamic Relief	7354	6297	767	5368	4638	521	24945	254	156
Distribution of a basket of key food/non-food items to vulnerable displaced households in camps in Nsanje & Chikwawa (equivalent to 30,000 MKW x 1 month)	19 camps in Nsanje and Chikwawa	Distribution - In-Kind Items	Week 3	GOAL, Islamic Relief	984	440	1021	375	430	250	3500	167	160
Multi-purpose cash distribution for key vulnerable households in Blantyre urban (25,000 MKW per household x 1 month)	9 areas across Blantyre Urban	Distribution - Cash	Week 5	MANEPO	1350	732	227	1243	675	704	4540	99	63
WaSH - awareness raising, distribution of chlorine	19 camps in Nsanje and Chikwawa	Face-to-Face Communication / Sensitization	Week 1	GOAL, Islamic Relief	7354	6297	767	5368	4638	521	24945	254	156
Support for district level emergency response coordination	Nsanje and Chikwawa districts, Blantyre Urban	Capacity Building	Week 1	GOAL, Islamic Relief, MANEPO	7354	6297	767	5368	4638	521	24945	254	156
Monitoring and evaluation, including complaints response mechanism, post-distribution monitoring and final evaluation	Nsanje and Chikwawa districts, Blantyre City	PDM	Week 1	GOAL, Islamic Relief, MANEPO	7354	6297	767	5368	4638	521	24945	254	156
TOTAL (excluding double counting)					8704	7029	994	6611	5313	1225	29485	353	219

Fig 13: Beneficiaries views on project impact

- ✓ ‘The intervention has helped us to have easy access to the latrines.
- ✓ ‘The time the food items were distributed we had access to enough food/nzima.’
- ✓ ‘I use NFIs to fetch water for washing, bathing, serving food. On distribution day grandchildren relatives and volunteers helped in carrying the items so it is easy to obtain the items.’
- ✓ ‘Because of food items that we received I was able to sleep at night because we had something in the stomach.
- ✓ ‘My husband is always angry and unapproachable when he is hungry and because of aid from START fund he was less angry.’
- ✓ ‘I was using the buckets we received to fetch water for the house that I am constructing’

One reporting officer stated that ‘The project also looked at the most crucial area which was prevention of water related diseases through awareness campaigns and provision of sanitation facilities ‘.

Other staff stated the most positive aspects of the intervention were:

- Conducting of needs assessment ensured that gaps were identified
- Complaint mechanism ensure that beneficiaries issued their complaints and addressed accordingly
- Provision of sanitary facilities in all camps ensured that the victims have enough toilets and bathrooms

to avoid congestion

- Beneficiaries received the most basic needs which included both food and NFI
- Awareness campaigns ensured that victims are prevented from water related diseases through providing messages on hand washing, covering food and water, drinking safe and clean water, treating water with water guard etc

6.5. Sustainability: Will the benefits continue – what are the factors that contribute towards the achievement and non-achievement of this?

Although best practice (DAC) requires any evaluation to consider sustainability of a project, it is noted that the main purpose of this short project was to provide immediate lifesaving support to those displaced or severely affected by the March floods.

Nevertheless some elements of the project do have a sustainable element or have triggered other benefits that will continue beyond the project:

- 74 latrines and 22 bathrooms were constructed in camps. Some will remain where they can be of benefit to the local community (e.g. where they are near schools or community centres). In other areas latrine materials will be removed and stored for future use. ‘when we return home the toilets will help the community more especially kids that are at Phokera nursery school and also those that come for group games.’
- Training in WASH messages in order to prevent cholera and other diseases have been given, and a number of camps interviewees said that they would continue to use the messages to keep healthy in the longer term. Reporting officer Chikwawa ‘Communities

will continue to use the messages they were provided with during sanitation and hygiene awareness campaigns which could lead to behaviour change in terms of hygiene and sanitation.’

- Age and disability inclusion training was provided to camp management and others and may continue to be used.
- In large part as a result of being present on the ground through this project, all of the three organisations have been able to successfully secure continuation funding to provide support to those have been displaced with a mixture of shelter and home support. Funders confirming £1,334,000 include DEC, Swedish SIDA, Canadian GAC, Electric Aid, Self Help Africa, UNFPA and DfID. Other funding from DEC and UNFP of £86,000 is also pending.
- The presence on the ground has enabled a detailed RNA for older people to be conducted which has provide detailed understanding of the situation of OP at this time and supported advocacy at government, NGO and donor level to improve the systems by which OP and included and have their needs addressed in DRR and emergency planning.
- Developed the know-how of the MANEPO partner organisations.

Although beyond the scope of this project it is worth noting that Focus groups requested the following to assist returning to home or new sites and promote their own **sustainable** living:

- Seeds (maize, sweet potato, cassava)
- Building materials (tents, cement, land)
- Hoes
- Tents and more food items
- Land in higher areas
- Build houses on higher land and then rent houses to vulnerable with a view to them eventually owning.

One suggestion was to build houses on higher land and rent them back to vulnerable groups who would eventually own them.

Following this START project, all three agencies are been able to respond to many of these needs (e.g. tents, cash and shelter materials) through additional funding that they have now secured.

7. Adherence to quality standards and benchmarks

7.1. Humanitarian Inclusion Standards

The 8 key inclusion standards (listed in Fig 13 and detailed in full in Annex 4) ensure that disabled people are not disadvantaged, know their rights, are well supported by trained staff and are aware of a complaint's mechanism. Many of these standards were followed and 13 older disabled people who were heads of households were supported. Also key to ADCAP as that evacuation was supported by the community and all those interviewed said that they were aware of the complaint's mechanism, including people with disabilities.

Fig 14: Age and Disability Key Inclusion Areas'

- 1: Identification
- 2: Safe and equitable access
- 3: Resilience
- 4: Knowledge and participation
- 5: Feedback and complaints
- 6: Coordination
- 7: Learning
- 8: Human resources
- 9: Resources management

7.2. Core Humanitarian Standards⁵

The project adhered to the 9 humanitarian standards. In particular it addressed, standards 1, 2,4,5,6,7, 8 and 9. One area of future development, as mentioned above, could focus on building resilience through local capacity knowledge in age and disability inclusion.

The SPHERE and CHS standards use similar approaches to quality and accountability in humanitarian work.



⁵ Source: <https://corehumanitarianstandard.org/the-standard>

7.3. Sustainability Development Goals⁶

Whilst the project existed to achieve immediate lifesaving impact it did contribute towards three of the seventeen SDGs:

- 2. End hunger;
- 5. Gender equality;
- 10. Reduced inequalities;

7.4. CaLP Global Framework for Action⁷

CaLP's framework for action (Feb 2017) promotes using cash transfers where possible if markets are functioning, the need for post distribution monitoring, exchange of learning and best practice and promote organisational capacity building in this area.

Unconditional cash transfers was considered across all three areas and delivered in the area where transport had not been disrupted significantly and/or markets were accessible. The timeframe to be able to provide households with essential food and non-food items was also considered.

7.5. Leave no one behind

'Leave no one behind' is a Department for International Development (DfID) lead initiative that pledges to give everyone a fair opportunity and ensure those with the least opportunity will be prioritised. It also pledges to let people have a say and eliminating discrimination based on gender, age, disability or other factors. This project did challenge the social barriers with government and specifically focused on the most vulnerable, i.e. those most often left behind. It supported women in the majority and older people, many of whom were disabled.

⁶ Source: https://www.un.org/sustainabledevelopment/wp-content/uploads/2015/08/Factsheet_Summit.pdf

⁷ Source: www.cashlearning.org/downloads/calp-framework-web.pdf

8. Recommendations (Malawi 310 START Project focusing on Flood Response)

The three agencies successfully supported 29,425 vulnerable people in crisis with lifesaving support following the March 2019 flood. The fact that this was achieved over 45 days when roads were at times impassable and the three agencies had not worked together before is to be applauded.

The recommendations below are designed to further strengthen futures emergency responses:

1. System for prompt transfer of project funds to be put in place with clear responsibilities across different stake holders
2. Following an inception meeting hold a face to face finance meeting across all implementing partners to clarify financial procedures and requirements for the project.
3. Organisational team leads to meet face to face at the project outset to facilitate future communication.
4. Design/adopt a common registration form in preparation for future emergencies that assess vulnerability.
5. Ensure age and disability inclusion and other training are provided to camp committees so that they know how to effectively register beneficiaries and resolve any issues from the outset.
6. Risk assessment and stakeholder analysis to be included at start of intervention in order to mitigate against and plan for potential stakeholder difficulties.
7. Organisations supporting camp management to regularly be in contact with and monitor camp management so that any issues are identified rapidly and taken up with the appropriate authorities to quickly correct.
8. Ensure consultation is carried out on the food pack as part of the needs assessment prior to food pack purchase.
9. Put agreements in place with suppliers that can be mobilised in times of emergency.
10. Further build MANEPO member skills in needs assessment and humanitarian response to support future projects when a rapid response is needed, given their knowledge of localities.
11. Ensure robust monitoring on the day of collection and Post Distribution Monitoring exercise afterwards to follow up with those who have had to use other people's phones.

12. Ensure food allowance is provided for all those undertaking beneficiary and verification exercises, including volunteers, where significant distances have to be walked.
13. Ensure initial needs assessment includes consultation on the primary need for unconditional cash transfers.
14. Research and put in place a fit for purpose Complaints response mechanism that MANEPO will use in future emergencies for working with vulnerable groups.
15. Ensure PDM exercise includes following up with those who have had to use other people's phones.
16. Factor in enough time PDM budget as part of the initial project plan.
17. In order to enable older people and people with disabilities to be included in future emergency nutrition response, advocate at national policy level for older people and PwD to be included in nutrition policy.
18. Embed the inclusion of older people and people with disabilities in future projects alongside pregnant, lactating women and children in MUAC screening.
19. Build in sufficient funds for stationery and food for participants in all training and sufficient time for travel between training locations.
20. For committee training, where possible, ensure notice is given so that people can plan to be present and consider including refreshments on the briefing meetings.
21. Ensure that any gaps e.g. in health training or HSAs is emphasised at district and regional coordination meetings so that other agencies/government can take on this training responsibility.
22. Each agency should commit to attend coordination meetings, to engage with the local authorities, and to encourage other agencies in the response to do the same.
23. Plan capacity for Age and Disability training so that it can be timetabled and delivered at the outset of any project.
24. Consult on time of training sessions with camp population prior to setting the dates and times to ensure maximum attendance.
25. In the initial weeks of an emergency retain weekly meetings but make the case for fortnightly cluster meetings once the lifesaving element is past.

26. Make the case for government to strongly support their staff to prioritise attending cluster meetings in order to strengthen a coordinated response.
27. NGOs to be sensitive to camp management tensions through camp visits and complaints so that concerns can be raised promptly through the appropriate channels.
28. A spread of CRM methods is ideal. Ensure a toll free number as well as other mechanisms agreed across all project areas at the outset of the project.
29. Research most appropriate CRM mechanisms appropriate to Malawi so that MANEPO has a system in place ready for future emergencies. Share the learning from this research with other partners for their consideration.
30. Include briefing phone/WhatsApp discussion each Thursday alongside a written report.
31. Where not already in place. Agencies to consider creating and building the capacity of a roster of national emergency staff they can call on for emergency projects.

9. Conclusion

The project worked in the areas most severely affected delivering activity to vulnerable individuals.

The project provided lifesaving supplies and support to 29, 732 people over 45 days to replace food, non-food items and shelter that had been lost during the 5 to 8 March floods across 3 areas for the most severely affected vulnerable groups.

The achievement and impact of the project so quickly after the disaster and given the short project timescale was significant. This was particularly the case given that the three agencies had not previously worked together.

The project was effective, efficient and relevant in its delivery, providing value for money and significant impact.

Moreover it was successful in securing significant funds (amount) to continue the response and enable the resettlement of households.

The 31 recommendations in this report are designed to strengthen any future response.

Terms of Reference – Evaluation of START Fund 310 Malawi Background

HelpAge International is supporting a START Fund funded project implemented by Malawi Age Network for Older people (MANEPO), GOAL and Islamic Relief between 14 March and 28 April 2019. The project focuses on addressing the impacts of severe flooding in Blantyre City, Chikwawa District and Nsanje District through the provision of cash transfers, camp management support, hygiene and sanitation assistance, awareness raising supporting 21,934 disaster affected vulnerable people (including older people, pregnant and lactating women, children, People with disabilities)

In order to assess the impact of the intervention and maximise learning from the project, an end of project evaluation will be conducted.

1. Purpose

The external evaluation's purpose is to provide details of best practice and learning from the project on:

- (a) the impact of the intervention on beneficiaries; and
- (b) analysis of all processes conducted to implement the activities.

2. Dissemination and use

This information will be used to:

- Determine the extent to which the project met its objectives;
- provide internal learning and best practice for MANEPO, GOAL and Islamic Relief;
- support advocacy for the inclusion of older people, people with disabilities and other vulnerable groups as an important group to be explicitly considered in emergencies;
- provide findings that will support future learning and system improvement.

3. Process

The information will be gathered through:

- Literature review and document and analysis
- Briefing from key staff
- Field visits and observation
- Semi structured interviews/Key informant interviews
- Focus group discussions with beneficiaries and other stakeholders

Documents to include project proposal, inter agency needs assessment, follow on needs assessment, market assessment, draft project report, START fund report, complaints mechanism feedback and follow up, post distribution feedback and follow up, cash transfer procedures used, case studies.

Key informant interviews : MANEPO staff, GOAL staff, Islamic Relief staff, HelpAge staff, Older people, pregnant and lactating women, people with disabilities and children (cross

section vulnerable in different circumstances e.g. widow/widower, carers, male/female, disabled, lone households, female headed, age), staff of relevant Government agencies , other CSOs were advised and other stakeholders as recommended by MANEPO/GOAL and Islamic Relief other household members.

Focus group discussions: Older people, pregnant and lactating women, people with disabilities, children (cross section of widows, carers, male/female, disabled, lone (single person) households, female headed, by age), community leaders, staff/volunteers across the three areas, community leaders, other household members.

4. Key questions:

Key evaluation questions (DAC):

- Relevance: Did the project meet the beneficiary' priorities? Was there a difference across different beneficiaries (by age, gender, etc.)?
- Efficiency: Were the least costly resources possible used to achieve the desired result?
- Effectiveness: Were the objectives achieved, what were the key influencers of this?
- Impact: What were the positive and negative changes produced by the intervention?
- Sustainability: Will the benefits continue – what are the factors that contribute towards the achievement and non-achievement of this?

Key process questions (After Action Review)

- What actually happened?
- Were there any differences?
- Why were there differences?
- What would partners do next time?

Assessment of how this project dovetails with current strategic developments and guidance:

1. Humanitarian Inclusion Standards
2. Sustainable Development Goals
3. Extent to which project actions were coordinated with others involved in the response.
4. Core Humanitarian Standards
5. CaLP working group best practice
6. Leave no one behind

Annex 2: Project chronology

Location	Output of the activity	Output	Time	Participants
Lilongwe	<p>Inception meeting covering the following:</p> <ol style="list-style-type: none"> 1. Budget split by agency 2. Technical leads 4. Contractual arrangements 5. Targeting criteria 6. Definition package of NFIs/food items 7. Suppliers/transporters 8. Modality for cash distributions in Blantyre 9. Distribution/PDM forms/documentation 10. Complaints & response mechanism 11. Reporting requirements/channels/formats 12. Steering committee/management arrangements: 13. TOR for end evaluation. 14. Coordination and entry meetings 	<p>To ensure everyone has a common understanding of the project and their roles</p> <p>Smooth implementation of the project</p>	Day 2	MANEPO, GOAL Malawi and Islamic Relief representatives
Chikwawa, Nsanje	Conducted Rapid Need Assessment in 6 camps	Key issues on living conditions of the victims at the camps were identified	Day 3 and day 4	MANEPO, IR, GOAL

	Assessment Report	To find out gaps and need of victims residing in the camps	Day 5	MANEPO, IR
Nsanje	Conducted START entry meeting in with key people in Nsanje district	The key people were briefed on START project	Day 6	GOAL, Key partners on the ground
Chikwawa	District Council offices in Chikwawa	The council was briefed about Start project and they welcomed it	Day 6	IR, HSA, DPD, GOAL officials and an officer from department of agriculture
Blantyre	Entry Meeting	To introduce the project to Blantyre City Council. The project was introduced and approved by the CEO and other officials present.	Day 7	MANEPO, Assistant Director of Administration, and other key officials
Blantyre	Meeting with MANEPO Partners	To introduce the project to MANEPO members and assign duties.	Day 6	MANEPO
GOAL offices	Procurement of Food and NFI	The purchase orders were pressed for food and NFI but not delivered due to transport challenges		GOAL
Ngabu evacuation camp	Conducted hygiene promotion in the camps	It is a response intervention to the disaster with primary focus on prevention of diarrhoea disease in the camps. It was done using public address system and drama group The audience were targeted with key integrated messages to address crosscutting issue in the camp like child protection gender-based violence and rights of all vulnerable groups present in the camps apart from hygiene promotion. Hygiene promotions will continue next week. People reached were 310 females 125 males and 247 children.	Day 6	GOAL
Lalanje Phokera and Nthole camps in Nsanje	Conducted beneficiaries targeting in the 7 camps in readiness for the distribution of food items and NFI.	Managed to register in 3 camps of Lalanje Phokera and Nthole. In total so far 189 of 1750 beneficiaries were registered majority being the elderly with few children headed.		
Phokera, Chilimba, Nguda, Khope Nthole, Ngabu and Lalanje camps in Nsanje	Conducted orientations to health committee of all the 7 camps of Phokera, Chilimba, Nguda, Khope, Nthole, Ngabu and lalanje i	The activity was facilitated by the environmental department led by environmental health officers and senior health officers responsible for these camps. Ensuring that hygiene and sanitation issues in the camp and around the camp area are addressed and observed by the community in the camp in order to preventive outbreak of diarrheal diseases. 98 committee members were oriented (53 males and 46 females)		GOAL
Blantyre	DoDMA flood response coordination meeting	Briefing from partners on the ground - main objective of calling for the coordination meeting was to share experiences and understand as Government, what have been partners' actions and plans.	Day 9	Manepo, IR, GOAL and other key stakeholders i.e.

		<p>-Actions and plans were shared</p> <p>-IR, GOAL and MANEPO to shared activities done under Start fund Alert 310 Project so far and what are the plans for next week</p> <p>-It was agreed to have coordination meetings every week</p> <p>- Coordination meetings will ensure that the meagre resources from Government and partners will be directed to where there is need, thereby avoiding duplication of efforts.</p>		MRCs, WFP, UNICEF, Plan, IRR, Action Aid, ADRA, FIDS, United Purpose
IRM offices, Blantyre	Reviewing the CRM template	The MEAL team together reviewed a CRM template containing informative and warning messages on GBV, Child abuse, discrimination and other issues, that will be used on posters and will be pasted in various targeted camps	Day 10	MEAL team meeting to review CRM template
IRM offices, Blantyre	CRM awareness planning	<ul style="list-style-type: none"> • Date for the awareness have been set to Wednesday, 27th March 2019. IR and GOAL officers to conduct the activity • The budget for the awareness has been drafted and request for funds is still in progress • Relevant stakeholders have been contacted to get involved in the awareness campaigns • Services such as the PA system have been booked to be used during the awareness 	Day 10	
Mbenje Tengani Malemia Ngabu	Beneficiary registration for food and NFI items	Finished registration of 1750 beneficiaries from 8 camps of Kauzu, Nthole, Mguda, Chilimba, Khope, Phokera, Lalanje and Ntolongo. 1055 females and 695 males		GOAL
Nsanje	NFIs distributions	Distributed non-food items to 8 IDP camps reaching out to 563 families. 98 were elderly, 76 Pregnant and lactating women and 18 people with disabilities		GOAL
Nsanje	Water quality testing	A total of 35 Samples were collected in all IDP camps and villages that has been affected by the floods Out of 35 sampled water sources, 8 have tested positive representing 40% of the total sampled water sources.	Week 2	GOAL
Nsanje	Orientation of Protection committees	6 protection committees were oriented on their roles in the camps such as issues to do with child protection, GBV and other safeguarding issues. 30 males and 30 females. The committee was composed of 10 people with a representation of elderly, youth and disabled in the committee.	Day 13	GOAL
Nsanje	Hygiene promotions	Continued conducting hygiene promotion in the all the camps in collaboration with DEHOs office. A total of 10,292 people was reached out, 3825 females, 2678 males 3789 children. 411 elderlies (211 females and 200 males), 321 Pregnant lactating mothers, 45 disabled – (24 females and 23 men)		GOAL, DEHO

Chikwawa /Linga	Awareness campaign	115 people have been reached with hygiene messages	Day 14	IR
Chikwawa, Namira, Tiasamale, Medramu, Thabwa 1, Mwalija and Jombo camps	Registration of beneficiaries	Demographic data have been captured <ul style="list-style-type: none"> • 133 HH have been registered at Thabwa • 160 HH have been registered at Medramu • 72 HH have been registered at Namira camp • 165 HH have been registered at Tiasamale camp • 364 HH have been trimmed have been registered Mwalija 		IR
Chikwawa: Linga, Namira, Tiasamale, Medramu, Thabwa 1, Mwalija, Mbiya, Nkhwangwa , Tusida and Jombo camps	Verification exercise	<ul style="list-style-type: none"> • Figures have been crosschecked and corrections have been made where there were anomalies • 128 HH have been verified at Tusida and people are still at the camp with very miserable life • 164 HH have been verified and people are still at the camp • 230 HH have been verified at Nkhwangwa and people are still at the camp • 65 HH have been verified at Thabwa 2 and people are still at the camp 		IR
Chikwawa: Namira, Tiasamale, Medramu, Thabwa 1, Mwalija and Jombo camps	Awareness campaigns	3,576 people have been reached hygiene messages in all the 6 camps	Day 14 and 15	IR
Blantyre, Manepo office	Orientation of volunteers (Manepo members)	Volunteers were equipped on how to identify beneficiaries and the selection criteria was explained so that only the well deserving beneficiaries benefit from the project.	Day 14	Manepo
Blantyre urban	Beneficiary identification	Beneficiaries were identified in some areas though the exercise is still ongoing.	Day 16 and 17	Selected Manepo Members
Blantyre Urban	Beneficiary verification	Beneficiary verification done in all the wards (741 in total) apart from Machinjiri (50 remaining).	Day 20-22	Manepo members
Nsanje Nthole, Mguda,	Food distribution	Food items distributed to 1179 HH		GOAL

Chilumba, Khope, Phokera, Lalanje and Ntolongo camps		357 OP, 214 Pregnant and lactating women, 121 chronically ill, 381 females headed HHs, 5 children headed HHs and 101 people with disabilities		
Nsanje Lalanje, Phokera, Mguda, Chilumba, Ntolongo	Latrine construction	Commenced construction of temporary latrines in in 5 camps of lalanje (6 for male and 6 for female), Phokera (4 for male and 4 for female), Mguda (4 for male and 4 for female), Chilimba (3 for male and 3 for female) and Mtolongo (4 for male and 4 for female). So far 34 latrines are in progress at roofing level.		GOAL
Chikwawa: Namira, Tiasamale, Medramu, Thabwa 1 and Kasisi	Distribution of food and non-food items	894 HHs received food and non-food items. 133 from Thabwa ,160 from Medramu, 165 from Tiasamale, 72 from Namira and 364 from Kasisi	Week 3	IR
Chikwawa: Linga, Khwangwa, Mbiya, Tusida and Thabwa 2	Registration, Verification	472 HHs have been registered and verified at Linga camp. 264 HHs have been registered and verified at Khwangwa camp. 165 HHs have been registered and verified in Mbiya camp. 128 HHs have been registered and verified in Tusida. 65 HHs have been registered and verified at Thabwa 2 camp.	Week 3	IR
Chikwawa: Linga, Khwangwa, Mbiya, Tusida and Thabwa 2	Awareness campaigns	awareness messages on Gender Based Violence, Social welfare issues, disability and older people inclusion and complaints mechanism Linga camp 1930 individuals have been reached Khwangwa camp Approximately 650 individuals have been reached Mbiya camp. Approximately 456 individuals have been reached Tusida. Approximately 380 individuals have been reached Thabwa 2 camp. Approximately 293 individuals	Week 3	IR
Chikwawa Thabwa 1 and Medramu	Post Distribution Monitoring	120 respondents were interviewed at Thabwa and Medramu Camps (60 at each camp)	Week 3	IR
Nsanje	Food distribution	Completed food distribution to 1750 (479 elderly, 153 disabled, PLW 448, Chronically ill 147, female headed household 517 and child headed 6.) beneficiaries from all the 8 camps	Week 4	GOAL

Nsanje district Camps: (8)	Latrine construction	Continued construction of temporary latrines in in 8 camps of Lalanje, Phokera, Mguda, Chilumba, Nthole Kauzu, Chilimba and Mtolongo. 38 latrines are in full operational 19 for men and 19 for women. 13 latrines are under construction	Week 4	GOAL
Nsanje district (8 camps)	Training	Conducted training for the camp management in all the 8 camps on above the areas In total 95 participants were trained 57 males and 38 females.	Week 4	GOAL
Nsanje Camps: Phokera Lalanje	Field monitoring	Steering committee of Alert 310 project (Representatives from Goal, Islamic Relief and MANEPO) visited Phokera and Lalanje camps and had discussions with the representatives from protection, health, camp management committees, elderly and pregnant lactating women. They had time also to see the latrine constructions.	Day 29	GOAL, IR, MANEPO
Nsanje Chikwawa	Age disability inclusion training	The purpose of the age and disability inclusion training was to ensure that services at the camp are age friendly. Committee members of following IDP camps in Nsanje were sensitized Nthole, Kaudzu, Mphamba, Ntolonga Lalanje, Phokera And in Chikwawa Mwalija, Jombo, Nkhwangwa, Mbiya, Thabwaz, Tusida, Namila, Thabwa, Tiasamale, Medramu. Total number of protections, health and management committee members orientated was 141 and 9 HSAs. 88 were men and 53 women.	Day 27-29	MANEPO
Blantyre	Distribution of sim-card to beneficiaries without sim-cards.	Sim cards were distributed And Beneficiaries that received sim cards registered for Mpamba	Week 4	MANEPO
Blantyre	Submission of Beneficiaries list and contacts to TNM	Contacts were submitted to TNM and they were verified.	Week 4	MANEPO
Blantyre	Transferring funds to TNM	Funds were transferred to TNM	Week 4	MANEPO
Blantyre	Transferring funds from TNM to beneficiaries Mpamba accounts.	TNM transferred the funds to beneficiaries with an active account.	Week 4	TNM
Chikwawa Jombo, Linga, Khwangwa Mbiya, Tusida and Thabwa 2 camps	Distribution of Food and Non-food items	<ul style="list-style-type: none"> • 164 HHs benefitted at Jombo • 253 HHs benefitted at Linga • 160 HHs benefitted at Khwangwa • .134 HHs benefitted at Mbiya • 55 HHs benefitted at Thabwa 2 • 90 HHs benefitted at Tusida <p>Total: 856 HHs</p>	Week 4	IR

Chikwawa Thabwa 1 Thabwa 2, Khwangwa, Tusida, Mwalija camps	Assessment of the camps for provision of sanitary facilities	<ul style="list-style-type: none"> • Thabwa 1 has no toilets of their own as they use 4 school toilets, which are not enough. There are also 2 locally constructed bathrooms which are made of grass and plastic papers • Thabwa 2 has 2 toilets and 2 bathrooms. All locally constructed using grass • Khwangwa has 5 school toilets, well-constructed but not enough and 3 locally constructed bathrooms made with plastic papers and grass • Namira has 2 toilets and 1 bathroom. All locally constructed using grass • Tusida has 2 bathrooms and 2 toilets. All locally constructed using grass • Mwalija has 5 toilets and 4 bathrooms. All locally constructed with grass • Mbiya has no toilets. They use school toilets which are also not adequate. They have no proper bathrooms • Linga has 3 toilets and 3 bathrooms. All locally constructed with grass • Medrum has 4 toilets and 4 bathrooms • Namira has 1 locally constructed bathroom and 2 toilets well-constructed for under five clinics • Jombo has 12 toilets and 10 bathrooms, locally constructed using grass • Medrum has 4 toilets and 4 bathrooms. All locally constructed • Tiasamale has 1 toilet made with plastic papers and 2 bathrooms 	Week 4	IR
Nsanje -Mbenje -Tengani -Malemia -Ngabu	Hygiene Promotions in Cholera hot spot villages	<p>Cholera awareness campaigns on the prevention was done in the areas hit by Cholera in the villages surrounding IDP camps in TA Tengani.</p> <p>The following are the villages where hygiene promotions were conducted: Dumba, Chikhawo Mgona, Ntolongo, Mthumba, Mwendothengo and Nthondo.</p> <p>Total attendance were 1238 people. (OP 68, Disabled 2, PLW 139, Male 279, Female 390 and Children 366).</p>	Week 5	GOAL
Nsanje, Ntolongo camp	NFI's distribution	Distribution of Non-Food Items were conducted at Ntolongo IDP camp. Items distributed were; 217 plastic plates, 69 tablets of soap, 96 plastic basins, 256 plastic spoons, 155 ORS, Plastic tapped buckets and 3 blankets. These items were distributed to 64 households.	Week 5	GOAL
Nsanje: Lalanje Phokera Mguda Chiluba Nthole Kaudzu Chilima Ntolongo	Latrine Construction	<p>Continued construction of temporary latrines in in 8 camps of Lalanje, Phokera, Mguda, Chiluba, Nthole Kauzu, Chilimba and Mtolongo.</p> <p>44 latrines are in full operational 22 for men and 22 for women. 5 latrines are under construction</p>	Week 5	GOAL

Nsanje	Joint monitoring visits with government authorities in the IDP camps.	<p>Government staff from Community Development, Social Welfare, DHO and Water Department joined GOAL team to the IDP camps to on different areas of Protection, Health, Water and welfare in the flood camps.</p> <p>Camps and people met during supervision were; Lalanje F18 & M12, Chilimba F14 & M17, Ntolongo F32 & M20, Mguda F28 & M31, Kaudzu F33 & M9, Nthole F14 & M17, Chilumba, Phokera, Bitilinyu F11 & M14, Marka F19 & 41, Ndamera F36 & M 12, Mpomba F42 & M37, Dinde F28 & M10 and Matunda F 39 & M22.</p> <p>Total number for people met is 545.</p> <p>The following are findings during supervision; Bottle necks in camps: Unavailability of hand washing soap in the toilets, almost all camps have bath shelters, drop hole covers missing in other toilets and where available not fully utilised, Intermittent support of relief items (food), Improper handling of chlorine, no recovery items being supplied to people living in camps hence prolonged their stay in the flood camps.</p>	Week 5	GOAL
Nsanje	Conducted pot to pot Chlorination in villages surrounding IDP camps	<p>Conducted a door to door chlorination in the following villages with number of households reached so far by the MOH;</p> <p>Ntolongo 121hhlds, Mguda 71hhlds, Chikhawo 248hhlds, Chokolo1 141hhlds, Chazuka 270hhlds, Mgone 177hhlds, Andiseni 81hhlds, Muwawa 55hhlds, Nkhuku 102hhlds, Chokoloz 164hhlds, Chituwi 41hhlds, Kalenso 139hhlds, Jambo 117hhlds, Tambo 191 hhlds, Brighton 87hhlds, Samuel 101 hhlds, Mwanabowa 149 hhlds Kadamera 61 hhlds.</p>	Week 5	GOAL
Nsanje: Lalanje Chilimba Phokera Chilumba Ntolongo Mguda Nthole Kaudzu	Outreach clinics in the IDP camps	<p>Conducted outreach mobile clinics in flood camps of Nsanje through the DHO officials. Camps targeted with number of people reached were;</p> <p>Lalanje 35 ppl treated, Chilimba 42 ppl treated, Phokera 27 ppl treated, Chilumba 31ppl treated, Ntolongo 17ppl treated, Mguda 27ppl treated, Nthole 51ppl treated and Kaudzu 42 treated.</p>		
Blantyre	Follow up/ Finalizing cash distribution.	<p>Some people did not register for Mpamba (mobile money) though they were given TNM sim-cards, hence they haven't got the money. Further follow-up will be conducted next week.</p>	Week 5	MANEPO

Annex 3: Age and Disability inclusion – key issues raised by training participants to consider in camps

The following issues were raised during the Age and Disability inclusion orientation:

1. Human Rights

- The group was asked to define an older person and provide some of the rights that older persons have. Thereafter, they were taken through the standard definitions.
- In camps where data segregation for older started above 65, they were requested to update their lists of Older People starting from 60 years
- It was a general concern that most of the older persons do not know their rights and hence not able exercise these rights

2. Inclusion Standards

- The committees were taken through all the inclusion standards. Each explained in reference to daily activities of the camp. The committees were given time to explain how the standards are being used in the camps
- It was noted that most of the standards are being implemented in the camps for instance identifying and assessing needs, older persons being included and not negatively affected, receiving well-coordinated relevant assistant, feeling safe to share complaints among others
- It is a challenge in some of the camps when it comes to older persons being involved in decision making
- Older persons & disasters: It was discussed that older age brings reduced mobility and muscle strength, impaired sight and hearing, and greater vulnerability to heat and cold. Minor conditions can quickly become major handicaps that overwhelm a person's ability to cope. Many frail or housebound older people are less able or willing to flee quickly or protect themselves from harm. Older people can struggle to obtain food, travel long distances or endure even short periods without shelter. Hence, the need for well-Coordinated and relevant support to older persons.

3. Health

- It is a challenge for older persons to access health services as the clinics are far from the camps and if they happen to reach the health centers, they are delayed in accessing help because of long queues
- People with mobility concerns face challenges in accessing health services
- Mobile clinics are available but only target children under the age of 5 and pregnant women.
- Because of this challenge most camps have arranged with the health centers for outreach services to meet the needs of the most vulnerable especially the Older Persons and People with Disabilities
- Mobile clinics are available in most of the camps. HSAs conduct weekly visits in the camps and treat illnesses. They also advise if any health cases need further medical attention and referral letters are provided
- Older persons with mobility issues are helped within their shelters in the camps

- It was suggested that leaders in the camps should educate the **victims** on the availability of help in the hospitals
- Anyone from the camp is provided with referral letter and are prioritized when in the health centers
- Some of the committees have savings that are used in providing transportation to health centers for the most vulnerable groups that cannot access the services on their own (*Medramu camp*)
- Nsanje DHO has introduced 2 mobile clinics for the camps in the district (5 days a week)

4. Nutrition

- The issue of nutrition is quite challenging in most of the camps. This is because families do not have enough appropriate food. The risk of malnutrition is much higher in children and older people. This is particularly because of isolation during distribution, different dietary needs and difficulties to access the food aid distribution points, prepare food and reduced appetite due to sensory impairments, dental problems etc.
- Cases of malnutrition have been reported and are high among children and older persons

5. Shelter

- With most people having fled to the camps, there is a shortage of space. During the discussions, it was explained that if not provided with shelter by family older people end up sleeping on the cold, hard or damp floor. In extreme cases, in some of the camps there is no proper gender separation.
- Tents have been provided in most camps to reduce congestion in sleeping space. Where tents are not enough, temporary shelters have been built made from plastic papers.

6. Protection

- Security concerns are low in most camps with a few cases of theft present. The protection committees in the camps are responsible for the security in the camps.
- It was reported that a few cases of theft could arise after distribution of food and NFI especially among older persons and people with disabilities.
- Hence, sub committees have been established in the camps looking at the safety and welfare of the vulnerable groups
- It was noted that older persons and people with disabilities are not able to leave home in case of disaster. During evacuation, they were the first to be evacuated from the floods. However, most of their assistive aids were lost
- Cases of separation among families are on the low side. In the targeted camps, only one case was reported.
- Siblings were separated during the evacuation and both their parents died. They have been reunited and residing in one of the camps with their grandmother

7. Wash

- In most of the camps, it was noted that water points and sanitation facilities are a distance from the shelters. This creates difficulties for older people to reach and access these facilities.

- It was noted that the health committees in the camps are working hand in hand with the people in the camps as well the HSAs in making sure hygiene is followed in the camps
- Sweeping and cleaning of the sanitation facilities is the daily activity of the camps where chores are rotated among the different age groups

8. Social Welfare

- In order to make sure older people can submit their complaints, committees in most camps have formulated sub committees where people in the camps can report.
- Older persons usually do not voice their concerns unless they are empowered to. Committees have conducted camp meetings with the vulnerable groups in order to urge them to voice out their concerns
- These sub committees are age and gender sensitive to make sure all groups of people in the camps voice their concerns without fear or any hindrance
- During distribution, pregnant women, older persons and people with disabilities are the first ones to receive support. For older persons with mobility issues, assistance is organized by the committee. However, it was noted that some camps still have challenges in making sure older people have access to the distribution points as well as the items, especially older persons who live alone

Annex 4: Registration criteria (guidance used from GOAL)

Community-based targeting criteria validation: Beneficiaries selection will be community-based using the Joint Emergency Food Aid Programme (JEFAP), which is also used for WFP's food distribution targeting process. These criteria are well accepted and combines factors under the following categories:

Economic criteria:

- Household owning less than two acres of land and unable to hire labour
- Households without major livestock (e.g. cattle, goats, sheep, pigs and poultry)
- Households without formal wages
- Households without regular income generating activities
- Households dependent on piece work (*ganyu*) for daily food
- Households having less than three months of food stock starting from harvest time
- Households that have withdrawn children from school to work for food

Social criteria:

- Households caring for chronically ill patients
- Child-headed households
- Female-headed households
- Elderly-headed households
- Households caring for persons with disabilities.

Much as the criteria above are widely accepted and used for cash transfer programmes in Malawi, some areas are new to cash transfers. Therefore, the criteria will be shared with the local communities prior to their application for the targeting process to provide them an opportunity to review and understand the criteria bearing in mind the social and economic conditions unique to their specific context. It is evident that the understanding of the criteria by the community determines the perception and ultimately, the overall success of the cash transfer programme⁸.

- 1.1 **Registration and verification of beneficiaries:** The community-based registration process will be carried out by a committee consisting of members from the Village Civil Protection Committee (VCPC), faith-based groups, and village leaders. Each community will be given a target number of beneficiaries, duly determined in accordance with the findings of the MVAC report. During the past two cash transfers (2012/13 and 2013/14), the consortium lobbied with the communities that at least 60% of cash transfer recipients should be women. The consortium plans to have the same target for the current response. Children under the age of 18 are expected to comprise at least 52% of beneficiaries. Core project staff and government counterparts will communicate the dates and times of registration in advance to communities via the DCPCs.

Using the agree selection criteria, the targeting committee will produce a list of eligible households, who will thereafter be confirmed to be eligible by the project staff through group verification (an open meeting in the village, at which the names of beneficiaries will be read out, giving community members the opportunity to validate or contest the names on the list). The project staff will further conduct door-to-door verification (individual household visits) to 5-10% (actual % to be decided based on the outcome of the group verification: the higher the inclusion/exclusion errors identified at group

⁸ The INGO previous cash transfers have been successfully partly because the majority (97%) of the community understood the criteria (Evaluation reports 2012-2013 and 2013-2014 Cash transfer programmes).

verification, the higher the percentage to be sampled for door-to-door verification) randomly sampled households. This step is necessary to minimise the risk of “elite capture” in the targeting process. The Consortium has ensured that the right beneficiaries are included in the previous cash transfer programmes⁹. In case any serious disagreement on eligibility that cannot be resolved at the village level, the District Civil Protection Committee (DCPC) will arbitrate with a member of the project staff team. Upon completion of the door-to-door verification, a final list of beneficiaries will be produced and shared with the community. Beneficiaries will continuously be monitored, and they will be replaced (community-based) with eligible ones, should they be found ineligible during Post Distribution Monitoring (PDM).

The Consortium plans to use the mobile money payment system provided by Airtel, as has been the case in the past responses. Where network coverage is insufficient, other means may be used to complement e.g. banks. The identified payment provider will be responsible for registering beneficiaries onto the payment system, providing hands-on support and thorough explanation of the technology. The registration will be monitored by project staff and government counterparts to ensure effectiveness. The beneficiaries will be able to register for the selected payment system using either their voter ID number or a letter signed by the village headman confirming their identity. Airtel has standard Know Your Customer (KYC) forms approved by the Reserve Bank of Malawi (RBM), which they will use to effectively support the targeted beneficiaries. Photographs will also be taken of each beneficiary. An individual or group of individuals within the community will be identified to provide on-going support to community members on using the system. These are likely to be individuals with higher levels of literacy/numeracy and familiarity with technology who can support beneficiaries in the absence of payment providers or project staff. From the consortium’s previous experience with Airtel, we have observed that beneficiaries (even those with literacy/numeracy constraints) have been able to learn how to use Airtel Money quickly

⁹ Evaluation reports for 2012-2013 and 2013-2014 Cash Transfer programmes: 97 and 99% of the beneficiaries, respectively, considered the selection process to fair to very good.

Annex 5: Age and Disability Key Inclusion Standards¹⁰

1: Identification

Older people and people with disabilities are identified to ensure they access humanitarian assistance and protection that is participative, appropriate and relevant to their needs.

2: Safe and equitable access

Older people and people with disabilities have safe and equitable access to humanitarian assistance.

3: Resilience

Older people and people with disabilities are not negatively affected, are more prepared and resilient, and are less at risk as a result of humanitarian action.

4: Knowledge and participation

Older people and people with disabilities know their rights and entitlements and participate in decisions that affect their lives.

5: Feedback and complaints

Older people and people with disabilities have access to safe and responsive feedback and complaints mechanisms.

6: Coordination

Older people and people with disabilities access and participate in humanitarian assistance that is coordinated and complementary.

7: Learning

Organisations collect and apply learning to deliver more inclusive assistance.

8: Human resources

Staff and volunteers have the appropriate skills and attitudes to implement inclusive humanitarian action, and older people and people with disabilities have equal opportunities for employment and volunteering in humanitarian organisations.

9: Resources management

Older people and people with disabilities can expect that humanitarian organisations are managing resources in a way that promotes inclusion.

¹⁰ Source: <https://www.helpage.org/newsroom/latest-news/new-humanitarian-guidelines-launched-for-ageing-and-disability-inclusion/>

Annex 6: Case Studies

Case Study 1: Lucy Zingalote, 19

Lucy Zingalote (picture above) is a 19 year old woman, who comes from Chadula Village at T/A Mulilima. Before the floods, Lucy used to stay alone, after being impregnated by a man who rejected responsibility of the pregnancy. She explained that she used to stay with her mother, but the mother remarried and went to stay with her new husband. Life for Lucy has been hard since then because she has no support to take care of the pregnancy as well as enough food as a pregnant woman who needs enough nutrients in her body.



She explained that life was even hard before the floods and is now even harder due to the floods that damaged her house and property including kitchen utensils. “To be honest, I have been through a lot and I have seen it all. I have been suffering and stressed since I got pregnant. I was staying with my older sister after my mother left for her new marriage. When I got pregnant, my sister told me she couldn’t keep me any longer because she was scared of her husband if he found out. I was very devastated because I had nowhere to go so, I went to my grandfather’s house to ask for a place to stay so he gave me a house right in his compound”. Lucy explained. “I had to stay in the house that I was given because I had no other option even though the house was not in good condition but still I was relieved that at least I had a place to stay. The house was grass thatched and used to leak a lot”. She narrated. She also explained how finding food was also a challenge for her and she used to do piece works to buy food.

When asked about what happened on the day her house collapsed, Lucy sadly explained that it was in the afternoon and it was raining heavily. “Luckily, I was outside at that time and there was no one in the house. I shockingly watched the house collapse and it was fully damaged on the spot. All property was damaged, and I was only able to rescue clothes. Both toilet and bathroom that we were sharing with the other houses also collapsed”. She said she came at Tiasamale camp in early February. However, before coming, she was staying with a neighbour temporarily after her house collapsed and then decided to seek shelter at the camp.

Lucy explained that life at the camp have not been easy as she faces a lot of challenges such as shortage of food, congestion due to small sleeping space, among other challenges faced. “Since coming to the camp, we have only received maize flour and soya pieces from a shadow MP. However the food was not enough and if Islamic Relief did not come to our rescue, I don’t know what we would do”. I am really grateful to Islamic Relief for the assistance rendered. I am really short of words. They should not stop there but continue the good work”. Lucy further explained that she would be more grateful if there could be further assistance in form of seeds, hoes, beddings, sleeping mats and money to buy basic needs. “



Picture 2: Lucy admiring the items she received from IRM



Picture 3: IRM MEAL Officer documenting a case study with Lucy

Case Study 2: Michael Yohane, 64

Michael Yohane, a 64 year old man is one of the floods affected victims staying at Thabwa camp. Michael is a farmer and married with 5 children, 3 girls and 2 boys. Michael comes from John village, T/A Mulilima.



Michael explained that before the floods, he was having enough to eat as he is a farmer. “We used to eat three times a day and we had no worried concerning food. Life was good not knowing one day we would lack food to eat.

Michael explained that he was staying in a grass thatched house with his family. However, the house was leaking for a long time despite covering with papers but was always brown away by strong winds. When asked how he survived staying in such kind of house, he explained that he had no other option.

Michael narrated what happened on the day his house collapsed. “When heavy rains came, we were sleeping then I noticed the roof leaking so badly. Just after seconds, the wall collapsed. We all rushed outside and stood in the rain as there was not any other shelter we could seek. Luckily, no one was injured as we escaped before the house collapsed. However, we lost all property as it sank under the water. Properties such as clothes, pots, food and hoes were all damaged in the process. In short no property was rescued. Bathroom, latrine and kitchen also collapsed in the process”.

Michael and his family came at the camp early March and explained that since they came, they have never received any assistance, it is only IRM that have helped them with various items. He also explained that life at the camp have not been easy as they are facing a lot of challenges such as shortage of food, diseases such as malaria and diarrhoea in children, congestion, lack of mosquito nets, lack of hygiene and shortage of water as they use school borehole which is hard to collect water during school hours. He however said that what he worries most is being separated from his wife since men and women sleep separately so he misses having “special time” with his wife.

When asked how he feels now that they have been assisted with relief items. Michael could not hide his joy as he was continuously smiling and said, “My life and that of my family will change for the better. I was not expecting I could get such kind of help. Now I have bathing soap and will be able to eat food with cooking oil which was not the case before. They should continue to help us, even our friends who are also in similar

situation like us. I would also like to ask IRM if they could also help us with hoes, farm inputs such as seeds and fertilizer, kitchen utensils and mosquito nets.



Picture 2: Mr. Yohane smilingly looking at the bathing soap he received from IRM



Picture 3: IRM MEAL Officer documenting a case study



Picture 4: Michael and his wife

Case study 3: Case of Christopher Stain



CS has been at Mwalija camp for 2 months, He stays alone, He received maize, flour, plastic pails and plates. He appreciates that the items have been of help to him. He does not go to the distribution points because he has a physical disability caused by a fall. He fell from a tree some years ago. He currently finds it difficult to walk. He was divorced wife following the accident, when he was in Blantyre hospital.

His child who does have a bicycle and a small business helps him to carry relief items to his shelter. He currently walks 30 to 40 metres to get latrines and bathrooms. His married daughters sometimes assist him cook food and fetch water.

Case study 4. CASE IF ALICINA SIMON



Alicina stays at Mwalija camp. She was rescued by fishermen who used boards to carry her to the shores where she walked to the road to Majete. Where she was carried by a vehicle to the camp.

Aliciana stays with her granddaughter who cooks and fetches water for her., Currently she has no food and depends on other people for assistance. She has no problem in getting water because her granddaughter receives for her. She has visual problems.

CASE STUDY FOR YOUTH HEADED HOUSEHOLD



Prosperity Katola (in the picture above) is a 25 year old young lady, based in Machinjiri, Blantyre. She is the first born in a family of 6 children. There are 2 girls and 4 boys in the family and their names are; Emmanuel Katola (21), Kenneth Katola (21), Esmie Katola (17), Ephraim Katola (15) and Promise Katola (12). Prosperity is the head of household as she took over responsibility after death of her mother who died in 2016, making them orphans. The mother was the last surviving parent after their father also died in 2012.

Prosperity, being the eldest among the children provides for the family as she does not get any support from their relatives. She explained that she finds means on her own to support herself and siblings. "Lucky enough, my mother left a plot with two houses, we used to rent out the other house, but we have since moved in the rented house, as the house we used to stay in collapsed. It collapsed in March this year during the heavy rains that damaged houses and property in the area. It was around 2 pm when the house collapsed and lucky enough there was no one in the house so no one got injured. I had earlier told my siblings not to be in the house as it was at risk of collapsing due to the persistent heavy rains that occurred the previous day. I managed to buy a black plastic paper to cover the part that collapsed. That is when I asked our tenant to move out so that we can move in since it was risky to stay in the collapsed house". She explained

Prosperity has seen it all as she has faced many challenges at her age. "I fought for this plot otherwise we would be at the village by now. After the death of my mother, some uncles wanted to take away all property from us including these two houses. I had to seek help from the district commissioner's office who reported the matter to ministry of land and we finally took what is ours. However, since then no relative visits us because apparently, they are still angry that they failed to take away the plot from us". She explained

When asked what she does as a source of income, Prosperity said that she usually does piece works and earns very little money which is not even enough to support her family. Her younger siblings also ended up being engaged in child labour in order to meet their own needs.

"Most of the times I do piece work since I am the one who provides for my family, so I have no other option. Sometimes I wash clothes in people's houses and surprisingly, they sometimes pay me more than enough, but I know it is because of what I go through. The huge responsibility that fall on me affected me in so many ways. Last year I wrote my MSCE but did not do well because I had to balance concentration between school and family responsibility, which was not easy, hence I could not find

enough time to study. I would also think a lot hence being stressed most of the times considering the huge responsibility I hold". She explained

Sadly, two of her siblings, Emmanuel and Kenneth who are twins, dropped out of school when they were in form 2, due to lack of school fees. "I really wish my parents were alive, I really envy people

that have parents to look up to. As for me, every day as I wake up everything waits on me, I have to make sure that I find food to feed my family, buy basic needs and pay bills. Lucky enough, Esmie my other sibling got scholarship from well-wishers and now she is in form 2 at Umbwe Secondary school". She explained

"I was one of the beneficiaries of the cash transfer from IR and MANEPO. I was glad as the money came at a time, I needed it the most. I used the money to mould bricks in order to repair the damaged house". She said. She further explained that she however still faces a lot of challenges such as shortage of food and sometimes they sleep on an empty stomach and also, they now do not have enough kitchen utensils as most of them got damaged when the house collapsed.

When asked to utter her final words, Prosperity said that she was short of words for the assistance rendered. "I never expected such kind of assistance seeing that one of the organizations that took part in providing the assistance is Islamic Relief and being a Christian, I never expected I would also benefit but I am very happy because the K25,000 that I got made a difference in my family. I used the money to mould bricks, buy food and clothes for my youngest siblings, Ephraim and Promise". She expressed her gratitude.