

MALAWI INTER-AGENCY REFUGEE APPEAL

January – December 2016



AT A GLANCE

This inter-agency refugee appeal aims to reflect the coordinated efforts to-date in response to the influx from Mozambique to Malawi, and highlight the most urgent unmet needs in humanitarian assistance. The immediate gap is for the current 11,600 Mozambican refugees, notwithstanding the overall estimated planning figure based on the current assumption that, by the end of 2016, there could be up to 30,000 refugees in Malawi.

Partners in the response work in close cooperation with the Government of Malawi.

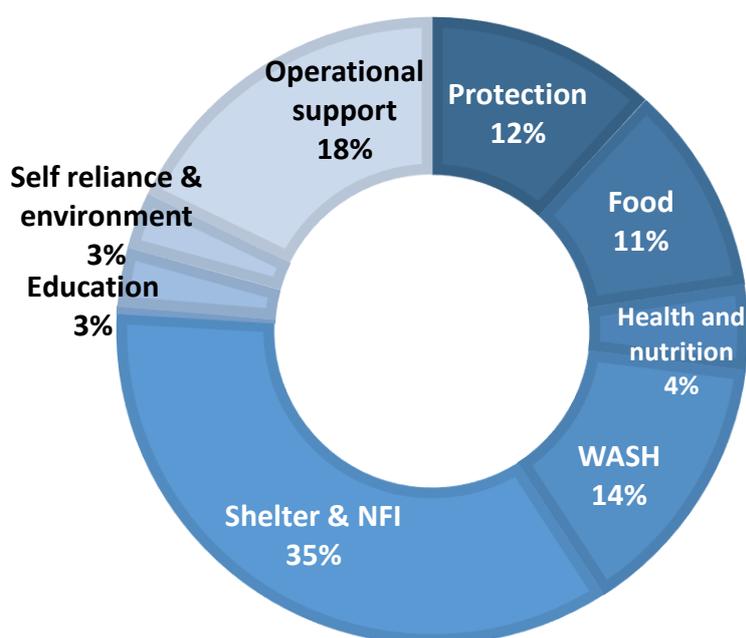
Population statistics

Location	Registered by local authorities	Registered by UNHCR
Kapise		9,628
Luwani		439
Chikwawa	846	
Nsanje	70	
Thambani	600	
TOTAL	1,516	10,067

Partners in the response

UNHCR | UNICEF | UNFPA | UN Women | WFP | IOM | ACT Alliance (Churches Action in Relief and Development, Evangelical Lutheran Development Service, Danish Church Aid, Christian Aid, Diakonie Katastrohilfe and Norwegian Church Aid) | Action Against Hunger | Care International | Catholic Relief Services | Danish Refugee Council | Jesuit Refugee Service | Malawi Red Cross Society | Mary's Meals | Médecins Sans Frontières | Norwegian Refugee Council | Participatory Rural Development Organisation | Partners in Health | Plan International | World Vision

Financial requirements - USD 14,947,727



Background

Malawi hosts more than 36,000 asylum-seekers and refugees, including: some 11,600 Mozambican refugees arriving since July 2015 in the Southern Region; 11,900 from the Democratic Republic of the Congo (DRC); 6,900 from Burundi; 5,600 from Rwanda and about 100 from other countries.

Malawi has established an asylum framework, which is currently under review through the draft Refugee Policy and Amendment Bill. The draft bill aims to address the immediate humanitarian needs of refugees, and build the resilience of displaced populations by mainstreaming education and health care services for refugees into the national systems. The living conditions in camps are extremely difficult, and refugees and asylum-seekers currently depend entirely on humanitarian assistance as they have no access to legal means of employment.

Instability in the region is expected to persist, and consequent displacement inside Burundi, the DRC and Mozambique, as well as across borders into Malawi, will continue. The prevailing situation in Mozambique in particular remains uncertain, with continued reported clashes in central provinces, and the level of displacement is more difficult to predict.

While the rate of new arrivals to Malawi from Mozambique peaked at 300 individuals per day in mid-February 2015, arrivals slowed down significantly in April. As of 6 May, Government and UNHCR registration indicate there are some 11,600 Mozambican refugees who have arrived in Malawi since July 2015 (1,516 persons of concern to UNHCR in Chikwawa, Nsanje, and Thambani; and 10,067 in Kapise and Luwani).

Disaggregated population data - Kapise and Luwani

Individually registered population of concern by UNHCR (as at 6 May 2016 – please note ongoing relocation)

SEX	0-4	05-11	12-17	18-59	60+	TOTAL
KAPISE TRANSIT CENTRE						
FEMALE	1,018	1,364	685	1,931	189	5,187
MALE	1,017	1,309	686	1,332	97	4,441
TOTAL	2,035	2,675	1,371	3,263	286	9,628
LUWANI REFUGEE CAMP						
FEMALE	43	49	21	81	6	200
MALE	50	68	38	76	7	239
TOTAL	93	117	59	157	13	439
TOTAL REGISTERED POPULATION						
FEMALE	1,061	1,413	706	2,012	195	5,387
MALE	1,067	1,377	724	1,408	104	4,680
GRAND TOTAL	2128	2790	1430	3420	299	10,067

Context

Mozambique / Malawi

as of 08 May 2016



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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During the month of July 2015, Malawi received a total of 700 new arrivals from Mozambique's western Tete province and, to a lesser extent, from other provinces. Refugees from Mozambique arrived in small groups and settled in: Kapise village in Mwanza District, in Thambani, as well as in the Chikwawa and Nsanje Districts.

In December 2015, the number of Mozambican arrivals rose sharply, with a total of 800 new arrivals in three weeks. The highest numbers of new arrivals were recorded between January and February 2016, peaking at 300 individuals per day in mid-February.

In an effort to improve the poor living conditions in Kapise and expand access to assistance and services, emergency latrines and showers were built; water boreholes dug and water pumps installed; school tents erected and volunteer teachers deployed; and an early childhood development centre and a health post were established. New arrivals received dry food rations, nutrition supplements, and core relief items.

The increasing numbers in Kapise, overcrowding and substandard living conditions led the Government of Malawi to re-open the Luwani refugee camp in Neno District, with the aim of relocating persons of concern once the site is adequately established. In addition to their interventions in Kapise, humanitarian partners have also worked to ensure that the Luwani site is planned for with adequate access to water, sanitation, shelter, food and non-food distribution, and that services are available including health, physical security, child protection, sexual and gender-based violence (SGBV) prevention and response, education, community-based protection, psychosocial support, livelihoods and environment protection. Relocation from Nsanje started on 15 April, followed by Chikwawa and Kapise. As of 6 May, Luwani refugee camp was hosting 439 refugees. Coordination of the humanitarian efforts has been strengthened under the framework of the Refugee Coordination Model (RCM) in Mwanza and Neno District.

To date, the response in Malawi has been able to address the emergency protection and assistance needs of the refugees in Kapise, thanks to the mobilisation of many partners in close cooperation with the Ministry of Home Affairs and Internal Security, as well as the various line Ministries, Ministry of Education, Ministry of Natural Resources, Energy and Mines (Environmental Affairs), Ministry of Health, Ministry of Water Development, Science and Technology, and Ministry of Gender, Children, Disabilities and Social Welfare, and their respective structures at district level.

A consolidated refugee response is now needed to ensure that life-saving activities in Luwani refugee camp are sustained and strengthened for 15,000 refugees by the end of June 2016, and possibly up to 30,000 by the end of the year. A solutions-oriented approach should be embedded in all sectors to facilitate transition from emergency interventions to a more sustainable and efficient response, including for WASH (transition to post-emergency response), shelter (transition to semi-permanent houses), health (strengthened malaria surveillance, drug stock and waste management), education (transition into the formal education system), livelihoods (income generating activities), environment protection and promotion of renewable energy sources, and peaceful co-existence between the refugee and local communities (community mobilisation and participation).

Achievements

- The site at Luwani has been prepared to accommodate up to 500 refugees in 136 family tents in the transit area; 16 latrine and shower cubicles have been erected with an additional 5 under construction; 2 refuse pits have been dug;
- 500 family plots, 16 sanitation corridors, community facilities as well cultivation land have been demarcated, and roads cleared and graded;
- A WASH needs assessment has been carried out; 3 boreholes have been rehabilitated and 11 new boreholes drilled catering for a total of 3,500 persons/day; 16 sanitation corridors have been equipped with 48 temporary communal latrines and 24 cubicles of communal shower; a total of 100 communal latrines is planned for catering for a total of 2,000 persons;
- 8 cubicles of latrines are under construction for the new teachers at the school, as well as 2 cubicles of latrines for the transit child-friendly space, 2 permanent latrines in the women's centre and 6 in the permanent child friendly spaces;
- The relocation to Luwani began on 15 April from Nsanje District followed by Chikwawa and Kapise with a total as at 6 May of 436 individuals now transferred by road to Luwani and 3 spontaneous arrivals in Luwani;
- Out-patient Department (OPD) is being provided seven days a week for medical consultation, ante-natal care and family planning, nutritional screening, HIV testing and counselling, and EPI (extended program of immunization). Systematic nutritional and malaria screening is carried out to all under 5-year-old patients in the facility;
- The clinic at Luwani is being renovated (water and power access, mosquito nets at windows, bat removal), and essential and anti-malarial drugs as well as medical equipment is being purchased;
- Distribution of food and non-food items are conducted in Kapise, and in Luwani since 15 April. Items distributed include sleeping mats, kitchen set, jerry cans, mosquito nets, soaps and sanitary pads, blankets and solar lamps. A feminine hygiene material use survey has been conducted to inform the content of dignity kits and hygiene sensitization;
- A rapid nutritional assessment "house to house" was carried out with a total of 1,153 under five-year-old screened. Malnutrition levels show a prevalence of severe acute malnutrition of 1% (SAM) and moderate acute malnutrition 2.5%. Continuous monitoring is ongoing;
- Corn bean and soya plus mix is in the process of procurement for distribution to under 2 years old and lactating mothers;
- A relocation intention survey has been carried out among 450 persons of concern in Kapise to better understand the reasons underpinning the reluctance of some to relocate to Luwani;
- An information and communications needs assessment has been conducted to enhance the Communication with Communities component of the response, including enhanced communication on relocation ;
- Case management, the establishment of community structures and capacity building of the community in both Kapise and Luwani to prevent and respond to issues of human rights, SGBV and child protection are underway;
- Community SGBV committees have been established and meetings held with community members;

- An assessment to establish the baseline for unaccompanied and separated children including an individual verification exercise have been carried out using a community-based outreach methodology and working through the Kapise child protection committee;
- Community-based-child-care-centres (for children 3-5 years) and children's corners (for children 6-18 years) have been erected in Luwani;
- An education needs assessment has been carried out; 3 temporary classroom tents have been erected at the Luwani school to accommodate the refugee students, textbooks and school materials have been provided, and 14 volunteer teachers have been deployed;
- An environment management and energy needs assessment at Luwani and restoration assessment at Kapise have been carried out.

Humanitarian Needs and Vulnerabilities

Within the first five months of 2016, the average arrival trends report just under 2,000 arrivals per month. With the current Mozambican refugee population of some 11,600 by 6 May 2016, the inter-agency humanitarian community foresees that the numbers will continue to grow to over 15,000 Mozambican refugees by end of June and possibly up to 30,000 by the end of December 2016. This projection is based on the assumptions that the current situation in Mozambique will prevail, in particular in the Central provinces of Manica, Sofala, Tete and Zambezia provinces, and to a lesser extent in the Northern Nampula province, and that access to Malawi territory is possible.

Protection

Preliminary reports indicate that SGBV is prevalent during flight and domestic violence is quite prevalent but are currently under-reported. Likewise, child marriage is also prevalent among the new arrivals. In addition, the various groups of refugees include child-headed households requiring urgent and specific child protection interventions. Community-based verification aims to confirm the registered 200 unaccompanied and separated children. Female headed households also require tailored support and responses.

Food

Protection monitoring in Kapise and Luwani indicate that over 90 per cent of the refugee population falls well below the poverty line and lacks basic clothing and shoes, in particular children. Inter-sectoral assessments show that arrivals have no food stocks or income sources. Host communities are equally affected by a poor crop harvest. Food assistance is critical to prevent malnutrition and starvation, as all the refugees are entirely reliant on external food distribution. While this appeal indicates food requirements until the end of 2016, the food security situation is expected to worsen during the peak of the lean season between January - April 2017, for which period an additional USD 1.5 million are needed, bringing the total requirements for food assistance up to USD 3 million.

Water, sanitation and hygiene (WASH)

The WASH response needs to be transitioned to post-emergency with water motorisation at one borehole (low static water level) and at one borehole with high yield to bring water to locations in Luwani refugee camp currently with no access to water. Shallow well motorisation

from the river to ensure sufficient access to water for the whole population at Luwani refugee camp including during drought is also required. Family latrines on the individual plots will need to replace the temporary communal latrines as soon as possible to make up for the insufficient number of communal latrines.

Shelter and camp management

Funding for transitional shelters (wooden poles, plastic sheeting and doors) is required, as well as for the transition of these to semi-permanent shelters (mud bricks, corrugated iron roof, windows) within 3-6 months.

Engaging refugees in decisions and activities from the outset is critical for accountability to the population as well as for preventing and effectively responding to protection issues. Self-appointed refugee leaders, men and women, initially are consulted. To ensure legitimate and accountable refugee leadership and self-management structures, a more formal process for elections will be initiated when population is settled in Luwani, and communication with communities systems established as well as participatory processes supporting all sectoral activities. Community centres set the scene for daily socializing and community activities. Such are critical for creating a sense of normalcy in the midst of displacement, assisting in the healing process and building resilience. A community-based approach will be adopted to ensure the safety and security of the settlement at Kapise, as well as for the management of the camp.

Health and nutrition

The clinic at Luwani, established from the previous refugee camp, is still structurally sound but has been operating with shortages of medical/clinical supplies, and a lack of water and power. The Ministry of Health requires support to expand its services in Luwani and needs the provision of an ambulance, medication beyond June 2016, and Post-Exposure Prophylaxis (PEP) kits. Partners are providing additional medical staff capacity, and existing staff require training and continuous support in stock and waste management.

Health reports that malaria accounts for 44 per cent of outpatient consultations, with 66 per cent testing positive to malaria. Acute respiratory tract infections and diarrhoea are the other causes of illness at Kapise. A cholera outbreak related to poor hygiene and sanitation conditions in Kapise is also a potential risk. Outbreaks of vaccine-preventable diseases, including measles, are imminent due to crowded living conditions with imprecise immunization status of Mozambican refugees. Health promotion and HIV/AIDS prevention campaigns are necessary to address the high malaria prevalence, vaccination needs, misconceptions about health (cholera), and to improve the health standard of the population.

Education

School attendance reports at Kapise indicate a high illiteracy rate, and school enrolment at Luwani shows 10 per cent of children are not in school. Awareness raising campaigns on the importance of education and the availability of school facilities to receive the refugee children are essential. Transitioning the temporary tents into proper classrooms with furniture is an urgent priority. Support to teachers to address the specific learning needs of refugee children and to incorporate them into the formal Malawian education system is a protection priority. The Education Sector strategy aims to provide access to inclusive quality basic education and

life-long learning opportunities for the Mozambican refugee children integrated with the Malawian population.

Self-reliance and environment

Initial self-reliance projects will generate some income and help refugees start small businesses. Livelihoods initiatives will also enhance the provision of alternative sources of energy aimed at furthering the environment management strategy needed to avoid dramatic tree cutting as was the case in Kapise. A livelihood strategy will be developed taking into considerations the livelihood opportunities in Luwani and the dynamics of the population.

Operational support

With the establishment of new offices in Mwanza, organisations require additional support costs to the current operational structure, including the increase of expertise and general staff for activities in both Mwanza and Neno Districts, and the surrounding border towns/villages. The increase in information, communication and technology equipment is also required, given no existing structures for the organisations existed.

Response Strategy

The inter-agency response aims to provide protection through life-saving and sustaining assistance, while ensuring the prevention of deterioration of vulnerabilities and promotion of self-reliance for Mozambican refugees through the following broad strategic approach:

1. Relocation to Luwani in safety and dignity;
2. Continued registration and provision of protection and essential assistance at Kapise and Luwani ensure refugees have access to protection;
3. Outreach to persons of concern beyond Luwani and Kapise enables remote protection; and
4. Community-based protection and a solutions-oriented approach underpin the emergency response.

The strategy will ensure timely and adequate protection is provided to recent and new arrivals from Mozambique. On the medium and longer-term basis, the humanitarian community will work towards an integrated service delivery programme beyond Luwani and Kapise.

Planned Response

Comprehensive SGBV and child protection programming involving prevention, identification and response, are prioritised. The first preventive steps will be built into decisions on camp infrastructure and NFIs like location of WASH and other facilities, equipping refugees with solar lamps etc. Effective identification of both SGBV and child protection cases will be a priority and promoted through the creation of community based protection mechanisms and awareness raising about existing services.

Critical life-saving food supplies will provide 2,100 kilocalories/person/day. Food items comprising cereals, pulses, vegetable oil, super cereal plus and super cereal are distributed

to the population of concern, including additional nutritional needs for the most vulnerable groups (pregnant and lactating women, children under five, the elderly, people with disabilities, and the chronically ill) to prevent malnutrition. However, given current resources, funds will be exhausted by the end of June for all Mozambican refugees.

Based on the health related risks that this vulnerable population faces, there is a need for comprehensive essential health services at both the Luwani refugee camp and Kapise transit centre. Shelter at Luwani is a life-saving priority to ensure protection from elements and provide a degree of privacy and dignity. The WASH sector also requires additional resources to complete the first emergency response phase and transition to a post-emergency response over the second half of 2016 to ensure sustainable access to water. Similarly, access to quality basic education for the Mozambican refugee children is a priority for education partners who are also working to transition to more sustainable interventions.

Comprehensive registration (including biometrics) of the Mozambican population of concern, is vital to ensuring the physical security and access to assistance and services. Peaceful co-existence will be further encouraged through the mainstreaming of all essential services; no parallel structures for refugees will be established.

With the dry season and the availability of wood, an environment and fuel/energy strategy is being implemented to ensure the impact of the new settlement at Kapise on the surrounding woods is minimal. However, the procurement of alternative forms of energy for cooking is desperately required, in line with cultural practices among this refugee group to ensure sustainability.

An age, gender and diversity-sensitive community-based approach, participatory assessments and outreach will continue to feed into planning across all sectors. In Kapise, Nsanje and Chikwawa, open communications with affected communities will enhance effective messaging on the relocation to Luwani. In Luwani, representative refugee leadership will be established, capacities will be identified among the refugee population, and a community-based protection system will be established to assist in identifying protection risks and issues. Complaints and feedback mechanisms will be set up so refugees can raise concerns and input solutions confidentially. Intra and inter-community communication, access to news and messaging on health, hygiene, HIV/AIDS and environment messaging will be achieved through community radio.

Response results framework

SECTOR	OUTPUT	INDICATOR	STANDARD
Protection	- Individual registration	No. of households issued with documentation	100%
	- Legal, material, medical and psychosocial support for SGBV survivors	Inter-agency SOPs for SGBV response agreed upon and functioning	100% adopted
	- Family tracing and placement for separated and unaccompanied children	No. of separated and unaccompanied children in appropriate alternate care arrangements	100%
	- Capacity building	No. of partners, government and UNHCR staff trained on child protection, SGBV and human rights	100%
Food	- Food security provided	No. of refugees who have received food distribution	100%
Water Sanitation and Hygiene (WASH)	- Construction of transitional communal latrines on site	No. of persons per latrine	< 20
	- Borehole drilling, rehabilitation and motorization system of high-yield water point	Litres of water/person/day reach the standard	20 L
Shelter and Non-Food Items (NFI)	- Transitional and semi-permanent shelters constructed through participatory and community approach	No. of refugees who have access to shelter	100%
	- Core Relief Items distributed	No. of refugees who received NFI assistance	100%
Health	- Ensure availability of vaccines and support immunization supply chain management	Mortality rate	< 1
	- Training of health promoters	Mortality rate <5	< 2
Nutrition	- Provision of nutritional assistance to people with specific needs	Global acute malnutrition (GAM)	< 10%
	- Procurement of lifesaving treatment supplies to SAM children and deworming campaign	Severe acute malnutrition (SAM)	< 2%
Education	- Access to inclusive, quality, basic education and long life learning opportunities	No. of children of primary school age attending primary school	100%
Self-reliance and environment	- Conduct livelihood assessment and convene internal and external stakeholders	No. of assessments conducted on environmental impact	1
	- Small and medium scale community support projects are developed and advocated	No. of host community members benefitting from projects	10%

Partnership and Coordination

In line with the Refugee Coordination Model (RCM), UNHCR supports the Government of Malawi in coordinating the response for refugees while at the same time remaining fully accountable to providing protection and assistance to refugees within the UN system. The RCM in Malawi interfaces with the cluster coordination mechanism for persons affected by drought, flash floods and cholera outbreak, as well as sector coordination for longer term development objectives.

The refugee response has been coordinated mainly at the decentralized, i.e. district level with meetings as necessary at the national level with key stakeholders. At Mwanza/Neno it involves weekly meetings of the various sectors that contribute to the Refugee Response as well as weekly coordination meetings. Meetings are well attended by all relevant sectoral actors including government, UN and non-government partners.

Coordination is not an end in itself, but needs to be operationalized to ensure that it supports more timely and efficient response delivery. As such, UNHCR in Malawi is committed to the following principles when supporting the Government in setting up coordination structures:

- Coordinate at the point of delivery i.e. decentralization;
- Adapt the coordination structure to existing coordination needs, i.e. where possible, combine sectors in particular at sub-national level;
- Seek synergies where possible with existing priorities in other coordination mechanisms to enhance leverage for the protection of refugees;
- UNHCR to work closely with the Government and the cluster and sector leads to reinforce common messaging on issues relating to refugees and the host community;

Based on the above principles, UNHCR provides strategic level guidance, advocacy and standard setting to issues of refugee protection in partnership with UN agencies and other partners.

The majority of those arriving are very poor with hardly any means to meet their basic needs. Since the beginning of 2016 the international humanitarian community, including relevant district Government authorities, UNHCR, UNICEF, UNFPA, UN Women, WFP, IOM, ACT Alliance, Action Against Hunger, Care, Catholic Relief Services, Churches Action in Relief and Development, Danish Refugee Council, Jesuit Refugee Service, Malawi Red Cross Society, Mary's Meals, Médecins Sans Frontières, Norwegian Church Aid, Norwegian Refugee Council, Participatory Rural Development Organisation, Partners in Health, Plan International, and World Vision have responded to the needs of the significant influx, straining existing resources to ensure international protection standards are met and pooling pre-positioned stockpiles in an effort to prevent deterioration of vulnerabilities.

Financial Requirements Summary

Overall requirements by sector

Sector	Total (USD)
Protection	1,762,313
Food	1,614,785
Water, sanitation and hygiene (WASH)	2,070,517
Shelter and NFIs	5,235,328
Camp management	60,555
Health and nutrition	658,202
Education	449,382
Self-reliance and environment	435,057
Operational support costs	2,661,588
Total	14,947,727

Overall requirements by agency

Organization	Total (USD)
ACT Alliance	906,382
Action Against Hunger	1,019,260
Care International	308,524
Catholic Relief Services	163,700
International Office for Migration (IOM)	195,843
Mary's Meals	10,000
Partners in Health	40,000
Plan International	207,000
United Nations High Commissioner for Refugees (UNHCR)	8,428,006
United Nations Children's Fund (UNICEF)	1,988,227
United Nations Population Fund (UNFPA)	50,000
UN Women	105,000
World Food Programme (WFP)	1,524,785
Total	14,947,727

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