The Danish Emergency Relief Fund

**HUMANITARIAN intervention**

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| Has your organisation prequalified for DERF funding? | * *Yes*   *X No (application is attached)* |

1. **Relevance, appropriateness and timeliness of the intervention**

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| ***Explain why you have selected this particular response to the crisis.*** The 2018 year was marked in Mali by a deterioration of the security situation in the centre of the country, particularly in Mopti region, which is experiencing a significant increase in security incidents, crime and inter-communal conflicts exploited by radical armed groups. According to a report from the Malian Human Rights Association (AMDH), since the beginning of year 2018, the **centre of Mali** has been subjected to **extreme violence**, accounting for about **40% of all attacks in the country**, making it the most dangerous area of Mali at present, and reportedly made about **500 civilian casualties** between January and August 2018 and caused the deaths of dozens of combatants during massacres, attacks or fighting.[[1]](#footnote-1) For the months of April to June 2018 alone, at least 287 people were reported killed in the community violence, of which 91% were men.  A report from the government and the national protection cluster indicates that 80,302 persons (14,841 households) were internally displaced as of the end of September 2018. There were 526,505 returnees in the neighbouring countries of Mauritania, Niger and Burkina Faso, while 139,978 refugees remained there.[[2]](#footnote-2)  According to a report of November 25, 2018 on the situation of displaced persons in the Mopti region by the Regional Directorate for Social Development and Solidarity Economy (DRDSES), there was a **sharp increase** (179%) in the number of internally displaced persons between September and November 2018 from 16,613 to 45,217 people. The majority (66%) of these people are located in the districts of Koro (17,633 people) and Bankass (12,168 people). Population displacements continue to be observed especially in the district of Bankass because of the persistence of insecurity. There have been multiple incidents in recent weeks and months.  Most of the internally displaced populations are housed by host families, creating increased pressure and vulnerabilities in the area. Displaced populations often know that conditions are not better in the places they arrive in and that host populations themselves are already under pressure because of the negative impacts of the difficult agro-pastoral season of 2018.  There are about 124,000 people in need of immediate food assistance in Mopti region, which accounts for nearly 67 percent of those currently in crisis. The situation in the region is mainly related to inter-community conflict, which has severely disrupted economic activities or even prevent the establishment of crops in most of the municipalities in Koro and Bankass districts. This follows several years with poor harvests due to recurrent droughts.  **Appropriateness**: CARE and IMADEL have evaluated both food voucher and cash transfer modalities as possible responses.Food vouchers were selected as the most appropriate modality in the intervention zones and believes this is reasonable and will enable beneficiaries who collect their food baskets in the market to reduce negative coping strategies such as sending family members away, removing children from school to save money, sending children to work, forced child marriage or other damaging social behaviours. The beneficiaries have access to the local markets. Therefore, given the local context (insecurity, markets, infrastructure and delivery mechanism), **CARE and IMADEL have determined that food vouchers have the most reasonable chance of success in the district**.  The food assistance in Bankass District will cover a period of three months from March to May 2019. WFP will provide food assistance in Koro District in the same period. Each household will receive monthly food vouchers with a value of US$63. This will enable them to collect food baskets from approved traders in their locality. WFP will provide food assistance in the following months from June 2019. The proposed foodbasket has been **harmonized with other stakeholders** such as WFP**.** The standard food basket for one person per day is composed of 400 g of cereals (rice), 100g of legumes (cowpeas or niebe), 25g of vegetable oil and 5g of salt to meet the 2,100 Kcal per day.[[3]](#footnote-3) With the electronic voucher used by this project, the following food items will be redeemable: rice, millet, couscous, sugar, powdered milk, salt, cowpea, peanut, and vegetable oil. These products are part of the eating habits of the households in the targeted areas.  **Timeliness:**  Given the persistence of inter-communal and armed conflicts in Bankass District and the significant increase in displaced populations in the area, this intervention will offer opportunities for people in need to use vouchers to purchase foods that improve their nutritional status. This will have the effect of significantly reducing the morbidity and mortality of mothers and children, including lactating and pregnant women and children under five. The intervention is further timed with the needs of the target population in Bankass District in relation to the support from WFP, which begins in June. |
| ***Explain how you will start your activities in 7 days and finish within the duration of the proposed intervention.*** CARE and IMADEL can initiate activities quickly due to their strong presence and experience in the area and will be able to finish within the project duration.  **1. CARE and IMADEL's experience and presence in Mopti Region.** CARE works in Mopti Region and more specifically in Bankass District through six ongoing long-term projects in food security, resilience, nutrition, WASH and gender equality and women’s empowerment. IMADEL is located in Mopti Region, has worked in Bankass District since 2015, and is currently involved in improving access to water, hygiene and sanitation.  **2. Trained emergency staff:** CARE and IMADEL have implemented emergency projects since 2014, most recently in response to the lean period between June and September 2018. Ten staff were mobilized for food distribution in other districts of the region and IMADEL staff were trained by CARE in emergencies.  **3. Partnership with ECOBANK and local merchants**: CARE is working with ECOBANK Mali for the electronic voucher (e-voucher) system and local merchants for provision of food products.  **4. Beneficiary list**s are already established by DRDSES and can quickly be validated for assistance. |
| ***How are you co-ordinating, and with whom?*** CARE is very active in several of the humanitarian coordination mechanisms at the regional level in Mopti and at national level. This includes thematic groups such as the food security and nutrition clusters, the cash working group, various OCHA coordination fora, as well as the Thematic Report on Humanitarian Aid (GTAH) group. An Inter-Agency Humanitarian Coordination Group (GIAC) is established in the region and has more than 10 active members. It is composed of the Regional Directorate of Social Development and Solidarity Economy (DRDSES), UN agencies (WFP, FAO, UNICEF, UNHCR, WHO, IOM), international organizations (ICRC), and humanitarian actors such as CARE, SCI, WVI, DRC, NRC, IRC, and DCA. The GIAC deals with natural disasters such as floods and droughts as well as conflicts with population displacement. Meetings are held monthly allowing for information sharing, coordination of various rapid needs assessments and, where appropriate, of the responses. It is through this forum that advocacy on unmet needs is made. All issues relating to displaced populations are managed by the DRDSES in collaboration with OCHA as the lead for humanitarian coordination. IMADEL is a member of the nutrition, WASH, education and health clusters and participates in monthly meetings at national and Mopti regional levels.  CARE will introduce the project at national level. IMADEL will primarily coordinate among the regional food security cluster members. GIAC will be informed of the project and necessary synergies will be developed in coordination with other organizations operating in the same area. |
| ***What will success look like, and in what time frame?*** Specifically, the intervention aims to provide monthly food assistance to save the lives of 1,000 displaced most vulnerable households (50% female-headed) in Bankass District **who do not have sufficient resources to meet their food needs during the next pre-lean season and who are not beneficiaries of any other food aid program.** It is further the aim that the funding will reduce violence and tensions due to the food crisis within households. CARE will ensure that IMADEL staff have received training on UN Resolution 1325 and PSEA. IMADEL field staff will take all measures to ensure the protection of women and older people against the risk of violence and harassment. IMADEL will inform women and men on the UN Resolution 1325 regarding women’s participation in conflict resolution processes. |

1. **Partnership**

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| ***Describe the contributions, roles and areas of responsibility of all partners of the proposed intervention including each partner’s implementation responsibility***.The roles and responsibilities of IMADEL will be to:   * Inform local authorities, community leaders and beneficiaries about the objectives and expected results of the project as well as the methodology to be adopted; * Organize food voucher distribution to beneficiaries and inform beneficiaries about the use of vouchers, frequency of distribution, etc.; * Organize awareness sessions on wash, nutrition and gender and set up complaints committees.   CARE in Mali and Denmark will be responsible for:   * Financial management and oversight, overall monitoring, reporting, evaluation and learning functions; * CARE will be ultimately responsible to CISU for progress in implementation, observation of CISU procedures, and financial and narrative reporting. |

1. **Target groups**

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| Planned target population: | | | | | | | |
| Type of Activity | Female (by age) | | | Male (by age) | | | Total |
| Under  18 | Over  50 | Between  18-50 | Under  18 | Over  50 | Between  18-50 |  |
| Distribution of vouchers | 1,800 | 120 | 1,380 | 1,380 | 60 | 1,260 | 6,000 |
| Awareness sessions on WASH, nutrition and gender related issues, including GBV | 1,800 | 120 | 1,380 | 1,380 | 60 | 1,260 | 6,000 |
| Total | 3,600 | 240 | 2,760 | 2,760 | 120 | 2,520 | 12,000 |
| Total adjusted for double counting | 1,800 | 120 | 1,380 | 1,380 | 60 | 1,260 | 6,000 |
| ***How do you calculate the number of people who shall be assisted through the various activities?*** According the population movements report from the Regional Directorate of Social Development and Solidarity Economy of November 15, 2018, 30% are girls under 18, 23% are boys under 18, 23% are women between 18 and 59, 21% are men between 18 and 59, 2% are women over 59 and 1% are men over 59. Each household has on average six members.  ***Which vulnerable groups are you specifically targeting?*** IMADEL will identify beneficiary households within IDPs who are categorised as highly vulnerable and not reached by any food assistance programme. More specifically, the project will target female headed households with children under 5 or with a higher number of female members. | | | | | | | |
| ***Explain how the target population has been and will be involved in your proposed intervention.*** Beneficiaries will be involved from the moment of targeting through community leaders, village chief and their advisers. They will be informed about the project, its objectives, targeting criteria. They will be represented by distribution and complaints committees established at the distribution sites to ensure the proper implementation of the project and avoiding harm.  The initial list of households will be further validated through physical verification and through consultation with partners operating in the target areas to ensure that there is no duplication. CARE will control and ensure that households selected are meet the criteria as validated with communities. | | | | | | | |
| ***Explain how you plan to be able to identify and respond to potential complaints from the target population.*** CARE emergency response takes into account the accountability to beneficiaries of humanitarian assistance provided by donors who have made the resources available:   * The feedback and complaint mechanism will be set up by IMADEL through complaint committees and two telephone lines (two different operators) handled by CARE, which allows beneficiaries to use them at any time. * Dialogues will be organized by CARE and IMADEL in focus group with the beneficiary populations to discuss the results of feedback to the communities, to identify the important problems to which we should pay some attention and to agree how to respond to them for future interventions. | | | | | | | |
| **Explain how you plan to source your goods *(please tick all boxes that apply)***   * *Internationally* * *Regionally / neighbouring country*   X *In country / locally*  X *Cash based programming*   * The activities will be carried out through cash-based programming using a food voucher modality. * Food will be purchased by voucher holders from local vendors. | | | | | | | |

1. **Sector specific information:**

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| What sectors will the proposed intervention’s activities most relate to (please tick ALL that apply)? | X *WASH*   * *Health* * *Shelter*   X *Nutrition*   * *Camp Management* * *Education* * *Protection*   X *Emergency FSL*   * *Other (specify)* |

1. **Strategy and expected results of the intervention**

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| **Describe objective(s), activities, expected outputs and indicators to be applied**  **Objective:** Immediate food needs of 1,000 vulnerable IDPs (50% female headed) withstand current food crisis due to conflict in Bankass District in Mopti Region through an electronic vouchers system.  **Activities:**   * Introduction of the project to local stakeholders (social service officers, local authorities and community leaders) in Mopti region and Bankass district; * Rapid targeting process (social service officers, local authorities and community leaders) trough updating the lists available; * Field staff training and orientation on key topics (nutrition, WASH and gender); * Development of food voucher distribution strategy with private sector and community stakeholders; * Establishments of Food Distribution Management Committees and beneficiary feedback committees; * Organisation of food voucher operations (March, April and May 2019); * Organisation of community awareness sessions in nutrition, gender, wash and food hygiene practices.   **Monitoring and evaluation activities:**   * Planning and conducting project monitoring (routine); * Preparation and conducting project review for lessons learnt and success; * Submission of project financial and narrative reports.   **Expected outputs:**   1. Access to food for vulnerable IDP households increased. 2. Awareness of good food and nutrition practices raised. 3. Community complaints and feedback mechanisms established.   **Indicators:**   * # of IDP households (male/female headed) have received food vouchers; * % of households (male/female headed) with Acceptable Food Consumption Score (FCS); * % of households (male/female headed) report decrease in use of severe food security coping mechanisms (measured through Reduced Coping Strategy Index); * % of households have improved their nutritional knowledge and practices, and food hygiene practices; * Number of participants trained in community complaints and feedback mechanisms. | |
| **Describe how and with which methods the proposed intervention is to be carried increasing the likelihood that it may lead to the objectives defined and avoid potential negative effects on the target group.** In line with existing analysis and CARE’s organizational commitments to gender, CARE and IMADEL will ensure specific gender considerations are integrated into the emergency response, as well as monitored throughout the response ensuring for example that: a) women are represented in community meetings and committees including project targeting and monitoring activities; b) childcare is available during community meetings and cash pick-up; c) that women have a safe and secure place to collect their food; d); distances and logistics of distribution site are sensitive to both the gender division of labour and household workload; and e) safety is secured for obtaining food voucher. CARE Mali will also put mechanisms in place to ensure adequate safety and wellness of beneficiaries and staff:   * **Beneficiary selection registration:** CARE will ensure the beneficiary selection process is transparent and that all beneficiaries are aware of selection criteria. Sensitization campaigns will be done by IMADEL through the registration process in the presence of the community representatives and the local authority. * **Location and safety of food voucher sites:** All possible efforts will be made to ensure close proximity of sites. CARE will conduct an analysis of the security situation before each movement in collaboration with CARE’s security officer. Local information committees will be established by IMADEL in each village. CARE and IMADEL staff will be further trained on not carrying or using any unnecessary equipment to make staff stand out in high-risk areas. Travel will be coordinated with local leaders and key local authorities. | |
| **Describe how the proposed intervention strengthens local ownership and capacities.** In order to build local capacity, CARE implements its humanitarian intervention with local organizations, which are included in the need assessment, the targeting and the response. We have established long-term relationships with some of them as a result of the work we do with them in development program over the last 15 years. | |
| **Describe the risks to a successful intervention, and how you are managing them**. | |
| **Nature of the risk** | **Mitigation actions** |
| Inflation | * Option made for food vouchers that protects beneficiaries against any market price fluctuations * Analyse market price fluctuations over the period and maintain the dialogue with authorized traders for the operation |
| Reduction of the quantity of ration or poor quality of food products delivered | * Establish a monthly inventory tracking system (quantity and quality) by IMADEL teams and Food Distribution Management Committee members before start of distribution * Strengthen the capacity of beneficiaries to make provide feedback and make complaints where appropriate * IMADEL team ensures that traders' measurement tools are accurate and reliable |
| Fraud (exchange of voucher for a lower amount in cash), corruption and counterfeiting of vouchers | * CARE will establish secure electronic vouchers * Collect and keep in secure place the e-vouchers after each distribution * IMADEL will inform and sensitize the beneficiaries and traders on the risks of fraud and measures that will be taken against violations * Strengthen the complaints mechanism * Train CARE and IMADEL staffs on standard operating procedures SOPs) regarding fraud |
| Insecurity | * Identify secure sites for distribution and not too far from the beneficiaries * Distribute prior to sunset * Train IMADEL staff on Safety Security Management Plan (SSMP) and SOPs (movement protocols, personal safety and security, visibility, etc.) as well as management of security incidents |
| Protection of vulnerable beneficiaries | * Train CARE and IMADEL teams on the principles, norms and standards of humanitarian assistance; protection and sexual exploitation and abuse policy * Give priority to pregnant and lactating women, elderly/sick and beneficiaries living far from distribution sites * Ensure minimum amenities (water, toilets, sun shelter on distribution sites * Make separate queues for women/girls and men/boys * Avoid having minor children working on distribution sites |
| **Describe the monitoring for documentation of achievement of results and lessons learnt, accountability and learning systems that you will employ.**  The monitoring, evaluation, accountability and learning system will focus on accountability to beneficiaries and donor, collection and analysis of age and gender disaggregated data, timeliness in service delivery, and quality of services offered to project beneficiaries through a rigorous participatory performance management system that enables documentation, learning and knowledge sharing. The program will be implementing all activities with IMADEL, and monitoring will be conducted by the project MEAL Officer. CARE’s National MEAL Coordinator will provide overall technical support in development of monitoring tools, data collection, analysis and reporting, ensuring compliance to DERF standards.   * **Routine monitoring**: Monitoring of implemented activities, as well as output and outcome-level results will be done using simple, standardized, gender sensitive data collection forms. The project will use an Android-based data collection technology/system that allows to collect and synchronize data electronically directly in the program web-based M&E platform. * **Feedback, Complaints and Response Mechanism (FCRM)**: The program will create or revitalize complaints committees (that ongoing long-term projects set up) to ensure that all the complaints are collected and addressed in a timely manner. The project will utilize the experience gained from the ECHO-funded Listen Learn and Act (LLA) initiative implemented in Mali (2016-2017) This will include holding community dialogues and meetings. The program will also share PDM and FCRM feedback with the community. The minutes of the meetings will be documented. * **Market monitoring**: To ensure that the local markets are functioning well and staple foods (both imported and locally produced) are available in the local markets. IMADEL will conduct regular market assessments of quality, quantity and stability of food prices. * **Project review**: At the end of project, a review will be carried out, as per CISU requirements. CARE Danmark will join in learning and evaluation work with a view to extract learning for future humanitarian interventions. | |

1. Malian Human Rights Association (AMDH) investigation report on November 2018 (<https://reliefweb.int/report/mali/dans-le-centre-du-mali-les-populations-prises-au-pi-ge-du-terrorisme-et-du>) [↑](#footnote-ref-1)
2. Population Movements report published November 15th, 2018 (<https://reliefweb.int/report/mali/mali-rapport-sur-les-mouvements-de-populations-15-novembre-2018>) [↑](#footnote-ref-2)
3. According to the Household Economy Approach (HEA) methodology and international standards. [↑](#footnote-ref-3)