

2014

Joint Assessment Mission Report: Dzaleka Refugee Camp, Malawi



WFP/UNHCR/GOM/PRDO/JRS/PLAN

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ACRONYMS AND ABBREVIATIONS

CSB	Corn-Soy Blend
CSI	Coping Strategies Index
DRC	Democratic Republic of Congo
GoM	Government of Malawi
HFS	Household Food Security
HSA	Health Surveillance Assistant
HTC	HIV Testing and Counseling
JAM	Joint Assessment Mission
JRS	Jesuit Refugee Services
MK	Malawi Kwacha
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MOU	Memorandum of Understanding
MT	Metric Tones
NFI	Non-Food Items
NGO	Non-governmental Organisation
OPD	Outpatient Department
OTP	Outpatient Therapeutic Program
PoC	Persons of Concern
PRRO	Protracted Relief and Recovery Operation
RSD	Refugee Status Determination
RUTF	Ready-to-use Therapeutic Food
SFP	Supplementary Feeding Program
SGBV	Sexual and Gender Based Violence
STI	Sexually Transmitted Infection
UAM	Unaccompanied Minors
UNHCR	United Nations High Commissioner for Refugees
Volrep	Voluntary Repatriation
WASH	Water, Sanitation and Hygiene
WFP	United Nations World Food Programme
WT/HT	Weight for height
WUSC	World University Service of Canada

EXECUTIVE SUMMARY

This report presents results of a Joint Assessment Mission (JAM) which was conducted in November 2014. All partners working in Dzaleka Camp recognize the fact that the world is continuously changing, and to ensure relevance of our interventions on the refugee communities and asylum seekers, the mission is conducted every two years. This assessment aimed at getting a better understanding of the current situation, needs, risks, capacities and vulnerabilities of refugees and asylum seekers in Malawi with regard to food assistance, and food security. Secondary objectives included assessing the health and nutrition, education, shelter, security and land, livelihood and self-reliance, gender and protection issues, water and sanitation, economic and social context, fuel and non-food items, as well as partnership and coordination. Activities undertaken involved consultations with NGO partners, Government, refugees, host communities and all other key stakeholders.

The joint assessment team conducted a series of activities at Dzaleka Camp such as the market feasibility study, nutrition survey which included household food security assessment; consultations were held with government, refugees and other stakeholders. Focus Group Discussions were conducted with representative groups on the common issues affecting both the refugees and asylum seekers.

The refugee population in Malawi is relatively stable. At the end of December 2014 the number of Persons of Concern (refugees and asylum seekers) in Malawi totaled 20,398, whereas Dzaleka Camp has 19,669, of whom 47% are females and 53% are males. The refugees originate from 9 different countries, mainly in the Great Lakes Region. The great majorities are from DRC, Rwanda and Burundi; 61 are from Somalia and the rest (43) are from various other countries. A significant proportion of the caseload is in a protracted situation, having been in the camp from five to ten years or even more.

2014 witnessed an increase in the number of new arrivals, as is shown in Table 1. UNHCR Statistics indicate an average of 400 persons per month, with most of the asylum seekers coming from DRC (due to continued unrest in parts of that country) as well as from Burundi. The number of new arrivals in 2015 is predicted to reach 3,000 persons or more. This figure is compounded by natural population growth, which currently stands at an average of 65 births per month.

Malawi is on a migration route and the refugee camp continues to receive transiting migrants from the Horn of Africa, estimated at between 5,000-10,000 persons per annum. There are no accurate statistics, as many do not enter through formal migration and border points. They turn up at the camp for rest and recuperation before they continue to South Africa.

This trend persists despite the fact that the Ministry of Home Affairs has recently tightened its border monitoring and screening. The government has recently engaged in discussion with other countries in the region to address the issue of illegal migration, which tends to raise media attention.

Household Food Security: Approximately 20,624 refugees have been receiving food assistance under the Protracted Relief and Recovery Operation (PRRO 200460) implemented by WFP. PRDO is in charge of distribution of the food commodities to the refugees.

Of the household surveyed 100% of them reported to have received WFP food ration every month in the past twelve months. The standard food ratio was reduced in the first half of 2014 due to lack of funding for the food assistance programme. From January to April 2014, only maize and pulses were provided to the refugees, while a full standard ration that included vegetable oil, supercereal and supercereal-plus was introduced in May 2014. Supercereal plus¹ was targeted to children who are 6-23 months old while supercereal was provided for all individuals in the camp. When the situation requires providing half ration, it is recommended that the most vulnerable groups of people should continue receiving the whole ration. Basing on the focus group discussions, the most vulnerable people include female headed households, UAM, elderly persons aged over 60 years, persons with disabilities, single women, children, widows, households that are keeping chronically ill people.

Nutrition Status: The nutrition assessment covered about 750 children aged 6 to 59 months which revealed that the overall nutrition situation in 2014 at the camp remained stable and that the malnutrition levels were within the acceptable levels. The distribution of acute malnutrition based on weight-for-height z- scores or oedema showed that the prevalence of global acute malnutrition (GAM) was 1.1 % (95% CI: 0.5 - 2.3%) and severe acute malnutrition was 0.6 % (95% CI: 0.2 - 1.7%). However, chronic malnutrition in children as well as prevalence of anemia in both children and women remains a concern. It was observed that some refugees have other livelihood sources such as running businesses in the camp or in urban areas, from which they derive income to purchase other nutrition's food commodities however their self-sufficiency is precarious given the restrictive legal framework, such as the encampment policy, restriction to work and run business activities. The mission recommends that there is need to supply micronutrient powder for children 6-59 months old to address anemia and prevent other micronutrient deficiencies. And also improve prevention measures for anemia control, de-worming, and malaria control and improve dietary intake of iron.

Education: Education services continue to be run by JRS, and services offered include pre-school, primary education, secondary education, and adult and vocational programmes for out-of-school youth. WUSC also provides scholarship opportunities to youth to study and settle in Canada. There is however great need to boost capacity of schools in relation to infrastructures and increasing number of teachers to ensure good quality education. In the short term, engaging volunteers and also conducting multiple lessons could help resolve this challenge.

Health services: Dzaleka camp clinic provides health services free of charge which include OPD, maternal and child care, family planning services, laboratory services, and HIV Testing and Counseling HTC / PMTCT services. However, there is a shortage of staff in clinical and nursing departments, and also drug stock outs. There is therefore great need to review and improve supply of drugs at the facility. Establishing a more systematic approach to address this would be ideal.

¹It is only in June 2014 that WFP started providing supercereal-plus for the first time in the camp

Water and Sanitation: In general, sanitation in the camp is poor due to congestion, poor drainage, and limited access to family latrines. Boreholes are within reasonable distances, however they are not enough hence leading to long queues. Increasing number of low cost family latrines, hand washing facilities and more storage items would help to improve the situation.

Shelter and environment: Most of the dwelling units are grass thatched and have mud brick walls and mud floors with very few structures made of concrete bricks and with iron sheets. Environmental degradation of the surrounding areas remains a major problem. The local Malawian population and district authorities have showed concern and requested immediate intervention. Nothing has been done to replant trees in the surrounding areas due to funding constraints. Meanwhile, alternative options for fuel supply should be promoted to reduce the current full reliance on wood and charcoal.

Security: The mission found out that cases of crime were on the increase. These included theft, house breaking and rape. The Police and the Sungusungu (community police) support were rated as being dysfunctional, with the sungusungu only operating during day time (they are nowhere to be seen at night), and are also suspected to be accomplices in some of the crimes committed in the camp. Most of the Police Officers are branded as corrupt, and narratives indicated they usually do not attend to cases if not given bribes. Victims are often referred back to their Zone Leaders. As such the mission recommends the need for increased joint zone awareness campaigns to build the communities' trust in the committee as well as regular review meetings with stakeholders (police) and members of the community to monitor case handling and community's responsibility in fighting crime.

CHAPTER 1: INTRODUCTION

This report presents results of a Joint Assessment Mission (JAM) which was conducted in November 2014. All partners working in Dzaleka Camp recognize the fact that the world is continuously changing, and to ensure relevance of our interventions on the refugee communities and asylum seekers, the mission is conducted every two years. This assessment aimed at getting a better understanding of the current situation, needs, risks, capacities and vulnerabilities of refugees in Malawi with regard to food assistance, food security, health and nutrition, education, shelter, security and land, livelihood and self-reliance, gender and protection issues, water and sanitation, economic and social context, fuel and non-food items, as well as partnership and coordination. Activities undertaken involved consultations with NGO partners, Government, refugees, host communities and all other key stakeholders.

1.1 Background

Malawi started hosting refugees in 1985 with the start of civil war in Mozambique when some 1.2 million Mozambican refugees sought refuge in Malawi. After the successful repatriation of the Mozambican refugees Malawi continued hosting other refugees. Currently there are some 20,000 refugees and asylum seekers in the country, mainly from the Great Lakes Region, Democratic Republic of the Congo (DRC), Rwanda and Burundi. Malawi is also a major transit route for migrants intending to reach South Africa, mainly young males from Somalia and Ethiopia. Since 2011 the operation has been faced with a high number of new arrivals from the DRC with the resurgence of civil war in that country.

The Government of Malawi's encampment policy restricts freedom of movement and the right to employment limits refugees' opportunities to earn a living. The camp is very small, congested and surrounded by local villages, and so there is insufficient access to agricultural land for most of the population. Although some have managed to engage in some small scale self-employment activities, the majority of refugees are completely reliant on food aid and other external assistance for survival.

The last Joint Assessment Mission was carried out in 2012 in coordination with the Government of Malawi (GoM) and other stakeholders. That mission focused on issues related to food security, nutrition, sanitation, health and environment, security and protection, education and community-level services at the camp.

Recently, WFP in collaboration with UNHCR conducted a feasibility study of food and non-food markets to design and implement cash based interventions for refugees at Dzaleka camp. The assessment was conducted in five markets that refugee community visit to buy food and non-food commodities. The assessment employed both primary and secondary information sources to come up with proposed response options.

The current WFP supported programme is coming to an end, and this JAM is aimed at assessing the food security and nutrition situation in the camp and the refugees' other needs. Together with the feasibility study of food and cash based interventions, the JAM will provide information for further assistance through the design of a new programme cycle for both WFP and UNHCR.

1.2 Objectives

The overall objective of the 2014 JAM is to assess the food security and nutrition situation among the refugees at Dzaleka camp and come up with specific recommendations for the new project cycle, with defined needs and the resources required to satisfy them.

The specific objectives of the JAM are to:

- Assess the food security and socio-economic situation that enhance self-reliance among refugees and further assess existing income generating activities and opportunities, and the interactions with host communities and the surrounding villages;
- Review the food and non-food supply situation for the refugees in Dzaleka camp, in order to ascertain needs and examine the adequacy of the assistance provided;
- Assess the health service provision and needs in the Dzaleka camp
- Assess educational needs, child enrolment and retention in basic education;
- Examine refugee women's active participation in overall camp management, with particular attention to Sexual and Gender Based Violence (SGBV);
- Measure effectiveness of conservation practices both inside and outside the camp; and make appropriate recommendations
- Examine prospects / views for durable solutions including resettlement, repatriation, and prospects for local integration.
- Determine the current gaps and needs for effective partnership, coordination and referral mechanisms in the provision of services to persons of concern

1.3 Methodology

The mission was jointly led by WFP and UNHCR and conducted in collaboration with the Government of Malawi, the Jesuit Refugee Service (JRS), Plan International Malawi and Participatory Rural Development. The assessment methodology included a desk review of secondary data and primary data collection (both qualitative and quantitative) through focus group discussions, interviews with key informants, site visits, and a transect walk. The Food and Nutrition security assessment was conducted at household level by a consultant. Prior to the JAM, a feasibility study of food and non-food markets to design and implement cash based interventions for refugees at Dzaleka camp was undertaken. The methodology applied in each exercise is described below.

A Nutrition and Food Security survey was conducted at household level by a consultant with support from UNHCR in cooperation with WFP (November 2014). A market assessment was also conducted to determine the feasibility of shifting from in-kind distributions to cash based interventions (September, 2014).

1.3.1 Nutrition and Food Security Assessment

The nutrition assessment carried out in October 2014 measured the level of acute malnutrition and stunting in children aged 6-59 months. The level of iron deficiency anemia in children as well as non-pregnant women (aged 15-49 years) was assessed.

While the food security component aimed at determining the household food security and vulnerability status of the refugees in the camp. The study focused on expenditure patterns, food assistance, coping strategies, assets and livestock, food consumption and agriculture and crop production.

A two-stage cluster sampling design was used to sample clusters and households. A probability proportional to population size approach was used to select the clusters and households were then systematically sampled. At each selected household, two population groups were targeted; children aged 0-59 months and women of reproductive age (12-49 years). Standard anthropometric and infant and young child feeding indicators were collected in all children surveyed. Peripheral blood was obtained in children aged 6-59 months and non-pregnant women for the assessment of anemia using a portable photometer (HemoCue® 201 and 301).

Sample size determination and analysis of anthropometric data was conducted using the Standardized Monitoring and Assessment of Relief and Transitions (ENA for SMART) software following UNHCR Standardized Expanded Nutrition Survey (SENS) methodology. All key survey indicators were calculated based on the 2013 version 2 of SENS guidelines. All sample size calculations assumed a design effect of 2 which is conservative community surveys. Assuming a 10% non-response or missing due to unknown factors, the final sample sizes for children 6-59 months for anthropometry and anemia assessment were 640. While for non-pregnant, the final sample size was 263. Based on data from the camp registration, the percentage of children under 5 years and average household size were approximately 20% and 6.0 respectively. The estimated number of households or dwelling units to be visited was 598 to meet all the target populations. In each cluster, a minimum of 20 households were therefore sampled.

1.3.1.1 Data processing

All the data were entered in Epi6 version 6.04d which was customized to reduce data entry errors. The entered data were assessed for consistencies and missing data were reviewed using original questionnaires. Nutrition data were analyzed using ENA for SMART and the nutrition indices were calculated using the WHO 2006 growth standards. All flagged records using WHO flags were excluded from the analysis. Analysis of all other indicators were done in Epiinfo software. The 95% confidence intervals were computed for all key survey indicators. All the indicators were calculated based on the 2013 version 2 of SENS guidelines. Chi Square tests were used to assess the correlation between age and anemia status in children 6-59 months. A p-value of less than 0.05 were used for establishing significant associations between outcome age and anemia prevalence.

1.3.2 Focus group discussions

A total of 42 Focus Group Discussions (FDGs) were conducted by teams composed of representatives from UNHCR, WFP, Government, JRS, PLAN International Malawi, and PRDO. The aim was to have direct dialogue with beneficiaries, people of Concern (PoC) themselves in order to get an understanding of what they consider to be issues of great significance in the selected themes, their perception of these issues and how they would like them addressed.

The FDGs composed of representative groups of men and women, boys and girls of different ages and nationalities, for instance the four largest nationalities in the camp (Burundi, Rwanda, DRC, Somalia and Ethiopia), People with Special Needs (widows, elderly, single mothers with under-fives, unaccompanied minors and the disabled), Students from both primary and secondary schools, and representatives from various committees (SGBV, Water and Sanitation, Parents Teacher Associations and School Management Committee, and Community policing).

The themes assessed were: (i) education (ii) Partnership and coordination (iii) food security, health and nutrition (iv) food assistance (v) shelter, security and land (vi) economic and social context (vii) livelihoods and self-reliance (viii) gender and protection issues (ix) water and sanitation, and (x) Fuel and other non-food items

1.3.3 Key informants

Interviews were held with the National Coordinator for Refugees, partner heads and other key project personnel from WFP, PLAN International and the health center. A courtesy call was also paid to the District commissioner for Dowa, and discussion held with community leaders, including host and surrounding community leaders. The discussions were mostly centered on the presented themes, and any other issues that were raised in the course of the discussions with respondents.

1.3.4 Transect walk

In the last moment of the mission, the JAM team members undertook a transect walk to appreciate the issues that were discussed with various stakeholders during the mission. Through this process, the members were able to observe the living conditions in terms of status of houses, conditions at water points, and level of sanitation in the camp.

1.3.5 Briefings

The 2014 JAM was very inclusive in its approach and there were wide consultations throughout the process. All team members participating were given a briefing at the beginning on mission objectives and the methodology to be used. Further briefings were also done in the process of the mission just to keep all members up-to-date and on track. In addition to this, the refugee community and zone leaders were also briefed and requested to support the JAM team in achieving the mission objectives.

1.4 Limitations

Due to strict timeframes, the JAM was conducted alongside the nutrition and food security assessment. An ideal situation should have been to finalize the latter so that the findings could feed into the JAM starting from the preparation phase. Also, a market feasibility study had been conducted a month prior; however the report was not yet finalized to feed into the JAM. Only preliminary findings had to be referred to. Nevertheless, this report has incorporated findings from both assessments.

Even though a courtesy call was paid to the Dowa District Commissioner's Office, the key issues were not discussed. They opted to be given a questionnaire through email; however there was no feedback despite numerous reminders.

The FDGs mainly focused on the three large communities (Burundi, Congo, and Rwanda) who make up 99.49% of the population, the other smaller communities (Ethiopia, South Sudan, and Uganda) did not turn up for the FDGs even after being communicated to through the community leaders. Nevertheless, these have been considered as part of the total population during the analysis.

CHAPTER 2: BASIC FACTS AND HOUSEHOLD DEMOGRAPHICS

2.1 Demographic Overview

The refugee population in Malawi is relatively stable. At the end of December 2014 the number of Persons of Concern (refugees and asylum seekers) in Malawi totaled 20,398 and in Dzaleka 19669, of whom 47% are females and 53% are males. The refugees originate from 9 different countries, mainly in the Great Lakes Region. The great majorities are from DRC, Rwanda and Burundi; 61 are from Somalia and the rest (43) are from various other countries. A significant proportion of the caseload is in a protracted situation, having been in the camp from five to ten years or even more. 2014 witnessed an increase in the number of new arrivals, as is shown in Table 1 below. UNHCR Statistics indicate an average of 400 persons per month, with most of the asylum seekers coming from DRC (due to continued unrest in parts of that country) as well as from Burundi. The number of new arrivals in 2015 is predicted to reach 3,000 persons or more. This figure is compounded by natural population growth, which currently stands at an average of 65 births per month.

Malawi is on a migration route and the refugee camp continues to receive transiting migrants from the Horn of Africa, estimated at between 5,000-10,000 persons per annum. There are no accurate statistics, as many do not enter through formal migration and border points. They turn up at the camp for rest and recuperation before they continue to South Africa. This trend persists despite the fact that the Ministry of Home Affairs has recently tightened its border monitoring and screening. The government has recently engaged in discussion with other countries in the region to address the issue of illegal migration, which tends to raise media attention.

Food assistance to migrants is provided regularly to all registered refugees, and also asylum seekers even before refugee status determination.

Refugee Status Determination (RSD) continues to be administered by Ministry of Home Affairs with Technical and financial support from UNHCR. Approximately 28.8% of the total population is recognized as refugees while the remainder consists of asylum seekers at various stages of the RSD process. Since 2012 The RSD unit (managed by MoHA) was supported by the deployment of an RSD expert to enhance Capacity and accelerate the RSD process.

Table 2.1: Trends of new arrivals

Year	2010		2011		2012		2013		2014	
Number of New Arrivals	1,642		3,534		2,630		3,456		3,044	
Nationality Sex	M	F	M	F	M	F	M	F	M	F
BDI	117	104	246	131	267	168	549	529	691	508
COD	697	451	1778	1136	1158	780	1236	932	828	674
RWA	137	112	120	96	113	116	121	69	183	152
Others	20	4	19	8	23	5	17	3	7	1

Table 2.2 Number of New Born Babies

Year		2010		2011		2012		2013		2014	
Number of New Born Babies		341		479		536		465		623	
Nationality	Sex	M	F	M	F	M	F	M	F	M	F
BDI		42	51	51	58	70	52	40	55	72	78
COD		69	78	113	110	121	166	153	126	198	180
RWA		51	49	63	80	52	72	50	36	43	48
Others		1	0	4	0	1	2	2	3	3	1

After the verification exercise in December 2013 about 2,587 Persons of Concern had their status changed to 'Inactive' because they did not appear in the verification for various reasons. This brought the population figure down from 19,514 to 16,927. UNHCR maintains a ProGres database for Malawi to support the ongoing registration process.

2.2 Refugee registration process

The Government has a transit facility at Karonga in the northern part of Malawi bordering with Tanzania, where basic biodata of new arrivals is collected. The information is transmitted to the camp for subsequent status determination and electronic registration in the ProGres system managed by UNHCR. Once properly registered all families are issued with family ration cards, as well as refugee (when they have been granted refugee status) and asylum seeker ID cards if the RSD decision is pending. Under the continuous registration process, ProGres is regularly updated by recording births, deaths, family reunifications, voluntary return and spontaneous departures, where information is available.

2.3 Population characteristics

The majority of the Rwandan and Burundian refugees in the camp are in a protracted situation. About 800 Rwandans or more will be affected by the invocation of the Cessation Clause which was supposed to be applied in mid-2013. However, the Government has not yet invoked the Cessation Clause and these Rwandans are expected to remain Persons of Concern (PoC) to UNHCR as the processing of exemption and local integration procedures is still underway.

The vast majority of the PoCs reside in Dzaleka because of the Government's encampment policy, which is unlikely to change in the near future. Others live outside, making frequent visits to the camp and continuing to access camp services. The majority of the camp residents are young people, whose time and energy are not effectively used.

More than 53% of the caseload is male and nearly 51% is below the age of 18. There are very few elderly people (>60 yrs.); they represent 1.1% of the total population, and most are still active and in good health. Differences in cultures, language and religion are potential causes of contention and sometimes security concerns.

Although refugees of various nationalities are living in the same situation and share common services and resources, they are not well integrated.

To minimize the tension, equal representation of all major nationalities is sought in the refugee leadership and all the other camp committees (health/sanitation, SGBV, zone leaders, etc.).

Refugee leaders continue to play crucial role in advising the humanitarian organizations and resolving problems as they arise. An election was held in a democratic and transparent manner on 11 and 12 September 2014 where 14 new Refugee Committee Leaders were chosen. Children (<18 yrs.) represent 51 % of the population. They have protection needs that require specific Strategies to ensure that their rights are acknowledged and preserved.

Their safety and physical and Psychological well-being often suffer in the social and family fragmentation that is symptomatic of Refugees.

Some girls as young as 15 and 16 years old are reported to be sexually abused and some leave school due to early pregnancy. There is information on the scale of this problem and so the issue should be investigated. Many children are working long hours and are reported to live on one meal a day. Furthermore, there are over 400 unaccompanied minors (UAM) registered in the camp. Some are associated with foster families, while others live on their own. Discrimination and marginalization are reported in both cases.

Together with counselling and individual case support, Best Interests Assessment for these children is primarily done by Plan International Malawi. JRS manage a small income generating project for unaccompanied minors who make briquettes for sale. The activity also aims to give moral and psychological support to them. There are plans to start group businesses, however lack of resources and proper infrastructure have hampered such initiatives.

Table 2.3: Population of PoC by country of origin, age and sex

Country of Origin	0 - 4			5 -11			12 -17			18 - 59			60+		
	F	M	Total	F	M	Total	F	M	Total	F	M	Total	F	M	Total
ANG	0	0	0	0	0	0	0	0	0	0	2	2	0	0	0
BDI	445	458	903	618	646	1,264	396	447	843	1,038	1,323	2,361	43	25	68
BEL	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
BRA	0	0	0	1	0	1	0	0	0	0	1	1	0	0	0
COD	910	927	1,837	1,101	1,192	2,293	685	834	1,519	1,811	2,400	4,211	34	21	55
ETH	0	0	0	0	0	0	0	0	0	1	25	26	0	0	0
KEN	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
RWA	287	259	546	501	524	1,025	458	396	854	1,174	1,220	2,394	54	65	119
SOM	6	9	15	4	6	10	2	4	6	13	17	30	0	0	0
SUD	0	0	0	0	0	0	0	0	0	0	4	4	0	0	0
TAN	0	0	0	1	0	1	0	0	0	1	0	1	0	0	0
UGA	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0
ZAM	0	0	0	0	1	1	1	1	2	2	1	3	0	0	0
Total	1,648	1,653	3,301	2,226	2,369	4,595	1,542	1,682	3,224	4,040	4,996	9,036	131	111	242

Table 2.4: Planning figures 2015

Population Planning figure for January 2015	20,400
Population Planning figure for July 2015	23,500
Population Planning figure for December 2015	25,978

Table 2.5: Planning figures 2016

Population Planning figure for January 2016	25,978
Population Planning figure for July 2016	27,000
Population Planning figure for December 2016	29,000

2.4 Durable solutions

UNHCR office has continued to facilitate Voluntary Repatriation (Volrep), resettlement and local Integration. The number of persons assisted to return has increased in 2014 compared to the last three years, from 73 in 2011 to 111 in 2014. Interest in return remains low despite ongoing sensitization. UNHCR has projected the voluntary return of 200 persons in 2014, as well as 200 for 2015 and this may rise to 300 in 2016.

The durable solution that is of most interest to refugees in Malawi is resettlement (RST). Given the fact that local integration prospects are limited and Volrep is not an option for most, resettlement is considered the most preferred solution for certain groups. Resettlement departures continue to increase, from 249 in 2011 to 302 in 2014, mainly to Australia, Canada and USA. UNHCR continues to increase the number of resettlement submissions: from 500 in 2013 to 700 in 2014. However, there is a considerable number of persons of concern with pressing resettlement needs who cannot be processed due to their stalled refugee status determination. The resettlement scheme has continued to give preference to refugees who have lived in Malawi for several years and to those with urgent protection needs. The expectations of resettlement is high among both the new arrivals and the long stayers.

UNHCR faces major challenges regarding local integration prospects because of the GoM's existing reservations on the 1951 Geneva Convention, and the negative perception of the public and authorities to the local integration of refugees. Refugees have been discouraged from applying for naturalization as their applications are invariably refused, often on the grounds that they are in a position to return to their countries of origin. Since 2012, when the Department of Immigration granted citizenship to 27 refugees of Rwandan origin the first time that the Department has granted citizenship to a relatively large group, there has been no other granting of citizenship to any refugee.

Recommendations

- Continue to promote resettlement using the same approach, i.e. targeting the long stayers, and increasing refugee awareness around this issue as well as managing refugee expectations.
- Launch an information campaign and raise awareness to encourage more repatriation to country of origin.

2.5 Protection Issues

During FGDs, PoCs expressed dissatisfaction with the resettlement process and said they feel it does not target the most vulnerable, but that it happens for the Congolese and the rich only. According to them, those who came a long time ago should be resettled first because all refugees in the camp are vulnerable.

Lack of feedback was another major concern. Most of those interviewed complained that they do not receive any information on the progress of their resettlement cases. They are unaware of the existence of a tracking system put in place by the US. They feel that there might be fraud issues in the resettlement process.

Similar sentiments were expressed on repatriation and local integration. The majority of PoCs feel they are being forced to go back to their countries and yet there is no safety. On the other hand, those willing to return voluntarily indicated they are frustrated with the length of the processes this takes and do not understand why it is a problem for someone to simply return home. The few willing to integrate locally indicated that it was not an easy process, and one respondent gave an example of her neighbour who applied for Malawian citizenship, but it has been 7 years now with no feedback. They recommend acceleration of durable solutions procedures to reduce number of people on in-kind support.

The majority of respondents want to be resettled (70%); the remaining 27% said they would prefer local integration, only about 3% said they would return if they had an opportunity.

Some of the reasons given by those preferring resettlement and local integration include (i) instability in their countries due to war (ii) tribalism leading to persecution of minority groups and the situation has not changed. Some feel they're discriminated against in Malawi too, as such would not settle down freely here. (iii) Most PSNs, especially widows want resettlement for the sake of their children so they can get a good education. In Malawi, refugee and asylum seeker children don't have opportunities to go to university, (iv) to attain self-reliance – this is not possible in Malawi because they neither have access to Land for farming nor are they given business licenses to trade freely.

On the other hand, those who preferred local integration said there is peace in Malawi as such would be pleased to stay as long as they are given land for farming. They also explained that they know of many refugees in the camp who are willing to acquire Malawian citizenship, but they don't know the procedure nor do they have the capacity to do so.

Recommendations

- UNHCR needs to work on information dissemination strategy for Durable Solutions
- Advocacy for local integration needs to be improved.
- Streamline and expedite voluntary repatriation process.

2.5 Reception Conditions and the RSD Process

PoCs reported they appreciate the importance of the process for the status determination interviews, however, complained of the lengthy process and said they are unaware of the reasons for delays in status determination. They bemoaned poor communication to individuals or families invited for RSD interviews:

they usually get the news through hearsays in the camp. They suggested a need for proper mechanism of disseminating information or calling out the names so they do not miss the interviews. Again, the need for feedback on progress was emphasized.

The majority of the respondents reported they were given good support at the border by immigration officers and staff at the transit shelter. Initially the border authorities were intimidating, but they understand this is normal for them to determine credibility of claims provided by asylum seekers. The transit shelter staff were also supportive, however the transit shelter is very small, food is a problem, toilets are a problem, and there is no fuel for cooking. Some said their property was stolen at the border, and a few of them suspected the border officers were responsible. They also complained they were not given transport from Chitipa Border to Karonga Transit shelter.

The PoCs recommended that there is need for civic education on all aspects of the protection issues such as procedure, status determination so that they are very clear on what options are really available and valid.

Recommendations

- The RSD Unit under the Ministry for Home Affairs should address information dissemination needs.
- It is recommended that the GoM should resume making decisions on RSD applications.
- Capacity Building of the RSD Unit to speed up processing of applications
- Reception conditions at Karonga Transit Shelter should be improved.

2.6 Health and nutritional situation

With support from UNHCR through a sub-agreement which is renewed annually, the Ministry of Health continues to provide health and nutrition services to PoCs in Dzaleka Camp. The health centre in Dzaleka camp offers preventive and curative services to both PoCs and people residing in surrounding villages. The number of villages surrounding the health centre has remained at 122, however the population being catered for in these villages has increased from 38,000 (2010) to 44,000 and also the total population of refugees in the camp who are dependent on the same health services has increased from 15,614 (2012) to 20,398 in 2014 thereby putting pressure on the health centre considering that its capacity has remained constant. The clinic continues to be staffed by two clinicians, 29 Health Surveillance Assistants (HSAs) who also serve outreach clinics besides the camp. At night and on weekends few staffs are on duty and one clinician on call. Also, funding to the sub-project has not increased as the funding base has remained the same.

2.6.1 Health services

The clinic provides the following services free of charge: outpatient, maternal and child care, that includes, Labour and delivery, antenatal care, postnatal care, family planning services, laboratory services like pregnancy testing, hemoglobin approximation, rapid malaria testing and malaria microscopy, tuberculosis microscopy , growth monitoring for children less than five years, immunization. This is in addition to HIV Testing and Counseling HTC / PMTCT services and also provision of ARVs to eligible clients.

Narratives from FDGs indicate that PoCs are able to access medical help at the health centre but are not assisted according to sickness. According to them, the Health facility sometimes provides painkillers for all kinds of diseases due to shortage of drugs. In addition, the health Centre is only open at limited times and closed in evenings, at night and weekends, which leaves them stranded during these periods. Transport is provided for one way for all referral cases.

A routine monitoring exercise conducted after the JAM Assessment confirmed that the health Centre lacks adequate medication which is one of the major reasons why patients are not given the prescribed medication, and instead are referred to pharmacies to purchase with own resources. This proves to be challenging as most refugees do not earn any income. Additionally, it was revealed that patients are not referred for laboratory tests in a lot of cases, they are given prescriptions basing on their description of ailments to clinicians. There is need for the clinic to improve on this to reduce claims of incompetence by PoCs.

It should be noted however that both Government and UNHCR supply drugs to the clinic, with UNHCR only providing critical drugs and Government supplying most of the drugs.

Malaria, ulcers, diabetes, HIV, BP, Stomachache especially amongst children are the most common health problems in the camp. They state that health problems have increased since the past year and attribute these to less preferred food, water and poor accommodation facilities. They said they are given maize, and pigeon peas which is less preferred; and that the ration is not adequate as a result they reduce meal frequencies. Most POCs also complained of skin rashes because of poor sanitation. Furthermore, they said there are too many pests in their houses such as cockroaches, lice and ticks which also contribute to various infections. These come due domesticated animals such as pigs, goats, and sheep; and also because of dogs present at the camp.

Malnutrition is said to be on the increase amongst children and pregnant women due to lack of dietary diversity as limited types of food commodities are distributed at the camp. The chronically ill patients and the elderly also complained of poor nutrition. They stated they used to receive eggs and chicken from partner organizations but is no longer the case now. People living with HIV/Aids reported that they used to receive soya every two to three months, but this is not happening anymore and their health is deteriorating. They feel there are no nutrition arrangements supporting them currently.

All respondents expressed appreciation of vaccinations, and these are available for under-fives, and every month for new born babies. Campaigns for vaccinations and immunizations are run in the camp, and according to respondents, all children in the camp are immunized within the camp vicinity.

Most PoCs know about HIV through the HIV/AIDS awareness campaigns being run in the camp. PLWAs reported that there is need to do more sensitization on the spread of HIV/AIDS to prevent further spread of the virus. There used to be sessions on HIV through drama performances but this is not happening anymore. Narratives indicate there is generally very minimal support to PLWAs, yet some PoCs require encouragement and counseling to take medication regularly. There is need for follow up on whether they take medication or not. Currently this role is being played by a few Christians who sometimes do counseling but this is on a very small scale. On this, peer support was proposed as one of the solutions to deal with this challenge.

Discussions with health personnel as key informants reaffirmed that the health centre provides antenatal, Labour and delivery, postnatal services, family planning services, outpatient services Min laboratory services HIV/PMCT services, provision of anti-retroviral therapy (ART), under five clinic for growth monitoring and immunizations and also offers services in mental health. It caters for 4,000 to 5,000 patients a month most of whom are Malawians. For example, in the month of September 2014 it provided services to 3,849 patients (Malawians) and 1,968 Refugees patients. Besides this, it also has a Supplementary Feeding programme supported by WFP. Basing on narratives from health personnel during key informant interviews, the SFP programme is well implemented.

The health personnel stated that most of the drugs are out of stock at the center. For example, all the basic drugs (Paracetamol, Bactrim) were not available at the time of the assessment. Drugs are supplied by Ministry of Health on a monthly basis, additionally UNHR supplies some critical drugs.

For the past year, the Health Centre has not registered any disease outbreak. The common diseases remain Malaria, Acute respiratory tract infection and skin rashes. Referrals are sent to Dowa District Hospital or Kamuzu Central Hospital. When sent to referral Hospitals, patients are provided with transport (Ambulance) but once discharged they are required to find their own means of transport.

The health personnel further said that the Health Centre has shortage of staff especially in the Clinical and Nursing departments. Currently, the departments are assisted by some refugees who have the required skills. The health center has 2 refugee nurses and 2 Medical Assistants.

There is good relationship between the health center staff and the refugees. However, communication remains a big challenge. Both Malawians and Refugees are not satisfied with the services provided as in most cases the hospital has no drugs and are therefore sent back without any treatment.

The Clinical personnel are also engaged in camp Outreach programmes which run almost every week in the Camp.

Recommendations

- There is need to review and improve supply of drugs at the health facility.
- Strengthen staff capacity in clinical and nursing departments
- Strengthen capacity for the laboratory to conduct tests
- Improve on fumigation and scale up campaigns on hygiene practices especially regarding domestic animals
- Consider additional support to PLWAs, the chronically ill and elderly.

2.6.2 Health and Nutritional status

The nutrition assessment covered about 750 children aged 6 to 59 months which revealed that the overall nutrition situation in 2014 at the camp remained stable similar to that of the 2012 nutrition survey and that the malnutrition levels were within the acceptable levels. However, chronic malnutrition in children as well as prevalence of anemia in both children and women remains a concern.

The distribution of acute malnutrition based on weight-for-height z-scores or oedema showed that the prevalence of global acute malnutrition (GAM) was 1.1 % (95% CI: 0.5 - 2.3%) and severe acute malnutrition was 0.6 % (95% CI: 0.2 - 1.7%) as shown in Table 4. The rates of acute malnutrition are comparable to the 2012 survey (1.4% for GAM and 0.3% for SAM). The acute malnutrition rates were similar between boys and girls and were below the maximum acceptable thresholds of <10% for GAM and <2% for severe acute malnutrition. None of the sampled children were found with oedema.

Of the total children screened for malnutrition using MUAC measurements, 1.6% (95% CI: 0.6 - 4.3%) were classified as being malnourished (MUAC<125mm). All the cases were categorised as moderate acute malnutrition. None of the cases were severely malnourished based on MUAC cut off's (Table 6). Prevalence of acute malnutrition was highest in girls (2.9%; 95% CI: 1.0-8.1%) than boys (0.4%; 95% CI: 0.0-2.7%).

Stunting (chronic malnutrition) due to long term poor nutritional factors in children were assessed based on height-for-age z-scores. Prevalence of stunting was 36.1% (95% CI: 30.2 - 42.5%) which was below the 40% threshold for emergency intervention. Most of the cases were categorised as moderate (23.3% (95% CI: 19.0 - 28.3%)). Prevalence of severe stunting was 12.8% (95% CI: 9.7 - 16.7%) among the sampled children. The rates of stunting are higher than the 22.4% and severe stunting of 6.6% obtained in 2012 (JAM, 2012).

Underweight, a composite indicator that may result from either the child being stunted, wasted or both, was assessed based on weight –for-age z-scores. Prevalence of underweight among children aged 6-59 months was 9.7 % (95% CI: 7.0 - 13.3%) and most of the cases were categorised as moderate cases. The underweight rates were below the 30% critical threshold for emergency intervention.

In total, 350 children aged 6-59 months were included in the analysis of iron deficiency anemia. The proportion of children who were anaemic (HB<11 g/dl) was 33.4% (95% CI: 28.6-38.7%, below the 40% critical threshold for emergency intervention. The anaemia found in this survey is slightly lower than the 41.3% found 2 years ago (JAM, 2012) potentially due to the increased proportion of children consuming iron rich foods (86.8%) found in this survey. 19.1% of the cases were mild anaemia and 14.3% were either moderate or severe anemia. In assessment of iron deficiency among child bearing age 15-49 years, about 70 (9.5%) of the sampled women were currently pregnant and 4 women were not sure of their pregnancy status. 41 (58.6%) of them were enrolled in antenatal care and were also receiving iron folic acid pills .The 70 women who were pregnant were not eligible for iron deficiency assessment. Prevalence of anaemia (<12 g/dL) in non-pregnant women was 23.2% (95% C.I. 18.4-28.5%) which was above the recommended target of <20% but below the 40% critical threshold of emergency intervention. Most of the cases were categorised as mild (11.9%) and moderate (10.9%). Only 1 woman was found to be severely anaemic (0.4%) (Table 13). The mean hemoglobin level (\pm SD) was 12.9 ± 1.6 g/dL. The prevalence of anaemia in women has increased from the 16.8% in 2012 (JAM, 2012).

Children aged 9-59 months, 88.5% (95% CI: 85.7% - 90.7%) of them were vaccinated for measles based on both health card documentation and caregiver's recall. Measles vaccination based on health card documentation alone was 36.7%. The coverage were below the 95% recommended target.

While vitamin A supplementation coverage in the last 6 months in children aged 6 to 59 months was 89.7% for both card documentation and caregiver's recall and was within the 90% recommended target. However, vitamin A supplementation coverage based on card documentation alone was very low at 35.1% and was below the 90% target according to WHO guidelines

Appropriate child feeding practices are essential for preventing malnutrition, enhancing growth and development of infants and young children and also reducing the risk of illness or death. Of the 265 children under 24 months, 97.7% were ever breastfed and 90.3% (95% CI: 86.1-93.7%) of the infants were put to the breast within one hour of birth. About 80.6% (95% CI: 69.5-88.9%) of infants 0-5 months surveyed were exclusively breastfed and 100% of children continued breastfeeding until 1 year. About 75.0% of the children continued breastfeeding until the age of 2 years. The proportion of children 0-23 month's bottle fed during the previous survey day was low (3.8%).

2.6.3 Targeted feeding programs

The number of beneficiaries enrolled in the Supplementary Feeding Program (SFP) at the clinic is low. The SFP program targets children of 6-59 months old, and pregnant and lactating mothers who are moderately malnourished. They receive a ration of CSB (Corn Soya Blend) premixed with vegetable oil on a fortnightly basis. The beneficiaries in the Outpatient Therapeutic Program (OTP) are severely malnourished children of 6-59 months old without medical complications. They receive therapeutic feeding in the form of Ready-to-use Therapeutic Food (RUTF), e.g. *chiponde*. Children who are severely malnourished and have medical complications are referred to the Nutrition Rehabilitation Unit at Dowa district hospital for inpatient treatment.

Recommendations

- Supply micronutrient powder for children 6-59 months old to address anemia and prevent other micronutrient deficiencies.
- Improve prevention measures for anemia control, de-worming, and malaria control and improve dietary intake of iron.
- Deliver more training and awareness-raising on feeding practices, especially concerning vitamins and minerals, for instance, the inclusion of vegetables, fruits and fortified foods in the daily diet.
- Strengthen community screening among under five children to identify acute malnutrition at early stages for enrollment in supplementary feeding programme

2.7 Water and sanitation

In general, the sanitation in the camp is poor, due to congestion, poor drainage, limited access to family latrines, and presence of cattle, goats and pigs within the residential areas. Respondents reported that they have boreholes in the camp within reasonable distances (200 to 300 meters away), however they are not enough. There are usually long queues and waiting time is 3-4hrs. The number of people in the camp has increased as such the quantity of boreholes does not correspond with the population size, also considering that some of them are dysfunctional and require maintenance.

Some zones, for instance Likuni do not have boreholes, and have to get water from Blantyre and Karonga zones and spend long time, more than 3 hours before drawing the water due to long queue. UNHCR had sponsored a solar powered water kiosk, however it was never maintained, and is not working.

Members reported that sometimes fights erupt at these boreholes due to exhaustion for having to stay in queues for too long. Such cases are not being resolved by the zonal leaders or police, and most of the victims are widows and children. Some victimized children know their rights and do seek guidance from institutions that are working at the camp. The physically disabled and elderly would like boreholes increased so they don't have to walk long distances or even wait too long in queues.

Most families have a basin and 20 liter jelly can which are not enough for a day's water. The water is not clean during rainy season, there is need for chlorine. This used to be provided, but is not provided anymore.

Majority of respondents have latrines in their houses. A few people in the camp use communal latrines which are very filthy, and most are full - no one is responsible to clean them. When full, they have to dig new ones, however slabs are not being provided. About 90% of respondents have bathrooms, 10% (mostly men) bath in toilets at night. Most of them reported digging a drainage pit, however they did not understand consequences of just letting water flow. There is need for sensitization on the importance of drainage pits.

The majority of respondents reported they wash hands after visiting the toilet, however usually don't have adequate water and soap because soap is only distributed once in three months. If at all they wash hands, they use the same cups they use for drinking water.

Garbage disposal is done in public pits, each zone has got a number of these. When full, the refuse is used for manure. Respondents complained of having too many cockroaches in the houses and many other pests—there is need for fumigation.

Recommendations

- Provide more training on hygiene education targeting zone leaders and water point committees,
- Increase the number of sanitary facilities, more especially low cost family latrines and hand washing facilities. Consider supporting PoCs with more storage items
- Review distribution of water sources in zones, more especially those who do not have, i.e. Likuni
- Promote home visits to evaluate hygiene at family level.

2.8 Shelter and environment

Dzaleka camp is located on the site of a former prison in Dowa district. It lies in an agricultural area about 40km away from Lilongwe along the road to Dowa district. Dzaleka camp is surrounded by a number of villages who share health and education services with the camp population.

Most of the dwelling units are grass thatched and have mud brick walls and mud floors. In the past years, they used to get plastic sheets just before the beginning of the rainy season, however this is not happening anymore and most of the houses leak heavily when it rains.

PoCs reported they have to put basins on the floor under the roof or place stones on the roof to help lessen the problem, which in most cases does not work. The rooms are generally dusty due to the mud bricks and mud floors. On average, there are two to three tiny rooms in each dwelling unit. Boys and girls under the age of 18 sleep together in the sitting room, where as those who are 18 and above sleep in separate rooms. In general, the overall environment safety for children is rated negatively in the camp. Also, referral systems dealing with different issues are not known to all as camp citizens.

On average, 80% of the respondents live in their own houses which differ in sizes due to differences in family sizes, only a few people are staying in friends or family member houses. One elderly woman (an F18) said she stays in a 3 roomed house. Boys and girls above 18 are in separate rooms, and those under 18 (both boys and girls) sleep at the sitting room. Around 7 PSNs (3 elderly, 3 widows and 1 physically disabled) said the condition of their houses is very bad and have not been able to get plastics for roofing, as such the roofs leak heavily during rainy season.

Most Respondent narratives expressed that the cold season is manageable, as long as they have blankets. The majority (80%) do not use mosquito nets because the condition of their houses would not permit mosquito nets to be put up. Also, more than 1 person share a blanket as such would be difficult to put up a net. About 10% of the respondents however said they have not received nets for the past 3 years, and would use them if they had.

Recommendations

- Promote housing plans that meet the standards,
- Promote use of mosquito nets at family level,
- Conduct regular vulnerability assessment on the condition of houses in the camp

2.9 Education

With funding from UNHCR, and many other partners education continues to be run by the Jesuit Refugee Services, who offer services for pre-school children less than 5 years old, primary education targeting 6-14 year olds, secondary education offered to 13 to 18 year olds, and adult and vocational programmes for out-of-school youth. WUSC and JC:HEM also provide scholarship opportunities to youth to study and settle in Canada; and obtain diploma certificates in various study areas respectively. Dzaleka now has a population of over 20 thousand PoCs, of whom 9500 are children and young people. About 5000 attend primary education, and approximately 700 attend secondary education. Close to 15% of Malawian children from the surrounding communities also access education services in the camp.

FDGs were conducted at the refugee and host community levels; with students both boys and girls; and with school committees (PTAs and SMC). The aim was to understand the enrollment rate, absenteeism, the dropout rate; and challenges being faced by children to not get enrolled or be dropping out of school. Findings revealed that a good number of children of school going age are enrolled in school (around 65%) however they do not attend classes regularly or even drop out before completing their education. Also, a considerable number of children (between 30 to 35%) are not enrolled, and reasons given for the drop outs and lack of enrolment ranged from (i) too much congestion in classrooms which affects concentration (ii) some sit on the floor and find it hard to write what the teacher is teaching;

(iii) there are very few teachers available leading into a student teacher ratio currently of 90:1 thereby compromising quality of education. (iv) Communication challenges as most children come from different backgrounds, however all learn in either Chichewa, English or Swahili, however those from countries like Burundi cannot speak any of these languages. (v) There is no opportunity to repeat if one does not pass standard 8 exams, and this is an automatic drop-out. (vi) Learning materials are provided late and parents do not have money to buy for their children, as such they just stay at home. (vii) Lack of food at home and cannot go to school on empty stomachs for fear that they would collapse. Of course respondents indicated school feeding programs are operational, however the porridge provided is not adequate to sustain children who sleep on empty stomachs in their homes. They therefore prefer to engage in child Labour to be supporting their parents;

(ix) Some children do not understand the value of education, and some are simply lazy to get up in the morning for classes.

Other reasons given were that some children in the primary school are made to start from lower classes than what they were in their home countries, something which discourages them as they are embarrassed to attend same class with younger siblings.

Parents indicated that there is interaction with teachers in their zones besides through the PTAs on their children performances. The concern raised however is that not everything agreed at the forum of the PTA is practiced.

Consultations with boys and girls showed that most of them understand the value of education. Financial challenges were some of the major reasons affecting absenteeism, drop outs and non-enrolment. Girls engage in survival sex and when they get pregnant they do not return to school as their friends laugh at them. Additionally, the girls complained there are not enough sanitary facilities in the school where they can comfortably dispose sanitary napkins, and this affects their attendance of school. Also, inadequate supply of water in the camp causes parents to send girls to wait on queues at boreholes to draw water.

As for boys, they engage in child labour - they are used by parents to support them with livelihood activities, for instance casual labour, selling items. Also, some boys drink excessively because there are a lot of drinking places in the camp. One boy said "the boys are attracted to these places because they make money through dancing in the pubs". Furthermore, some boys prefer to go to video rooms to watch movies than attend classes.

Recommendations

- The need to look into boosting the capacity of schools in terms of school structures so more children are accommodated comfortably. Increase capacity of personnel in terms of number of teachers so the student teacher ratio reaches an acceptable ratio. Engaging volunteers and also conducting multiple classes (morning and afternoon) could help resolve this challenge.

- Engaging interpreters to assist in translating for the students who cannot understand any of the languages used in school needs to be considered. A bridging English course can also be introduced to new arrivals to bridge the communication challenge gap.
- Considering that most students come from very poor backgrounds in the camp, distribution of writing materials should be timely to avoid frustrating these students.
- Consideration should also be put on introducing an acceleration program to allow eligible students join acceptable level of classes.
- Need to scale up sensitization campaigns on the importance of education to both parents and children. Drinking places, video rooms and water points where boys and girls go should also be targeted. Various groups of students can also be engaged in these campaigns to try and motivate their fellow youth. An age limit restriction should also be considered for some of these places, especially drinking pubs.
- There is need to look into the issue of sanitation facilities in school especially for girls so they do not drop out of school for lack of this.

2.10 Security situation

FGD reports revealed that respondents do not feel secure in Dzaleka camp. There is too much crime, with theft, house breaking and rape topping the chart. Police and the Sungusungu (community police) support were rated as being dysfunctional, with the sungusungu only operating during day time (they are nowhere to be seen at night), and are also suspected to be accomplices in some of the crimes committed in the camp. Most of the Police Officers are branded very corrupt and do not attend to cases if not given bribes. Victims are often referred back to their Zone Leaders to report to them instead. Again, some of the zone leaders are also said to be corrupt and usually do not follow up on the cases to make sure that justice is seen and done. The relationship between the Sungusungu and the police is not healthy, as such it's the common refugee that is not getting justice.

Groups of men only expressed concern that being fathers, they are very much concerned with dilapidated security services. Culprits are let scot free by police because they pay them bribes, those who do not have money are not assisted. Police were also accused of knocking on peoples doors at old hours of the night to search for Ethiopians, which disturbs the residents because there is usually a lot of noise and chaos during this process.

Respondents emphasized that protection of children is very important, and that as parents they talk to them about their security, but it's hard to manage them in the camp. Children are considered the most vulnerable and very insecure in the camp. Currently, there are a number of child related violations which have been reported to the SGBV. Committees for child protection are very new henceforth not yet reliable. There is a committee for child protection which also runs a lot of awareness campaigns. Due to the awareness campaigns and talks by their parents, children are aware of their security requirements; they know that they can go and report to Plan International Malawi for any issues relating to their safety.

Those staying alone are also considered most at risk. They are afraid to even go to shops for fear their homes will be broken into. Groups of unmarried women said they do not feel secure within the camp and don't get support from police when something happens. Apparently, if the Camp Manager does not support their case, then the police and other organizations working in the camp do not take action either. Domestic violence and abuse against women and children is reported to be on the rise amongst PoCs.

The disabled and elderly said they are afraid of hostile youth who attack them. These are usually from the refugee community within the camp. They are afraid to report such matters to police for fear if they are released they will kill them.

Concerns were also raised over new arrivals who are just dumped in the camp and not attended to, instead of being referred to partners for assistance by the camp management. Thieves are targeting them since they know they are new. They trick them by offering assistance and then disappear with their luggage.

Consultations with community policing members drawn from all zones in the camp revealed that there is not enough efforts to support members of community policing. Police do not conduct patrols in the camp anymore, and they delegate their duties of arresting criminals entirely to community policing members, for instance sometimes they write notes to them to effect an arrest on their behalf. Sometimes when it is at night, they chase them away together with the suspects to come the following day. The community policing members requested materials for their work, for instance uniforms; warm materials for the cold season, rain coats, boots and torches. This however has currently been addressed by Plan Malawi.

In addition, they also feel that UNHCR and PRDO deploy them for crowd control free of charge, yet their counterparts are given allowances for the same work which is frustrating. It was further noted that relationship with the host community is cordial

Recommendations

- Need for increased joint zone awareness campaigns with the community child protection committee to build the communities' trust in the committee
- Need for regular review meetings with stakeholders (police) and members of the community to monitor case handling and community's responsibility in fighting crime
- Capacity building for community policing on security and human rights
- Community needs to be sensitized on their responsibility on security in the camp as they consider themselves as recipients and not players

2.11 Child Protection

Children account for almost half of the refugee population (about 9500) at Dzaleka camp. As a result of the large number of children, issues of child abuse are also on the rise and unaccompanied minors are more prone to such abuse. Plan Malawi, a child centered organization with funding from UNHCR is implementing child protection interventions from January 2014 to ensure that children are aware of their rights and are able to report instances of abuse.

With the help of community child protection structures that Plan Malawi established in the camp, awareness campaigns on issues of child rights have helped to disseminate information on child protection to the communities in the camp and surrounding Malawi communities. With such interventions, more members of the community including children are now coming out in the open to report child abuse cases. However the concept of child protection is facing some resistance from other members of the community due to cultural back grounds and accuses Plan Malawi and the child protection committee of influencing the children to be rude.

Respondents emphasized that protection of children is very important, and that as parents they talk to them about their security, but it's hard to manage them in the camp. Children are considered the most vulnerable and very insecure in the camp, more especially those in CHHs who include UAMs. The environment in the camp is not child friendly, for instance the dwelling shelters (limited space), water points (children abused), and even within surrounding areas. Currently, there are a number of child related violations which have been reported to the SGBV. Committees for child protection are very new henceforth not yet reliable. These committees also run a lot of awareness campaigns and hold talks with parents. Because of such initiatives, children are beginning to be aware of their security requirements; they know that they can go and report to Plan International Malawi for any issues relating to their safety.

There is no child protection court in the camp; however there are special arrangements at Dowa Magistrate court. Children are able to report security challenges by themselves or through parents.

There is need to strengthen child protection systems to improve on child protection. Security also needs to be boosted – 8 constables against over 20 thousand PoCs is totally unproductive.

Recommendations

- Strengthen child protection systems in the system.
- Conduct an assessment on issues affecting different groups of children in the camp for instance UAM, those with disabilities and other child headed households.
- Boost security in the camp to ensure everyone is protected including children. It would be best to assign one constable to handle children cases at all times.

2.12 Relations with Host communities

As part of the assessment, FGDs weres held with 6 host community leaders and members to gain an understanding of their relations with PoCs in Dzaleka camp. They talked of an agreement which was signed with the chiefs when they were changing Dzaleka from a political prison to a refugee camp. This stipulated the need for peaceful co-existence, but some refugees are causing problems. They said there is need to review and amend the agreement.

They complained of livestock owned by some PoCs destroying their fields and trees that they plant. Matters are taken to police, however nothing is done as the PoCs have money and pay bribes. Some PoCs also destroy their gardens and dambos (wetlands) - they dig the gardens and wetlands and get sand to make bricks for construction of houses without seeking authorization from the chiefs in surrounding areas. Some have constructed houses and shops in the communities without seeking permission from the chiefs.

They feel PoCs take advantage of their poverty and offer them little sums of money to acquire their private land, however such transactions still have to go through chiefs. Such matters have been taken to the camp management and UNHCR before, however there has not been any feedback. They said if PoCs want land in communities, it is important they go through proper channels.

They also mentioned there used to be meetings with refugee community leaders to discuss matters of concern between both communities, as well as make each other aware of acceptable behaviours in the communities; however such meetings do not happen anymore, and they would like them to be reinstated.

More so, there were concerns of continued increasing numbers of PoCs, and host community leaders and members wondered if the camp is limitless. They talked of the Ebola outbreak, that numbers keep increasing yet there is an outbreak. They were more concerned of spontaneous new arrivals who are probably not screened in Karonga for the disease.

They talked of the secondary school in Dzaleka that people in surrounding communities helped construct it with the understanding that their children would benefit, however it is not the case. They wondered if they should continue admitting refugees in public schools when their children are not allowed in Dzaleka schools.

Some of issues were however countered by some chiefs who said that some of the problems are caused by Malawians who when desperate for money persuade the PoCs to use their gardens or land to feed livestock and mold bricks at an agreed fee. In the process, things get out of hand, especially with livestock as they end up destroying crops for other people who are not part of the deal, and this causes problems.

When asked if they are able to access services in the camp, they said people in communities use the health centre, some of their children attend the schools in Dzaleka, they have intermarriages with some PoCs, and they have good relations with the majority of the PoCs.

Similarly, different groups of both men and women of the refugee communities indicated they don't have many problems with Malawians and that they generally live in peace and harmony. They interact in different social gatherings like market, church, schools and clinics. They suggest creating more space (opportunities) to strengthen the relationship. They said there are a few instances of insecurity, especially recently with the Ebola outbreak. Locals thought refugees have Ebola and were asking them to go back. There is need to sensitize local communities to know that refugees are also human beings.

Recommendations

- Scale up advocacy campaigns on public attitudes towards PoCs.
- Reinstigate periodic meetings between host community and refugee leaders to promote peaceful co-existence.
- Investigate issues of encroachment, livestock, and brick making and advise PoCs on proper channels to follow.

- Discuss with host community leaders to raise awareness to community members on procedures of selling land or infrastructure in their villages.
- Create platforms to promote peaceful coexistence with host communities

2.13 Gender issues

All the members of the FGD confirmed that women are represented in camp management structures and representation is 50/50. Women are also involved in decision making processes in different community based structures including committees and church. There is no difference in positions by women or men and they are able to perform equally with men as long as they come forward to participate. They however said women are discriminated against in food committees, they are often told to wait for men to talk first.

Generally, the majority of women do not participate much in committees as most are shy to talk. There is need to encourage women to be contributing in the committees. Respondents further reported that there is an improvement; some women are now learning to talk in public compared to the past. Campaigns to sensitize women of need to participate actively in committees would be instrumental.

The groups said the challenges on women active participation in groups are cultural, for instance women in Rwanda and Congo are not allowed to talk before being told to do so. They have to wait to be given a chance, if not asked to talk they are not supposed to say anything. Burundi women are very shy and cannot talk in public, they are afraid of groups.

Women receive food and nonfood items equally as men. There is no farm land specific to women or male headed households. Women have access to ration cards and they can also be principal applicants (PAs). They also take part in food and NFI distribution. They however reported that sanitary pads are not distributed frequently.

There is a direct relationship between shortage of food and violence against women. One of the respondents gave an example of a woman who was stabbed by her husband for not offering food in the house. When food is short in the house, the women are more affected and at higher risk of violence.

Groups of women reported that food is exchanged for beer in some households where the head is a drunkard, and this affects consumption pattern for the entire household. There are cases where women have to indulge in sexual activities in order to obtain food and nonfood items for themselves and their families. A group of women have been requesting to have appointments with UNHCR to discuss such issues but are always refused to do so by the camp leaders.

The perpetrators in GBV cases are identified to be both men and women. Women who are separated from husbands tend to look for well to do men; husbands stay away from homes to avoid fights with wives; children are the most affected, they cry and fight amongst themselves which upsets women who then start to argue with their husbands and then the whole family ends up in chaos.

There are support structures in the communities that help resolve such conflicts. Firstly, they discuss within families, if the issues are considered too much they go to zone or community leaders for help; if things get worse they go to police. They reported that they get enough support from these structures.

The system for referrals involves survivors or witnesses reporting matters to Zone leaders, then to Community Leaders and to Plan Malawi, Police, Clinic which is effective so far, however the structures need to be strengthened to be able to respond effectively to SGBV.

There is awareness raising in the camp conducted by Plan International Malawi and SGBV committee. The sungusungus are also able to sensitize the community. Committees for SGBV run campaigns; however campaigns cannot help if the problem of hunger is not solved.

Recommendations

- There is need to intensify awareness campaigns against SGBV
- Establishment of a robust complains mechanism to address issues of SGBV
- Encourage active participation of women on committees
- Ensure adequate food is provided to help address issues of SGBV

CHAPTER 3: AGRICULTURAL PRODUCTION

3.1 Crop production

The area surrounding Dzaleka camp is agricultural land used by local communities. The Government of Malawi allocated some land inside the camp to households with 7 or more people so that they should engage in small agricultural activities. Due to insufficient land available, plots were distributed on a 'first come first served' basis to large households.

If a refugee is not entitled to receive land and they want to engage in agriculture, they rent land outside the camp. The rents per acre vary between MK5, 000 to MK10, 000 according to the season and distance to the plots. Most people are cultivating maize, and there is some production of potatoes, beans, tomatoes, onions and various types of vegetables.

During focus group discussions with the representatives of the host community, it was noted that some refugees provide "ganyu" (piece works) to the locals in these rented plots. However some refugees have also been caught stealing crops during harvest seasons. This might be due to limited resources and options within the camp.

3.1.1 Access to agricultural inputs

In the 2013-2014 agricultural season most refugees who had received land from the Government were provided with fertilizer and maize seed. However, according to the respondents, the inputs were not enough to give good productivity and would have wanted to have the inputs also provided to those who rent plots outside the camp.

3.1.2 Livestock ownership

About 20 percent of the sampled households own poultry, and very few households own cattle or goats or sheep. Animals are usually kept for own consumption, but a few people are selling them to buy other food commodities and also pay for other expenses.

Recommendations

- The Government, WFP and UNHCR should explore options for acquiring additional land to distribute to the refugees to support their agricultural activities
- Extend the provision of agricultural inputs to optimize crop production for the refugees who rent crop fields outside the camp

CHAPTER 4: HOUSEHOLD FOOD SECURITY AND SELF-RELIANCE

This chapter describes findings on dietary diversity, current consumption, and seasonal dependency on markets, as well as food access and preferences. Livelihood activities, coping mechanisms, expenditure, and assets ownership are also tackled.

4.1 Dietary diversity and food sources

4.1.1 Dietary diversity

Households were asked to report the frequency with which a list of food items was consumed. This question was aimed at collecting information on the diversity of their diets and the frequency of food consumption.

Dietary diversity at household level is a measure of the quality of diet consumed and reflects the number of different food groups rather than individual food items consumed at the household. The average household dietary diversity score was 4.3. Majority of the households (58.9%) had their diet with 4 or less food groups. Primarily these household diet comprises of cereals, vegetables, and also irregular consumption of oil and pulses. This is likely to have negative impact on their long term nutrition status. The proportion of households consuming 5-8 food groups was 39.9% and 1.2% of the households were consuming 9 to 12 food groups. The proportion of households not consuming any vegetables, fruits, meat, eggs, fish/seafood, and milk/milk products was very high at 39.8%. While households consuming organ meat/flesh meat, or fish/seafood (food sources of haem iron) was 20% (Table 4.1).

Table 4.1 Household dietary diversity

Food groups:	N=576; %	95% CI
0-4 food groups	58.9%	54.7-62.9%
5-8 food groups	39.9%	35.9-44.1%
9-12 food groups	1.2%	0.5-2.6%
Proportion of households <i>not consuming any</i> vegetables, fruits, meat, eggs, fish/seafood, and milk/milk products	39.8%	35.8-43.9%
Proportion of households consuming organ meat/flesh meat, or fish/seafood (food sources of haem iron)	20.0%	16.8-23.5%

4.1.2 Food sources

Food sources were analyzed to estimate their relative importance in the diet. Overall, main sources of maize, pulses, and oil remains food assistant while vegetables, fruits and milk products are usually purchased.

Food assistance accounts for 88.0% of the cereals consumed and 7% of cereals are purchased or borrowed. Food assistance accounts for over half of the sugar consumed and the rest is purchased. During the focus group discussions, it was observed that the main sources of income are sales of food assistance received and small businesses.

4.2 Market access

The refugees at Dzaleka camp have no restrictions of movement to travel within Dowa district where the camp is located. In order to travel out of the district, they are required to obtain permission from the camp administration. The camp administration as well as the refugees have indicated that obtaining travel permission is quite easy and it takes very few minutes. Despite the easiness of obtaining travel permission, the Somali and Ethiopian refugees indicated that the police and security officers treat them differently in terms of their movement, for instance they are overly interrogated when found outside Dowa district, and the return of their permits is delayed.

Dzaleka camp is located near the main road that connects the capital city, Lilongwe, to Dowa district (Dowa Boma). The camp is located 8 km before Dowa-Boma, 10 km from Dowa Turn-Off and 17 km from Lumbadzi market. Tuesday market and Dzaleka camp markets are very close to each other and the only difference is that Tuesday market is held once per week where local communities including the Dzaleka Community come to buy and sell commodities, while camp market is within the refugee camp and is held on a daily basis.

The refugees mostly visit the near-by Tuesday and Dzaleka camp markets to buy additional food such as vegetables, fruits, chicken, rice, meat and as well as non-food items such fuel, soap and clothing. The refugees also use these markets to sell portions of their food rations and non-food items, for instance sanitary napkins. The preference of these two markets is basically due to availability of preferred commodities, lower prices, language barrier, and lack of income to cover transport costs to travel to other distant markets. The frequency of visits to the nearby markets is short, ranging from daily to weekly, while it takes longer for them to visit the remaining three markets. The most common modes of transport to travel to Dowa Boma, Dowa Turn-Off and Lumbadzi markets are use of public transport which include minibuses and bicycles. The choice of the transport modes depend on financial availability and capacity of individual household. Transport costs from Dzaleka camp to these markets vary, for instance, it costs about MK500 to Lumbadzi, MK 300 to Dowa Turn-Off and MK 250 to Dowa Boma. The cost variations are also based on periodic fuel price adjustments by Malawi Energy Regulatory Authority (MERA). On average, it takes about two hours to walk to Lumbadzi market, and one hour to reach Dowa Boma and Dowa Turn-Off markets.

Though no strict rules exist as to who goes to the markets, women mostly go to buy the preferred food commodities from the near-by markets. Men on the other hand are the ones who usually go to distant markets to buy food and non-food items with higher monetary value and items bought in large quantities.

It is important to note that refugees are not allowed to operate businesses outside the camp unless they have a business license.

4.3 Food preference

Refugees were asked about their food preferences, since during focus group discussions many of them said they were unhappy with some of the commodities that they receive. The group was of the view that the food ration being received is not enough, it is monotonous as the same food commodities has been received over many years. While acknowledging that the food distributions are done on time, they complained that the quantity of the rations do not last the whole month. In terms of quality, POCs complained of receiving unfamiliar and less preferred food such as pigeon peas and prefer receiving beans.

They would also like to receive rice instead of maize. Some of the women POS are involved in doing small businesses while others are also involved in prostitution to earn extra income to buy preferred food and nonfood items. They also complained that they do not receive salt and sugar. Furthermore, they also wanted that the most vulnerable population in the camp should be given extra nutritious food, for instance the terminally ill, elderly, widows, and child headed households.

4.4 Food utilization

Focus group discussions and results from the survey reveal that the food ration does not last a whole month. It was revealed that the general food ration did not last as expected because some households had to sell part of the ration to buy other preferred foods and non-food items and also to cover milling cost of maize. The most commonly sold food commodities are cereals and pulses.

Almost half of the rations is sold at disadvantaged terms of trade to buy preferred food and nonfood items.

Generally, women have the final decision on how to use the food received from assistance. This shows the importance of the role of refugee women in regard to household food security

During the nutrition survey that was conducted during the same time of the JAM, households were asked to recall the food groups that they consumed in the past week and Food Consumption Score (FCS) was computed. It was found that overall, 92 percent of the households had acceptable food consumption score, with 6 percent having borderline and 2 percent of the households having poor food consumption score. The FCS is a proxy for consumption of energy. The dietary diversity, as shown by the dietary diversity score (explained above), was quite low and the proportion of households not having consumed vegetables, fruit, meat, dairy or fish was alarmingly high at almost 40%.

4.5 Asset ownership

Asset ownership refers to possession of items such as household furniture or equipment (e.g. TV, oven or radio). In this assessment, asset is referring to property owned by a household that has a certain value, which can be sold or exchanged in periods of increased stress.

During the assessment, information from households was gathered regarding ownership of assets. Information was used to compute the household asset ownership, which is defined on the basis of the number of different types of productive and/or non-productive assets owned by a household. This indicator is classified as:

- Asset Poor: 0 to 4 different types of assets.
- Asset Medium: 5 to 9 different types of assets.
- Asset Rich: 10 or more different types of assets.

The assessment shows that a large proportion of the households in the camp were asset poor (85%), 13% were asset medium and only 2% of the households being in the asset rich category (and these are male headed households).

When analysing asset ownership by gender, findings showed that a higher percentage of female headed households are in the asset poor category - 94% of the households compared to 83% of male headed households (Table 4.2).

Table 4.2: Asset ownership by gender of the household head

Gender of HH head	Asset poor (%)	Asset medium (%)	Asset rich (%)
Male	83	15	2
Female	94	6	0
Total	85	13	2

4.6 Expenditures

This section explored the expenditure patterns among the camp residents with particular focus on gender and nationalities. Information was collected on household expenditures on food and non-food items frequently purchased by the sampled households. The average household per capita monthly expenditures on food were estimated at Mk8, 016.19 (\$18.30), and higher for male than female headed households (Table 2). In a comparison of nationalities, Rwandese have significantly higher per capita expenditure.

On average, household share of expenditure on food was 30 percent. Female headed households had one third of their expenditure allocated to food compared to 28.9 percent for their male counterparts. The Rwandese had the lowest expenditure allocated to food at 20 percent compared to Congolese and Burundi's at 31 percent and 30 percent, respectively.

Table 4.3: Household per capita food expenditure and percentage expenditure share on food²

	Category	Mean per capital expenditure	Percentage of total HH expenditure spent on food
Gender of head	Male	8,471	29
	Female	6,411	33
Nationality	Burundi	6,016	30
	DRC	7,336	31
	Rwanda	18,942	22
Overall		8,016	30

4.7 Coping Strategies

The most common coping strategies employed by the households were reducing the quantity and / or frequency of meals and snacks (80.2%), borrowing of cash, food or other items with/without interest (76.3%) and households begging food (72.3%). About 60% of the households sold assets that would not have normally sold. About 14.7% of the households engaged in potentially risky or harmful activities such

² It should be noted that the low percentage of food purchase is mainly due to the fact that food aid forms the bulk of all food that is consumed

as prostitution .The proportion of households who reported that they did not use any of the coping strategies was 6.1% (Table 18).

Table 4.4: Percentage of households reporting using negative coping strategies

Coping strategies	N=577; %	95% CI
Households borrowing cash, food or other items with or without interest	76.3%	72.5-79.6%
Households selling any assets that would not have normally sold (furniture, seed stocks, tools, other NFI, livestock etc.)	59.6%	55.5-63.6%
Households requesting increased remittances or gifts as compared to normal	19.9%	16.8-23.5%
Households reducing the quantity and / or frequency of meals and snacks	80.2%	76.7-83.4%
Households begging food	72.3%	68.4-75.8%
Households engaging in potentially risky or harmful activities such as prostitution	14.7%	12.0-17.9%
Households reporting using none of the coping strategies over the past month	6.1%	4.3-8.4%

On average 73% of the households at the camp used emergency coping strategies. Higher proportion of female headed households (83%) were using emergency coping strategies compared to 70% of the male headed households. Among the nationalities with high population at the camp, Burundise used the most emergency coping strategies followed by the DRC nationals and Rwandese. Few households (8%) did not use any coping strategy to satisfy their food needs at the camp with the majority being the Rwandese nationals at 16% (Figure xxx).

Recommendations

- There is need to continue providing food assistance to all refugees at the camp as there is limited land provided to very few households to produce own crops hence their reliance on food assistance to satisfy dietary needs
- Consider reviewing the types of food commodities in the ration by taking into account of the food preferences while maintaining nutrition adequacy and minimizing costs. Consider inclusion of salt and sugar in the ration, commodities that are persistently missing in the monthly food distributions due to pipeline break.
- Provide full ration required to satisfy dietary needs. In case of pipeline break and that ration size is reduced, consider proving full ration to the most vulnerable groups such as the chronically ill, elderly, widowed, and child headed households. This will require identification of the most vulnerable groups for easy targeting.

CHAPTER 5: FOOD ASSISTANCE PROGRAMME

Approximately 20,624 refugees have been receiving food assistance under the Protracted Relief and Recovery Operation (PRRO 200460) implemented by WFP. PRDO is in charge of distribution of the food commodities to the refugees. Of the household surveyed 100% of them reported to have received WFP food ration every month in the past twelve months.

5.1 Food pipeline situation

The standard food ratio was reduced in the first half of 2014 due to lack of funding for the food assistance programme. From January to April 2014, only maize and pulses were provided to the refugees, while a full standard ration that included vegetable oil, supercereal and supercereal-plus was introduced in May 2014. Supercereal plus³ was targeted to children who are 6-23 months old while supercereal was provided for all individuals in the camp.

Table 5.1: WFP's commodity shortfall analysis and monetary value (from Jan – June 2014)

Commodity	MT	Cost (US\$)
Maize	328.63	141,637.51
Pulses	36.47	25,111.94
Oil	67.73	90,888.92
Super Cereal (CSB+)	55.37	41,570.36
Super Cereal plus (CSB++)	22.52	37,231.45
Total	510.72	33,6440.18

5.2 Food procurement and delivery

Maize and pulses that are distributed in the camp are procured locally except oil, supercereal, and supercereal-plus. There were no specific issues regarding the delivery of food since there is a good road infrastructure between the camp and the warehouses in Lilongwe. In addition, the warehouse at the camp is enough to accommodate all the food commodities required for one complete distribution cycle. The refugee community expressed satisfaction with the timely distributions.

5.3 Food ration

The standard food ration and its nutritional value is presented in Table 11 below. However, the funding shortfall led to the refugees not receiving a full ration in the first half of 2014. In second half of the year when the resource situation improved, a full standard ration of maize, pulses, vegetable oil, supercereal and supercereal plus was being distributed to the refugees in the camp. For the first time, the 6-23 months old children were introduced to supercereal plus. However, during the focus group discussions the refugee community complained about the inadequacy of the ration and the lack of diversity. This is critical to some groups of people within the community, such elderly headed households, people with disabilities, and households with chronically ill people.

³It is only in June 2014 that WFP started providing supercereal-plus for the first time in the camp

Table 5.2: Monthly food rations and nutritional value

Commodity	Monthly ration per person (kg)	Daily ration/person grams	Kcal	Protein (grams)	Fat (grams)
Maize	14	400	1,440	28	2
Pulses	1.8	60	201	12	0.72
Vegetable oil	0.75	25	222	0	25
Sugar	0.45	15	60	0	0
Salt	0.15	5	0	0	0
CSB	1.5	50	195	7	3
TOTAL			2, 118	47	30.72

5.4 Reliance on food assistance

The refugee population has been targeted with food assistance. Similar to the previous JAM, it was found that some of the refugees are able to sustain their livelihood without food assistance, thus they might be considered relatively self-reliant. This is verified by the adequacy of the food security situation during the assessment despite the half ration. Some refugees are able to source other foods, especially those with other sources of livelihood. It was observed that some refugees have good livelihood sources such as running businesses in the camp or in urban areas, from which they derive income to purchase basic food commodities. Despite that, most refugees still need food assistance; as has been described elsewhere, their self-sufficiency is precarious given the restrictive legal framework, such as the encampment policy, restriction to work and running business activities. Basing on focus group discussions,, it was observed that some groups of refugees are more vulnerable than others, such as: unaccompanied children, child headed households, elderly headed households, widows, female headed households, people with disabilities, and households with family members who are chronically ill people. The 50% reduction of the food ration has been negatively affecting their food security situation and has worsened their health status. These households require provision of 100% ration at all times.

5.5 Transfer preferences

WFP and UNHCR in collaboration with the Government conducted a market assessment at Dzaleka refugee camp and surround areas in September 2014. The overall objective of the assessment was to understand food and non-food items markets to ascertain the feasibility for designing and implementing cash based interventions for Persons of Concern (PoCs) who include refugees and asylum seekers residing in the camp. The assessment was conducted in five markets where the persons of concern frequently visit to buy food and non-food items such as: Dowa Boma, Dowa Turn Off, Lumbadzi markets, 'Tuesday' and Dzaleka camp markets.

The assessment recommended cash transfers for food commodities such as cereals, oil and pulses. Nutritious food such supercereal and supercereal plus should be provided in-kind. For non-food commodities, cash was recommended for soap and sanitary napkins. Briquettes, a cooking fuel should be provided in form of vouchers to use with a specific supplier who would open services for supplying briquettes in the camp if negotiations are successful, otherwise should be provided as in-kind.

The recommendations follows the findings by the assessment which indicated that to a large extent PoCs have freedom of access to most local markets within their reach. However, access to the other three markets outside the camp is limited since they have to obtain written permission to travel outside the camp. This permission is granted by the camp manager or the deputy camp manger alternately but is constrained over the weekends when staff are not at the camp.

General findings on food assistance further indicated that PoCs are more inclined to cash over in-kind transfer options mainly because they are already familiar with the use of cash, which would make them live similarly prior to the disruption that occurred in their lives. This therefore entails that normalcy in their lives would be promoted much more quickly. Further, they favored transfers as it provides flexibility to buy preferred food commodities, maintains a sense of dignity and prestige, mitigates under-rationing, avoids inconveniences of long queues, limits sale of in-kind assistance at disadvantaged terms of trade and ensures contextually appropriate dietary diversity.

In the assessed markets, the number and mix of traders are dominated by medium vendors and retailers who sell their commodities directly to consumers. Entry to the market is very easy for Malawian citizens, while refugees need licenses to do business out of Dzaleka camp market.

Although prices of commodities across all markets assessed are uniform, PoCs do have alternative markets to choose and buy preferred commodities. It is less likely that traders across the assessed markets will collude and fix prices. Of the food commodities presented in the assessed markets, nutritious food (such as supercereal and supercereal plus that is currently provided in-kind) are not readily available; and for non-food commodities, briquettes are not readily available and should be provided in form of vouchers if negotiations with supplier to bring services in camp are successful; or as in-kind if the negotiations are not successful)

The main constraints is to double the current grain trade volumes due to inadequate capital for the traders, seasonal shortage of supply and seasonal price instability.

The analysis of WFP's cost efficiency of food assistance (alpha value) exhibited seasonal variations. During the post-harvest season (April-September), the alpha value is below the threshold level that favors market based response options, while in contrast in-kind assistance is the cost efficient option in the lean season (October – March) of the year. Alpha value is one of the many factors to make decision on the response options. Costs for non-food items on the other hand are constant throughout the year, and using the analysis, the alpha value is above the threshold level hence forth favoring market based response options.

In spite of the favorable conditions for market based response options, Dowa district has suffered production loss in the previous growing season that led to some 40,000 Malawian population being targeted for emergency cash-based assistance during the 2014/15 lean season. These beneficiaries are living in the catchments of the same markets considered for this feasibility assessment. As a result, these markets are less likely to be able to absorb the additional demand of PoCs, while serving the beneficiaries of emergency assistance. As a result, the refugees market based response options for food need to wait until the end of emergency assistance in March 2015.

Recommendations

- Most refugees rely on food assistance to meet their dietary needs. It is recommended to continue implementing the food assistance programme in the camp.
- When the situation requires providing half ration, the most vulnerable groups of people should continue receiving the whole ration. The most vulnerable people are the following: single children, elderly headed households, widows, households that are keeping chronically ill people.
- Explore implementation of cash transfer modality for commodities such as cereals, pulses, and oil after the end of the 2014/15 MVAC response programme.
- Prices of food commodities vary significantly between the post-harvest and lean season of the year. As a result, the transfer value should be adjusted within certain levels of changes to accommodate price fluctuation. The price adjustment is proposed to be effected for changes of greater than 10%.
- Implement an in-kind food assistance for nutritious food such as Super-cereal and Super-cereal plus.

CHAPTER 6: NON FOOD AND OTHER RELATED ISSUES

6.1 Non-Food Items

6.1.1 NFI basket and distribution

The NFI basket includes Household items (HHs) like kitchen sets, blankets, sleeping mats, tents, tarpaulins and mosquito nets which are distributed to new arrivals and upon wear and tear . Clothes are also distributed upon arrival and on wear and tear. Soap is distributed on a monthly basis to all legible PoCs, and recommended is 200gms/individual, however the standard size available is 120gms, as such each Poc receives two tablets per month. Sanitary napkins contain 10 pieces in a pack and each woman between the age of 12 and 49 is given 3 packs per quarter. Briquettes on the other hand are only provided to people with special needs (PSNs) as and when they are available. Narratives from FDGs indicate that NFIs are not distributed as required due to poor logistical arrangements. For instance, soap had not been distributed for 3 months during the time of the assessment.

A market assessment was conducted and PoCs were more inclined towards cash based interventions as opposed to in-kind distribution for various reasons including freedom to be able to buy items that they are more familiar with. The report recommended that cash based interventions be considered as an alternative option for soap, sanitary napkins and briquettes. Cash would be provided for soap and sanitary napkins whereas vouchers would be considered for briquettes due to limited supply of this item on the market.

6.1.2 Procurement

Soap, sanitary napkins and briquetted are procured locally from local manufacturers, whereas HHs (kitchen sets, blankets, sleeping mats, tents, tarpaulins and mosquito-nets) are imported through the regional offices supply chain unit.

For cash based interventions, the report explored various options, and recommended paying out cash to PoCs through banks as the most feasible. This would require that they all open bank accounts where they would be receiving this support.

Recommendations

- Improve on distribution arrangements
- Review the NFI basket to consider possibilities of expanding the list of items being distributed and in addition explore the implementation of cash transfer modality for the NFI basket.

6.2 Social services

Most refugees have gone through traumatic experiences and depression hence need psychosocial support. Some refugees still find it difficult to cope with the new environment and are being exposed to further depression.

UNHCR facilitated a workshop on interviewing children skill and case management in 2014. There is a need to organize a training on handling cases with traumatic experience and sensitive cases to all case workers in the camp

There are groups of people with special need in the camp. These include Child Headed Households, Elderly people at risk, women at risk, People living with Disability, People living with HIV/AIDS, UASC and others. There is no consistent targeted assistances for these vulnerable groups. Plan Malawi with UNCH community services keeps the data base of these groups. Based on availability of resources, these groups get priority during targeted distribution of Food and NFI.

There is little IGA, sport and recreation activities in the camp. Most men in their productive age are idle and engaged in violence and unproductive activities. These contributed to increase SGBV cases in the camp. The sport teams also lack sport materials.

Recommendations

- Improve psychological support and mental health services
- Increased IGA and other NFI assistances to people with special needs

CHAPTER 7: PARTNERSHIP AND COORDINATION

7.1 Coordination platforms with PoCs

There is a lot of interaction between partners and PoCs at different stages, for instance Orientation meetings for new arrivals which happen when there are new comers. They are attended to by all partners who talk to them about services they are each responsible for. There are also other forums, for instance food committee and camp management committee meetings in which community leaders are involved. When there are issues, community and zone leaders are engaged and have so far assisted in resolving them without problems.

PoCs are also engaged in various voluntary activities, however there are concerns that the culture of volunteerism is not really embraced amongst PoCs, people want some token of appreciation otherwise they are reluctant to participate. There is also a culture of comparing interaction with various partners and making preferences whose partner activities they want to engage in.

7.2 Institutional, Strategic and Operation challenges

There is politics amongst partners working in camp. Some partners are not pleased when a client is referred to them and do not assist the client. They keep pushing clients amongst each other which becomes frustrating to PoCs.

Meager funding and inadequate resources were identified as some of the challenges affecting achievement of desirable results. There is also too much vandalization of property which hampers progress. Also, partner salaries are considered not competitive due to inadequate funding and this affects staff motivation.

There is need for a quadripartite agreement to make implementing partners' answerable to all key parties rather than having all implementing partners answerable to one agency only. This will ensure efficiency in handling matters of concern. There is already a quadripartite agreement which is outdated and simply needs to be reviewed.

A refugee policy is non-existent, still in draft form. A national migration policy which will be the umbrella of refugee policy and is funded by IOM is only at consultation level. This implies that the Refugees Act of 1989 is the only legal framework for refugees at the domestic level and since it does not address other issues, we have to continue making reference to international instruments which makes it difficult to make sustainable decisions.

7.3 PoCs Awareness of Partner Services

PoCs are aware of services offered by different partners in the camp, because they are oriented upon arrival and at different stages through meetings and awareness campaigns. The only challenge is that PoCs sometimes expect one partner to meet all their needs, and are not happy when referred; they feel you have failed to assist them.

7.4 Referral Mechanisms

Some partners stated there are formal referral mechanisms in place, however others seemed not aware of this. Apparently, there is a form in place for referrals which is used by partners. PoCs are however not pleased when referred; they expect one partner to address all their issues even if it's not their area of mandate.

It was also pointed out that commonly, leaders are the focal point for referring refugees to respective partners. These are well oriented and conversant with services offered by various partners in the camp. Cases that cannot be handled at camp management level and are related to immigration or anything of that nature are referred to Capital hill.

7.5 Meeting with UNHCR/WFP and Government

Partners explained they have very good working relations with UNHCR, WFP and Government. UNHCR & WFP meet regularly; and similarly UNHCR and GoM, and WFP and GoM meet regularly bilaterally, however there is not much interaction at tripartite or quadripartite levels.

7.6 Clear Division of Responsibilities between partners

There is clear division of responsibilities amongst partners, and all are aware of what they are responsible for. However, there is need to strengthen coordination in similar activities, for instance SGBV related activities. This is because a number of agencies apart from UNHCR and Plan Malawi are involved in these. Again, child protection activities need coordination amongst partners working with children in the camp. There should be a list of abandoned children shared amongst partners who deal with children at different levels in the camp. There is also need to define roles in the components of special needs and in income generating activities; sometimes there is a clash of activities; Lack of coordination duplicates efforts.

7.7 Flow of Communication

Generally, there is good flow of information; partners can talk over the phone or through emails and share required information. Sometimes they also organize meetings and discuss issues that are common to them. There is usually no clash of meetings as partners check with camp administrator before sending invitations. Also, UNHCR is commended for providing figures in time for food distributions.

Partners however are requesting feedback on narrative reports they submit to UNHCR on a quarterly basis so they can improve on quality of reporting. Sometimes challenges are raised in mid-year reports, but there is no feedback. There is one way traffic, and needs improvement.

The child protection focal point in UNHCR lacks continuity. Staff are changed frequently, and the committee has to continuously go back and forth to keep new people in the loop on child protection matters.

7.8 Commitment of Partners to Forums

Camp coordination meetings are supposed to be held on a monthly basis; however they happened less than three times in 2014. Coordination meetings at national level were reinstated in 2014 and Partners were able to meet to discuss common issues. However, not all Partners are committed to these meetings.

Also food committees did not happen as required, and in certain cases food distributions had to proceed without these meetings. It was however reported that most partners were engaged in interagency case management meetings, which was a positive move.

7.9 Functionality of Coordination Mechanisms

Partners would want all views to be taken seriously. Some agreements made in these forums are undermined and not implemented.

7.10 Monitoring Systems, Involvement in Joint Activities and Effectiveness

All partners reported having monitoring systems in place and to have participated in Joint monitoring exercises that happened in 2014. They however complained that reports from joint monitoring exercises are never shared. Furthermore, other partners could not conduct field visits which have to happen once a quarter due to inadequate funding.

Recommendations

- There is need to strengthen coordination in the implementation of projects with similar outcomes
- Partners should ensure and enhance their commitment to established coordination mechanisms

CHAPTER 8: CONCLUSION AND RECOMMENDATIONS

8.1 CONCLUSION

The camp has limited level of agriculture activities for a few households that were allocated small pieces of land to cultivate crops with no possibility of expansion. The population density for the camp is very high, surrounded by villages that are also reliant on agriculture and cultivating on the land surrounding the camp. Some refugees are lending small pieces of land from the Malawian society cultivating various crops. Despite the existence of the agriculture activities among some refugees, the land cultivated is small with very few households involved and realizing inadequate food production.

The majority of refugees in the camp will continue to be highly reliant on food assistance to meet their daily dietary needs. The food delivery and distribution systems are satisfactory. No concerns were raised regarding food quality. However, concerns were raised on the types of pulses distributed at the camp. Pigeon peas and yellow split peas are not preferred commodities. Distribution of maize also continues to raise concerns as their preference for cereals is rice. Provision of maize meal should be considered as an alternate. On the other hand, distribution of NFIs was not quite satisfactory due to delays in distribution encountered. In certain cases, it was reported that soap was only distributed after 3 months. There is need to strengthen the distribution process in UNHCR to avoid such delays. Some refugees have shown ability to complement the WFP ration with their own resources, i.e. through running small businesses, producing their own food, earning income from casual labor and employment. Despite this, it is recommended to distribute ration that provides the 2,100 kcal. If there is a shortfall in the supply of food commodities, the refugees should receive half ration with exception of the vulnerable groups (female headed households, UAM, elderly persons aged over 60 years, persons with disabilities, etc.) who should receive the full ration.

Environmental degradation of the surrounding areas remains a major problem. The local Malawian population and district authorities have showed concern and requested immediate intervention. Previous JAM recommendations to UNHCR and WFP to join forces to support district efforts to address deforestation has not materialized. Nothing has been done to replant trees in the surrounding areas due to funding constraints. This JAM maintains the same recommendation to address the environmental degradation. Meanwhile alternative options for fuel supply should be promoted to reduce the current full reliance on wood and charcoal.

The durable solution that is of most interest to refugees in Malawi is resettlement (RST). Given the fact that local integration prospects are limited and Volrep is not an option for most, resettlement is considered the most preferred solution for certain groups. There is appreciation on the importance of the process of the status determination interviews amongst PoCs, however PoCs complain of the length of the process and lack of feedback. They said they are not aware of the tracking system installed by the US.

In as much as PoCs receive adequate support from immigration officers and other personnel at the transit shelter in Karonga, there is need to improve on reception conditions in relation to size of the shelter, sanitation, food and cooking fuel.

In general, PoCs are not happy with the services provided at the health centre clinic due to inadequate capacity and lack of drugs. There is also an increase in malnutrition amongst the under 5 and pregnant women. The water and sanitation situation in the camp is said to be poor. There are only 26 boreholes against a population of over 20 thousand persons. And there are only 48 communal toilets against the same population of people. On average, each house hold has a 20L jelly can for storage of water which is inadequate to last all day. All these statistics are far below UNHCR acceptable standards.

Shelter is another big concern in the camp considering the size and designs of the units which again do not meet UNHCR standards. A site plan should be referred to when planning designs in new zones in the camp. There is also need to consider supporting PoCs with shelter tool kits to make their houses habitable, more especially during rainy season and for the physically challenged. Environmental issues should be addressed through awareness campaigns and replanting of trees that have been destroyed to avoid conflicts with host communities. UNHCR should also scale up its support of providing for mosquito nets to increase coverage.

Education standards need improvement especially in relation to infrastructure and reducing the teacher student ratio from 1:90 to the acceptable Malawian standards of 1:60 at least. Child labour and issues surrounding early pregnancies need to be investigated further and addressed to increase enrolment in schools. Awareness raising on importance of education needs to be continued, and if necessary scaled up.

There is a lot of insecurity in the camp due to increase in crime. Children, especially CHHs and single people are most at risk. The disabled and elderly are said to be attacked by hostile youth. The most common crimes include theft, house breaking and rape. Rape is reported to be the most common crime. The security systems are reported to be extremely weak, with most security personnel demanding bribes for cases to be heard and pursued. There is need to strengthen the security system in the camp by increasing number of constables and equipping the sungusungus.

Relations with host communities seem to be on the edge. There is need to address some of the underlying concerns with PoCs. Platforms between host community and refugee community leaders should be created where they will resolve issues amicably, rather than wait for an escalation. Host community leaders should also be encouraged to sensitize community members on procedures to be followed to sell or lease their private land to PoCs. Advocacy campaigns on public attitudes towards PoCs should also be continued.

On gender equality, there is 50/50 representation in leadership position, however there is still need to encourage women to actively participate in these committees. Cultural factors should be taken into consideration when planning an intervention in this respect.

Children are reported to be most at risk in the camp, more especially CHHs. There is also an increase in child labour due to poverty. Rape cases are on an increase and those most affected are young girls especially CHHs.

Generally, there is good coordination amongst partners, however this could be improved. There is need to strengthen coordination in the implementation of projects with similar outcomes. Partners should be encouraged to enhance their commitment to established coordination mechanisms

8.2 RECOMMENDATIONS

- There is need to continue providing food assistance to all refugees at the camp as there is limited land provided to very few households to produce own crops and also limited livelihood sources to acquire income hence their reliance on food assistance to satisfy dietary needs.
- Consider reviewing the types of food commodities in the ration by taking into account of the food preferences while maintaining nutrition adequacy and minimizing costs. Also consider inclusion of salt and sugar in the ration, commodities that are persistently missing in the monthly food distributions due to pipeline break.
- Provide full ration required to satisfy dietary needs. In case of pipeline break and that ration size is reduced, consider providing full ration to the most vulnerable groups such as the chronically ill, elderly, widowed, and child headed households
- When the situation requires providing half ration, the most vulnerable groups of people should continue receiving the whole ration. The most vulnerable people are the following: single children, elderly headed households, widows, households that are keeping chronically ill people.
- Explore implementation of cash transfer modality for commodities such as cereals, pulses, and oil after the end of the 2014/15 MVAC response programme.
- Prices of food commodities vary significantly between the post-harvest and lean season of the year. As a result, the transfer value should be adjusted within certain levels of changes to accommodate price fluctuation. The price adjustment is proposed to be effected for changes of greater than 10%.
- UNHCR should continue targeting long stayers for resettlement, lobbying Government for local Integration and raising awareness to encourage repatriation.
- It is important for Government to resume the RSD process to avoid frustrations among PoCs. Also there is need for mechanism in place for informing people when due for interviews to avoid having people missing out on interviews due to lack of proper communication
- There is need to improve on reception conditions in relation to size of the shelter, sanitation, food and cooking fuel.
- There is need to improve on technical capacity at the health Centre especially in the clinical and nursing departments to deal with the current staffing crisis. The drug situation and the laboratory capacity should also be reviewed and way forward charted on how to improve the situation.
- The increase in malnutrition in children under 5 and pregnant women needs to be investigated further and corrective action taken. The chronically ill, elderly and people living with HIV/AIDS also need to be considered in the planning for provision of nutritious food.
- UNHCR should work on increasing water points and sanitation facilities in the camp in order to at least meet acceptable standards.

- A site plan should be referred to when planning designs in new zones in the camp. There is also need to consider supporting PoCs with shelter tool kits to make their houses habitable, more especially during rainy season. Environmental issues should be addressed through awareness campaigns and replanting of trees that have been destroyed to avoid conflicts with host communities. UNHCR should also scale up its support of providing for mosquito nets to increase coverage.
- Child labour and issues surrounding early pregnancies need to be investigated further and addressed to increase enrolment in schools. Awareness raising on importance of education needs to be continued, and if necessary scaled up.
- Regarding relations with host communities, there is need to address some of the underlying concerns with PoCs. Platforms between host community and refugee community leaders should be created where they will resolve issues amicably, rather than wait for an escalation. Host community leaders should also be encouraged to sensitize community members on procedures to be followed to sell or lease their private land to PoCs. Advocacy campaigns on public attitudes towards PoCs should also be continued.
- On gender equality, there is still need to encourage women to actively participate in these committees. Cultural factors should be taken into consideration when planning an intervention in this respect.
- Child protection systems need to be strengthened. CHHs should be monitored on a constant basis and mechanisms for continuous monitoring should be put in place.
- In as much as coordination is on acceptable levels, there is need to have it strengthened in the implementation of projects with similar outcomes. Partners should be encouraged to enhance their commitment to established coordination mechanisms.

ANNEX: FOCUS GROUP CHECKLIST

a) Partnership and Coordination

(Key Informants from IPs-to be identified by each Partner, Focus Group Discussions with refugee community and zone leaders, groups of men and women by nationality, persons with special needs)

- How do the partners interact with the refugee communities? Are there any barriers to smooth cooperation?
- What are the main institutional, strategic and operational challenges faced by the humanitarian actors in the course of implementing food interventions
- Are refugees aware of the services provided by each partner in the camp?
- Are refugees satisfied with the referral mechanisms currently in place?
- What are the coordination platforms between refugees and partners? Do they take place as required?
- How often does the WFP/UNHCR/Government meet? Are there any barriers to smooth relations?
- Is there any quadripartite agreement on the food assistance to refugees in place? Is it well in use to divide the roles and responsibilities? If not, what can be done to improve?
- Is there a good flow of communication amongst partners?
- Is there a clear division of roles and responsibility in the refugee operations? Is each partner aware of these roles and carrying them out?
- Are partners aware of coordination mechanisms in place?
- How committed are partners in the following forums?
 - Coordination meetings; Camp Coordination/management;
 - Food Management Committees; Interagency Case Management
 - Community Policing- IPs Forum; Housing Committee
- Are all the coordination forums above fully functional? If not why? What can be done to revamp them?
- Have partners put in place mechanisms for monitoring of projects? Do partners get involved in joint monitoring exercises? How effective is the coordination?

b) Food Security, Health and Nutrition

i) Food Security:

- What do women and men in the camp do to obtain income and food? (please put answers for these two groups separately, this will help us see the major sources of income and food for men and women in the camp)
- What is the average wage they can obtain from these activities? (as above)
- Have income sources changed in comparison to the past year? If so in what way?
- What proportions of each group are there in the camp?
- In general have there been any changes in food consumption over the last 6 months? How is food consumption trend affected during the rainy season Does this affect a particular group? Who are the most affected groups?
- Do you have a plot of land? If yes, who owns that land (male/female)? What did you produce last season? (quantity)
- Do you rent land for cultivation
- How much do you pay per piece of land/acre
- What crops do you grow? Are they for subsistence or for selling
- If no to both, how do you get food

- Do you keep livestock? Type? Do you use for consumption or selling?
- Do you think the available land is fully used?
- For those who don't have land how do you manage to support your family?
- Do you get any help for farming? If so what do you get?
- Include coping mechanisms question?
- What are your & your family's future plans?

ii) Health & nutrition issues:

- What are the common health problems people suffer from in the camp?
- Have there been any changes in the health of people during the past 6 months compared to the past few years. What is different and why?
- Have people change their use of health services in the past 6 months compared to before? How and why?
- Are people satisfied with health services provided in the camp and if not why?
- What do you think about the nutritional status in the camp? Which group is the most affected?
- What do you see as the causes of malnutrition? Has the situation changed in the last 6 months?
- Is vaccination accessible to individuals that need it?
- How often is it provided?
- How important is the coverage of the vaccination in the camp?
- For People of Concern living with HIV, are they provided any support? What kind of support is provided?
- What are your & your family's future plans?

c) Food Assistance

- What is your opinion regarding the current food basket (types of food received, Maize grain, pulses, oil etc - the combination)?
- Does the ration cover the household food needs for the month (quantity)?
- If not, why and what are your options regarding the combination and quantity?
- Do you receive your monthly ration on time (according to the communication)?
- In your own opinion, do you think all the refugees in the camp deserve to receive the food assistance?
- In No, why do you think so?
- Are all the people in the camp that are supposed to receive food registered and receiving food?
- If not, why?
- Which groups deserve more than the others? (Check on gender sensitivity)
- What could be the best approach to target only the deserving group?
- What is your opinion regarding the quality of food received? (Check by commodity)
- From your observation, do households consume the food received or the sold to access the more preferred food types?
- If yes, what types of food are absent from the basket but more generally preferred?
- If given a chance to choose between food, cash or a combination of both, what would you prefer?
- What are the three main reason for the choice of your assistance?
- What is your opinion regarding the timeliness in food distributions? What do you recommend in terms of timeliness of food distributions, handling the vulnerable (children, women, the sick and elderly)? Are there any arrangements for these groups?
- What is your general impression of the food assistance provided and what needs to be improved in general?

d) Shelter, Security and Land

i) Shelter

(Targeting key informants: Security Chief, Camp Manager, Mixed nationalities (household head by family size) boys and girls.)

- What is your dwelling place? Shelter/house; What is your family size? F1; F2; F3;
- Number of rooms in dwelling house? 1; 2; 3; 4; 5; 6..; Type of dwelling house: mud; brick house
- Roofing of dwelling house: grass; iron sheets;
- Condition in rainy season: leaks heavily; leaks a little; does not leak
- Condition in winter: very cold; reasonably cold; manageable
- Is the shelter environment child friendly?;Is there enough space for children i.e. bedrooms
- Do boys and girls sleep in the same room?; How supportive are the shelter to children with disabilities?;Do children sleep under mosquito nets?

ii) Security

- Do you feel secure: yes / no?; If no, why not: too much crime (theft, burglarly etc)
- Rate of crime: daily; weekly; monthly; not often; Nature of common crimes: theft, burgary etc
- Support from police: adequate, not enough, very poor
- Support from neighborhood watch: adequate, not enough, very poor
- Support from other implementing partners (plan/ UNHCR): Adequate, not adequate, very poor
- Is the environment safe for children; Are there child protection structures/committees and identifiable referral systems in place?
- Is there a child justice court; what are the post rehabilitation activities in place for children?
- Are children aware of their own rights and security; Are children able to report to the security structures and how responsive are the structures?

iii) Land

- Do you have access to land for shelter: yes / no?
- If no, whose house do you live in?
- Why not?
- Do children have access to land like anybody else, (targeting child headed households)

e) Economic and Social Context

- How do restrictions affect living conditions of refugees?
- Do the refugees have access to natural resources such as land for cultivation, markets and transport, health and education facilities?
- What is the perception of the local population towards refugees in general and this
- Group of refugees in particular?
- What is the economic, food security and nutritional situation in the areas hosting the refugees?
- Is there any food production in the host community? Describe the available types of food production.
- What is the capacity of the producers? Determine if this is enough to provide for the refugees.
- What are the main sources of income in the hosting area?

f) Livelihood and Self Reliance

- What do refugees (men and women) in the camp/local host population in villages surrounding the camp do to obtain an income and food?
- Are there any changes in the camp/local host population in income sources in comparison to the past two years? If so in what way?
- How do refugees in the camp/ local host population in villages surrounding the camp characterize wealthier, middle and poorer households?

- What proportion of each groups are there in the camp/surrounding villages?
- What is the current food situation? Are people getting adequate food? How are women, girls, children, and elderly, persons with disability affected by the food situation? Who are the most affected groups?
- Do you have a plot of land? What is the criterion used to distribute plot of land/how do you acquire land? Do you think those who get a plot of land fully utilize it? For those who don't have land how do they manage?
- Do you think skills training would be useful? If so what types of training people wish to have?
- What types of micro business are considered more profitable in the camp/surrounding villages?
- Is it possible to access credit? If yes how and what type of credit is available? What are the interest rates?

g) Gender and Protection Issues

(The focus should be on women participation, SGBV and durable solutions)

i) Participation

- Are the women represented equally (50/50) in the committees? , If not why?
- Are women involved in decision making process in community structures?
- Are there any differences in the positions being held by women/men in these committees?
- With specific to food related committees and NFIs, are there any challenges women face in their respective roles? If yes, what could be some of the possible ways of addressing those challenges?

ii) Food Insecurities & SGBV

- When there is no/enough food in this camp, what do the following groups do in order to cope with those situations?
Women; Men ; Girls; Boys; Elderly; People with disabilities People living with HIV and AIDS;
- Have you seen/heard of GBV incidences in this camp that have happened because of lack of food? If yes, what were these? Who were the perpetrators?

iii) Partnership/Coordination

- Is there any awareness raising programme in this camp about SGBV? (probe further how this is done and by who)
- In cases of SGBV/child violence, where do survivors refer their cases to? (please highlight all the referral systems and any psychosocial support services in the camp)
- In your opinion, are those referral systems/psychosocial support services effective enough to handle those cases? What could be the challenges and possible solutions to those challenges (for each of the above mentioned system/service)

iv) Resource Allocation & Entitlement holders

- Do women receive food and nonfood items?
- Do women have farming land?
- Do women own a ration card? Who is a PA in most cases?

h) Relationship with local community

- How do you describe your relationship with Malawians?
- Do u feel safe in Malawi, if not what do u fear?
- Do you interact with the host community, in what occasions and how frequent
- How do you propose for the relationship to strengthened?

i) Resettlement

- Does resettlement as a durable solution target the most vulnerable individual and refugee families in the camp?
- How are refugees' expectations vis-à-vis resettlement being managed?
- Do refugees understand what resettlement means?
- Do refugees understand that resettlement-related fraud will result in repercussions for resettlement cases?

j) Repatriation and Local Integration

- Are refugees willing to repatriate back to their countries of origin?
- What obstacles do they face when they wish to return?
- How do you assess UNHCR's voluntary repatriation programme /how should it improve?
- Are there any refugees willing to obtain Malawian citizenship?
- Do they understand the procedures and do they have a means to access the procedures?
- What can UNHCR and refugees do to improve prospects for local integration

k) Refugee Status Determination

- How were you received by Immigration Officers at the border?
- How were you assisted at Karonga Transit Centre
- Do you know how you are called for RSD interviews with the RSD Unit?
- Do you know why it is important to attend the RSD interview?

l) Water and Sanitation

(Targeting key informants; Water and Sanitation Teams, mixed nationalities)

i) Sanitation

- What kind of sanitation systems used in Dzaleka:
Traditional latrines; VIP Latrines; Aqua privys; Flush toilets; Public toilets Open defecation
- How is evacuation and transportation of excreta handled in Dzaleka camp
Manual pit emptying; Vacuum tanker per load household; Sewer lines; Open drainages
- How is treatment and disposal handled?
Septic tanks; Biogas; Pond systems; Central treatment
- Where do household dispose
River; Ponds; Septic tank; soak way; openly
- How communal do toilets dispose?
- What facilities do people use for bathing
- What facilities do people use for hand washing?

ii) Water

- What is the main source of water in Dzaleka camp?
- How far do you go to fetch water?
- How long do you have to wait to get water? If long waiting queues, why?
- Do you think people are able to get the amount of water they need? If not, where and why?
- What do you use for water collection?

- How often do people normally bath and wash clothes?
- m) Fuel and Other Non-food Items**
- i) Fuel**
 - What is your source of fuel?
 - How do you get it?
 - Is it sufficient for your basic fuel requirements?
 - ii) Other NFIs**
 - What other NFIs do you have access to?
 - Where do you get them from? Distribution / purchased
 - If distributed, how often are they distributed to you?
 - Are they sufficient to meet your basic needs?
 - What additional basic NFIs do you require to be distributed to you?