



*MRCs National Response Team offering immediate lifesaving support to affected communities. Source: MRCs*

Appeal No: <b>MDRMW018</b>	To be assisted: <b>160,000 people (32,000 households)</b>	Appeal launched: <b>17 March 2023</b>
Glide No: <b>EP-2022-000298-MWI</b>	DREF allocated: <b>CHF 1 million</b>	Disaster categorization: <b>Orange</b>
Operation start date: <b>17 March 2023</b>	Emergency Appeal end date: <b>31 March 2024</b>	Response Operation closing date: <b>30 April 2024</b>

**IFRC Secretariat funding requirements: 5 million CHF**

**Federation-wide funding requirements: 6 million CHF**

## TIMELINE



- 10 March 2023:** Department of Climate Change and Meteorological Services (DCCMS) issues warning for Tropical Cyclone Freddy.
- 10 March 2023:** Malawi Red Cross Society (MRCS) deploys National Response teams to 10 priority districts. Danish Red Cross makes funds available for early action.
- 12 March 2023:** Freddy starts to impact the southern region of the country.
- 13 March 2023:** President of Malawi declares state of disaster in some districts of the southern region.
- 13 March 2023:** IFRC releases funds to MRCS for lifesaving action including Search & Rescue and rapid assessment.
- 14 March 2023:** IFRC Surge Team deployed including rapid response personnel and Emergency Response Unit (ERU).
- 17 March 2023:** Initial reports indicate 86,604 households displaced, representing approximately 362,928 people. This will increase to 126,511 households and 563,771 people by 24 March.
- 17 March 2023:** IFRC issues Emergency Appeal for CHF 6 million, to cover 160,000 people.



# OPERATIONAL STRATEGY REVISION

This revised Operational Strategy aims to accommodate the necessary timeline adjustments required for the Malawi Red Cross Society (MRCS) to finalize the interventions outlined in the third operational update, released on December 15, 2024. Initially, the interventions for the Emergency Appeal were due to conclude by March 31<sup>st</sup>, 2024. This revision is developed to detail activities that will go beyond the Appeal time frame and be completed under the IFRC Network Country Plan. We expect these to be completed by 30<sup>th</sup> April. The interventions that will be completed within the IFRC Network Country Plan are detailed in the section entitled **Planned Operations**. The estimated value of the activities to be completed is CHF 81,012.

The IFRC Network Country Plans take an integrated view of ongoing emergency responses and longer-term programming tailored to the needs in the country, as well as a Federation-wide view of the country's action. This aims to streamline activities under one plan while still ensuring that the needs of those affected are met in an accountable and transparent way. Information will be shared should there be a need for an extension of the crisis-specific response beyond the above-mentioned timeframe.

## OPERATIONAL TIMELINE



## Justification for the revision

The decision to revise our operational timeline stems from several significant challenges that have arisen since the initial planning phase in December. Foremost among these challenges is the drastic devaluation of the Malawian Kwacha, which has had a profound impact on the availability and affordability of crucial resources, particularly building materials and cash for livestock such as goats. The resultant surge in prices has rendered the market highly unstable, prompting suppliers to limit their supply and refrain from providing accurate quotations, exacerbating the already strained situation. Although the anticipated surge in prices was factored into the revised budgets as part of the last update, the resultant limited supply brought logistical challenges that greatly delayed the delivery of materials for construction and procurement of the goats for livelihood support.

Furthermore, the onset of heavy rains in January and February further compounded our operational difficulties. The adverse weather conditions led to the deterioration of infrastructure, including bridges and roads, rendering the construction site in the Mulanje district inaccessible. As a result, the timely delivery of materials to the affected areas became increasingly challenging, impeding our ability to complete the planned construction of houses according to the original completion schedule of 31<sup>st</sup> March 2024. Looking at the remaining works on the site, construction is likely to be completed and handed over to the beneficiaries in the third week of April.

These incomplete shelter and livelihood interventions have posed a significant challenge to our project closure activities. In response, the district councils of Phalombe and Mulanje have declined permission for exit meetings within their areas due to these outstanding works. This highlights the importance of wrapping up all interventions before proceeding with crucial project closure tasks, including exit meetings, lessons learned

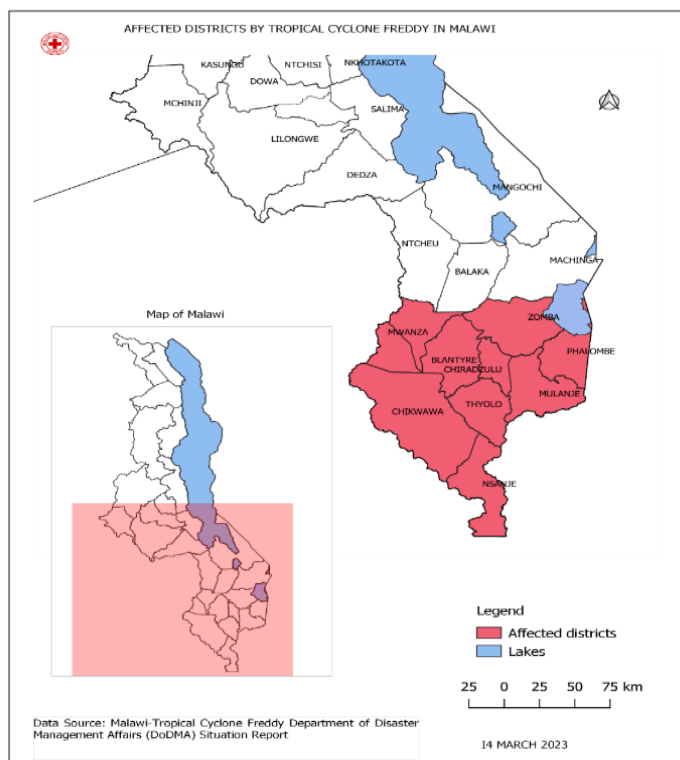
workshops, end-line evaluations, and audits. Therefore, the completion of these interventions is essential for the smooth conclusion of the operation.

In light of these challenges, extending the conclusion date of the operation to April 30th is not only prudent but essential to ensure the successful completion of our objectives. This additional time will allow the operations team to fulfill our commitment to providing vital support to the affected communities comprehensively and effectively while at the same time maintaining a good working relationship between MRCS and the district councils.

## DESCRIPTION OF THE EVENT

Tropical Cyclone Freddy hit the southern region of Malawi on 12 March 2023. Torrential rain brought 400 to 500mm rain in the first 72 hours and for six days alone in March Freddy triggered six months' worth of rainfall.

The impact was violent and brought sudden flash floods and landslides, particularly in the district of Blantyre. Flooding then continued in the lowlands, bringing a second wave of destruction and displacement, with loss of life. By 20 April at least 2,267,458<sup>1</sup> people (1,110,639 male, 1,156,819 female) had been affected, of whom 659,278 (336,252 female, 323,026 male) were displaced to 747 camps. At least 56 percent of the affected at present are children and 7.2 percent are persons living with disabilities. There has been extensive damage to trees, power lines, crops, livestock, houses, schools, health centres, and infrastructure including roads and bridges. Currently, lowlands are flooded above rooftops, bringing a second wave of destruction and displacement.



The districts of Blantyre, Chikwawa, Chiradzulu, Mulanje, Mwanza, Neno, Nsanje, Thyolo, Phalombe, and Zomba have been the most affected and the President of Malawi has declared a State of Disaster in 10 districts of the southern region. The Government of Malawi's Disaster Response Plan ([click here](#)) targets over 1.6 million people affected, but there is a funding gap of USD 106 million (MK 110.6 billion).

## Severity of humanitarian conditions

### 1. Impact on accessibility, availability, quality, use and awareness of goods and services

According to preliminary reports from the District Councils and MRCS, the cyclone caused devastation and had an enormous impact in the southern region of Malawi, affecting all southern districts. Many of the affected households had their homes completely destroyed, some with roofs blown off, while others had significant damage, and in some areas, entire villages were destroyed. Thousands of households have been displaced and residents are currently seeking refuge in camps, churches, schools, and other public structures.

<sup>1</sup> [Tropical Cyclone Freddy, Emergency Response Plan - Office of The President and Cabinet Department of Disaster Management Affairs \(March, 2023\)](#)

**Access to health service points** has been disrupted due to damaged roads and there is a lack of electricity to provide healthcare to the affected people. Several health facilities have been damaged and the extent of the damage is still to be confirmed, but it is disrupting access to essential health services, while some health facilities and medical supplies have been destroyed by flooding.

**Access to school facilities** has been badly affected, requiring learners to stay home. The Ministry of Education suspended classes for a period of seven days ending 17 March 2023. This was largely due to cut-off roads, with flooding rivers hampering even foot access to schools. Other school facilities were reported to have collapsed entirely. And compounding the problem, 408<sup>2</sup> of the 747 camps are based in schools, thus those seeking refuge there now need to be moved to enable the resumption of classes.

**Lack of safe sanitation and drinking water has been compounded** due to the destruction of water supply systems in the affected areas. The disruption in electricity has also affected piped water supply by the national water boards in urban areas. There was also extensive damage to water systems in Blantyre city and to water points, sanitation facilities, and latrines in communities and institutions, with contamination of surface water. Areas along lakes and rivers are also at risk of major damage, including those that were not directly hit by the rains.

**There has been significant damage to the agriculture sector** and the Department of Disaster Management Affairs (DODMA) Consolidated Assessment Report indicates that the highest reported impact has been in the agriculture sector, where a total of 2.2 million people lost their crops or livestock, with 200,000 hectares affected. Even before Cyclone Freddy, farmers in southern Malawi had been struggling to recover from the earlier Cyclone Ana, which destroyed fields and crops for more than 220,000 of them in January 2022.

**Major roads and feeder roads** have been heavily damaged in affected districts, with landslides occurring, and this has prevented humanitarian services and supplies from reaching the communities that need them the most. In some sites, the response has come to a standstill.

**Power disruptions** have been reported throughout the southern and eastern regions of Malawi, with no power at all or only sporadic electricity in many areas. To protect hydropower stations, the Malawian Power Generation Company, Egenco, in some cases took facilities offline to prevent damage to machinery.

This loss of electricity has in turn forced the shutdown of water treatment and distribution systems, adversely affecting hospital operations, telecommunications, fuel distribution to power milling facilities, and a general increase in the cost of living.



Tropical Cyclone Freddy has cut off roads, halting the delivery of life-saving supplies to affected communities. Photo: MRCS

## 2. Impact on physical and mental well-being

Women, girls, and children continue to bear the brunt of disruptions in families, including family separation, and both Mental Health and Psychosocial Support (MHPSS) services and Restoring Family Links (RFL) services are badly needed following increased deaths, displacement, missing individuals and loss of livelihoods.

Food security issues have also added a burden to the already stressed population, particularly the elderly and people living with disabilities, and have left young girls and women in many locations with the responsibility to feed their families, exposing them to protection risks. The elderly, women-headed households, orphans, and

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<sup>2</sup> [Tropical Cyclone Freddy, Emergency Response Plan - Office of The President and Cabinet Department of Disaster Management Affairs \(March 2023\)](#)

child-headed households will be particularly affected since their lives have already been uprooted and they do not receive adequate care themselves.

There may also be increases in vector-borne, water-borne, and diarrhoeal diseases among children under 5 and immunocompromised individuals because of impacts on sanitation, and also stemming from an existing cholera outbreak.

Additionally, there are protection concerns for children and youth who are unable to return to damaged and destroyed educational facilities, risks of abuse, early pregnancy, and child marriage as families and communities struggle to cope in the medium to long term.

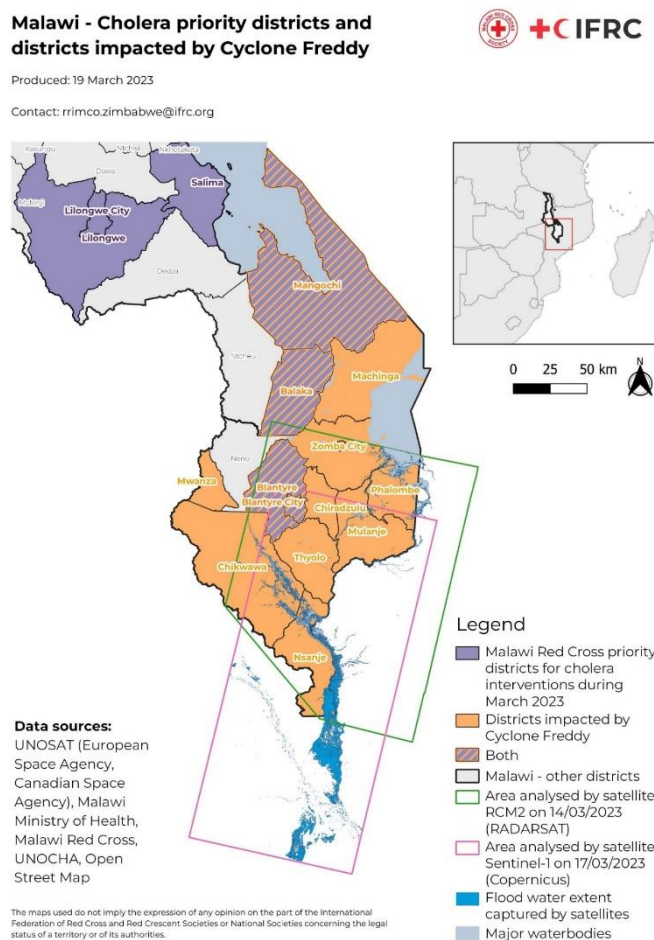
### 3. Risks & vulnerabilities

Most of the districts affected by Freddy had also been severely affected already by devastating floods in 2022 from Tropical Storm Ana and in 2019 from Cyclone Idai. These extreme weather events hit Malawi at a time when the nation was battling a severe cholera outbreak, and there were initial reports of damage to primary health facilities, secondary health facilities, and maternity wings, including possibly cholera treatment units (CTUs) and oral rehydration points (ORPs). As of 29 April 2023, confirmed cases and deaths reported since the outbreak stood at 58 381 and 1,754 respectively, with a case fatality rate of 3 per-cent (WHO Bulletin - 7 May).

To date, 52,340 people have recovered and 313 are currently in treatment centres. All 29 health districts have reported Cholera cases since the first case in March 2022 in Machinga District. The outbreak has since been controlled in four health districts, and IFRC launched an appeal<sup>3</sup> to support MRCS' response in Jan. 2023.

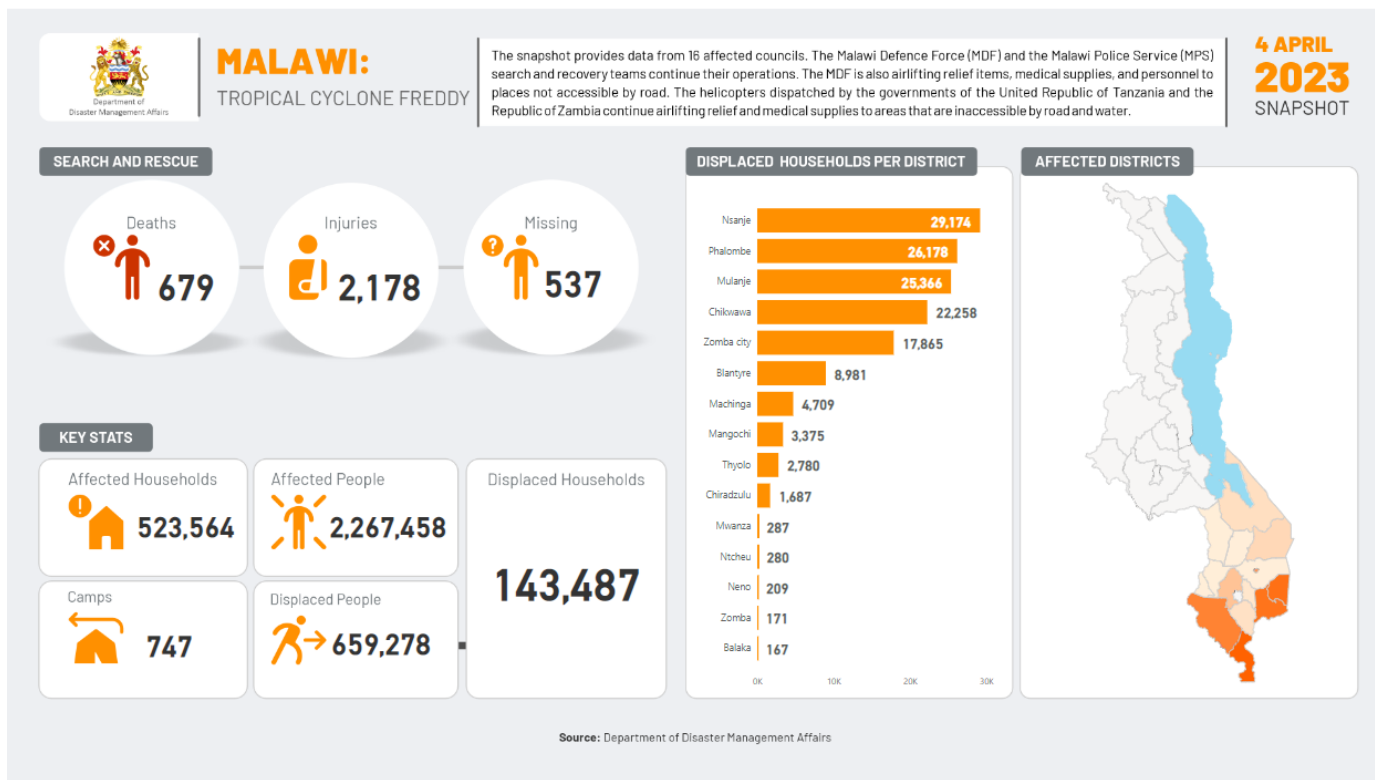
There are now reports of a rise in malaria and in deaths from the disease, generally attributed to extreme weather events as well. Standing water left behind as the waters recede has created ideal breeding grounds for malaria-carrying mosquitoes.

Heavy damage to households is also likely to impact food security, which will in turn contribute to increased malnutrition, given the link between diarrhoeal diseases and malnutrition.



<sup>3</sup> <https://adore.ifrc.org/Download.aspx?FileId=664062>

Figures from the consolidated DODMA assessment:



- 2,267,458 (1,110,639 male, 1,156,819 female) people have been affected, of whom 659,278 (336,252 female; 323,026 male) have been displaced to 747 camps.
- At least 56 percent of the affected are children: 1,269,952 (622,263 female, 647,661 male)
- Among the displaced, 90,399 are pregnant women, 90,698 are lactating women, 340,267 are under age 5, 476,166 are adolescents, 203,259 are elderly and 234,729 are persons with disabilities and people living with chronic conditions.
- 120,416 hectares of cropland have been washed away and 81,679 hectares are submerged, representing 467,958 households.
- 1,637,352 people (363,856 households) have lost food security.
- 882,989 households had their houses either partially damaged or completely destroyed.

## CAPACITIES AND RESPONSE

### 1. National Society response capacity

#### 1.1 National Society capacity and ongoing response

Malawi Red Cross Society (MRCS) was established by Parliament in 1966 as a humanitarian organization with a presence in all districts of the country. Volunteers are the backbone of the organization. There are 83,000 volunteers across the country among 33 divisions, who work tirelessly to empower communities and improve lives for the most vulnerable. MRCS sits on the National Disaster Preparedness and Relief Committee (NDPRC), which includes Principal Secretaries of all line ministries and departments, and three non-governmental



organizations (NGOs). MRCS has a series of trained National Response Teams (NRTs) that are engaged within 72 hours of a disaster. The Organization also has staff and volunteers trained in multiple types of humanitarian response.<sup>4</sup>

MRCS has logistics for procurement, warehousing, and fleet capacity across the country, with the necessary waivers to expedite procurement in disaster situations and a list of pre-qualified services at short notice. There are prepositioned stocks in Lilongwe for the central and northern regions, while Blantyre covers the southern region. In Blantyre, MRCS has a purpose-built warehouse and Lilongwe has an installation of 30 forty-foot containers. MRCS also rents one warehouse in Kanengo, where the European Civil Protection and Humanitarian Aid Operations (ECHO) stocks are stored. There are four satellite warehouses as well, in Nsanje district, Chikwawa district, Mzuzu district, and Karonga district.

MRCS is also part of the National Emergency Operations Centre (EOC), established in Blantyre to coordinate emergency response, especially supporting shelter, Search & Rescue, and early warning, which they co-chair. The Organization is also supporting the Government in rolling out its Information Management (IM) role at the EOC and during Interagency assessments.

Before Freddy made landfall, MRCS was already scaling up the response based on anticipated needs on the ground, including:

- pre-positioned Water, Sanitation and Hygiene (WASH) items and non-food items (NFIs);
- rapid needs assessment;
- Search & Rescue equipment including boats;
- supporting communities to evacuate in designated areas before the onset of floods;
- removing the bodies of people who have died (integrated into RFL);
- child safeguarding risk assessment for cholera response, to be integrated into the response to ensure that all staff and volunteers are guided by findings;
- distribution of essential household items;
- cholera prevention, oral rehydration, and referral to the health facilities;
- Psychological First Aid, First Aid to the injured as well as facilitating referral to hospitals;
- sensitization on hygiene and sanitation to reduce the risk of water-borne diseases;
- camp management and coordination including temporary shelters in affected districts to support dignified assistance; and
- aerial drones to assist in assessing damage in the Nsanje district.

In the districts where the Cholera Emergency Appeal is being implemented, interventions will be part of preparedness activities to reduce risk. Management of this response will be by MRCS, where at the national level overall coordination will be under DODMA. Operations will be headed by the Operations Manager, who will also



The situation in Malawi has the potential to escalate, as current weather forecasts predict more destructive rains as a feature of the Intertropical Convergence Zone (ITCZ). *Source: MRCS*



The President of Malawi has declared a State of Disaster in 10 districts of the southern region. *Source: MRCS*

<sup>4</sup> Health & WASH (55: 30M, 25F), Relief (61: 38M, 23F), First Aid (65: 31M, 34F), Shelter (37: 24M, 13F), Nutrition & Food Security (59: 27M, 32F), Protection, Gender & Inclusion (39: 17M, 21F), Data management (17: 11M, 6F), Communications (1 male), Cash transfer (39: 26M, 13F) among others.



lead the EOC and report to the head of DODMA. The EOC will be comprised of heads of DODMA; Health; Planning, Monitoring, Evaluation, and Reporting (PMER); the OPS Manager; a Response & Recovery Specialist; Communications specialists; Logistics; a Reporting Officer and Finance.

The Director of Programmes will provide overall supervision and coordination while the Director of Finance will oversee finance and support services. The director will provide regular updates to the Secretary-General and to the Partner National Societies (PNSs). A senior accountant will be assigned to oversee all financial reporting for operations and a reporting officer will be assigned to monitor, evaluate, and report in coordination with the Operations Manager (OPS). The Operations Manager will share reports every week while National Response Teams will share daily updates, and the EOC will be centrally positioned where most effective.

PNSs will provide technical support in a counterpart advisory role on mobilization of resources and reporting to donors and main partners, including PNSs, IFRC, and ICRC, and non-Red Cross institutions will work in close coordination with MRCS as well.

## 1.2 Capacity and response at the national level

In Malawi, the Government leads the overall coordination of disaster response through DODMA and MRCS takes part in coordination meetings at the national level through different clusters. DODMA set up its Emergency Operation Centre (EOC) at Blantyre District Council offices, where government officers and partners are operating.

MRCS and IFRC participate actively in this coordination mechanism, and MRCS participates in the Shelter and Camp Management Cluster, WASH Cluster, Inter-Agency Risk Communication and Community Engagement Collective Service Cluster, Search & Rescue Cluster, and Logistics Cluster at the national and district levels, to ensure that there is information sharing, complementarity, collaboration and no duplication of efforts. Blantyre is the central point of all the affected districts and cluster leads, co-leads and members are currently operating from the EOC as they respond to the needs of the affected population.

MRCS contributed to the DODMA Consolidated Assessment Report, which resulted in the development of the Government's emergency response plan. This three-month response plan is targeting 363,856 households (1,637,352 individuals). It addresses immediate survival needs while restoring basic socio-economic services, and it facilitates the affected people's transition to early recovery. A total of MWK 147.8 billion is required to implement the plan, while only MWK 37.3 billion is available, leaving a gap of MWK 110.6 billion.

## 2. International capacity and response

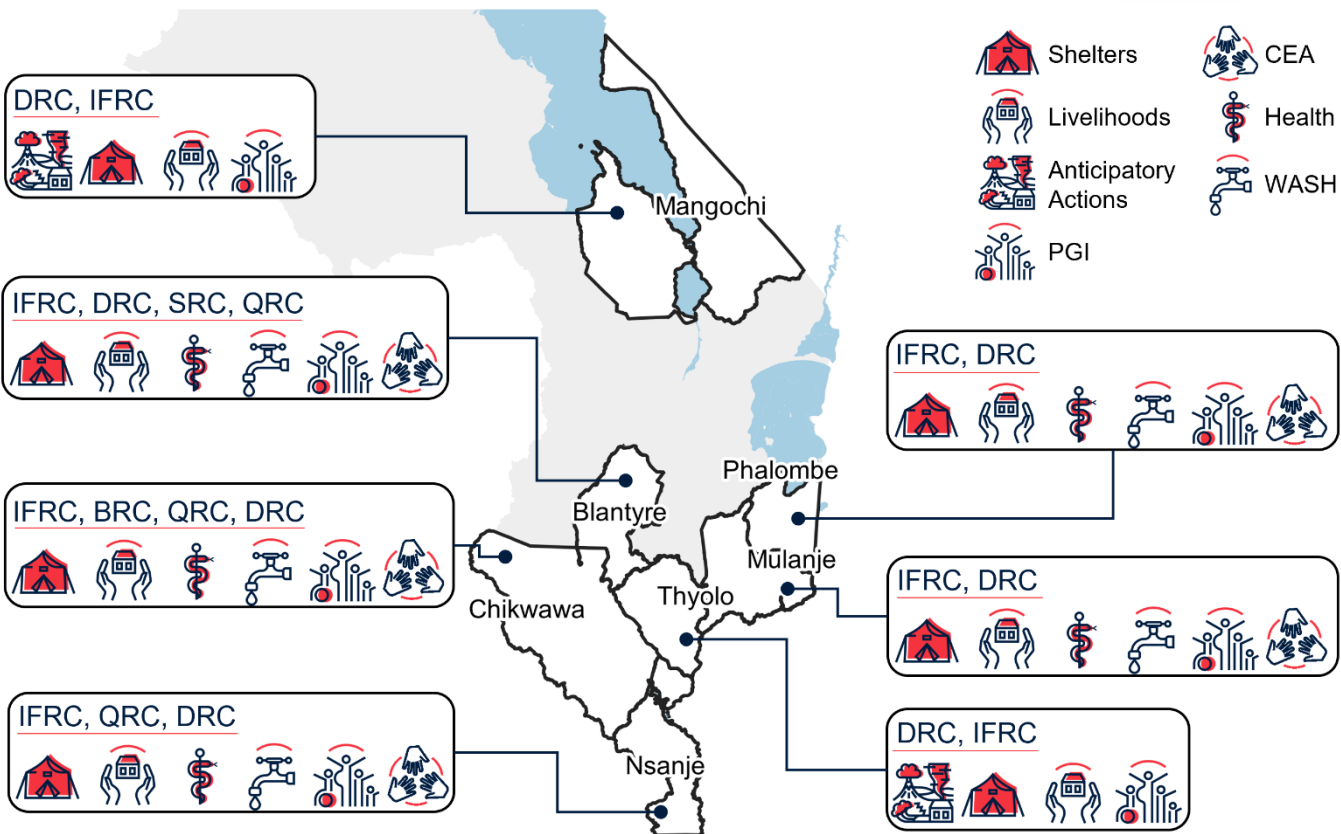
### 2.1 Red Cross Red Crescent Movement capacity and response

The IFRC Secretariat will provide technical and financial support to MRCS through the IFRC Harare Cluster Delegation. IFRC will also support coordination within and outside the Movement. It has deployed staff and surge profiles to support Finance, Logistics, Information Management, Shelter Coordination, Community Engagement and Accountability (CEA), WASH, and Public Health in Emergencies to work with MRCS.

As part of the Federation-wide response, PNSs in-country have continued to provide bilateral support to MRCS since the start of the response. These are the Danish Red Cross, Belgian Red Cross, Qatar Red Crescent and Swiss Red Cross. All PNSs participate in membership coordination meetings and response-specific coordination and management meetings that are held in-country and are called upon to contribute their expertise to this response. Currently, the Danish Red Cross is supporting Phalombe, Thyolo, and Mulanje districts while the Swiss Red Cross is supporting Blantyre. Qatar Red Crescent is supporting Blantyre and the Belgian Red Cross has finalized a budget to support Chikwawa District.



# IFRC Activities and Partners



## Surge and Emergency Response Units (ERUs)

In addition to the existing IFRC country and cluster offices, Partner National Societies are providing support for a surge and where appropriate are mobilizing support for the ongoing cholera response.

Tool	Deployed by...
Surge	IFRC Operations Manager, IM Operations, PMER, IM Cluster Coordinator, Shelter Cluster Coordinator.
ERU - Household Water Treatment	Spanish Red Cross Team leader deployed for assessments.
ERU - Water Supply Rehabilitation	Norwegian Red Cross Team leader deployed for assessments. Full team to be deployed after assessments.
ERU - Cholera Case Management	Swiss Red Cross Mobilized for the cholera response.
ERU - Emergency Medical Team	French Red Cross IFRC has a memorandum of understanding with the World Health Organization's Emergency Medical Technician initiative, called the 'Red Channel agreement'. This outlines that IFRC and all clinical emergency response units will meet the minimum standards and coordinate with an EMT coordination cell (EMTCC). The EMT initiative and subsequent coordination

cells work with the local Ministry of Health (MOH) to determine if and what international assistance is required. The EMT initiative then utilizes their coordination mechanism to request assistance and subsequently deploy teams that are either currently undertaking, or have completed, their comprehensive verification process.

An alert for mobile health units was placed on 18 March 2023 to support the Malawi MOH by providing primary healthcare to displaced populations in hard-to-reach areas. Three international teams, including the IFRC ERU team from the French Red Cross, have responded.

The team from the French Red Cross has been providing primary healthcare in the Phalombe district and has so far treated over 800 patients, including over 80 with Malaria. The team is coordinating closely with the WHO EMTCC, Médecins Sans Frontières, who were working in the same district, and the other EMTs in the country. All reported that the French Red Cross is providing as part of their deployment is being used by the MOH and thus far this data has shown very few cases of acute watery diarrhoea (AWD), but a rise in malaria and skin disease. This data has also assisted the health coordinator in planning activities with MRCS.

## 2.2 International humanitarian stakeholder capacity and response

MRCS sits on the National Disaster Preparedness and Relief Committee (NDPRC), which includes secretaries of all line ministries and departments and three NGOs, while United Nations agencies are co-opted when the need arises. The committee provides policy direction in the implementation of disaster risk management programs in the country and is chaired by the Secretary to the President and Cabinet.

The Humanitarian Country Team (HCT) includes United Nations Agencies, international and local NGOs, Government representatives, and MRCS. It is co-chaired by the Principal Secretary of DODMA and the United Nations Resident Coordinator (UNRC). For coordination of the current response, donors and heads of ministries and departments have been invited to actively participate. The UNRC, in collaboration with DODMA, is convening weekly Humanitarian Country Team meetings to ensure a coordinated response.

At the district level, MRCS participates in cluster meetings led by district councils, such as Shelter and Camp Management, Search & Rescue, Food Security, and WASH among others. It is a key member of the Malawi Cash Working Group and Community of Practice established by IFRC and this positions them well on overall cash delivery and programming. MRCS will directly collaborate with its partners, including GIZ, UNICEF, WFP, the private sector, and any individuals who are supporting the response. The Disaster Response Plan will be shared with these partners as a resource mobilization document.

## 3. Gaps in the response

Gaps in the response have been identified by MRCS assessments, by DODMA Consolidated Assessment Reports and by review of available secondary data:

Gaps	Analysis
Shelter and settlements + non-food items (NFIs)	Many homes have been damaged or destroyed and many people have been displaced to camps. The shelter and settlement gaps clearly indicate immediate needs, medium/transitional, and recovery needs.



	<p>Due to the speed of the evacuation and the ongoing rains, affected people need blankets, tarpaulins, tents, sleeping mats, buckets, mosquito nets, solar lamps, hygiene kits, and diapers. In other camps, support is being provided but needs to be improved for more privacy and dignity. Solar lamps - or solar kits from dignity kit 1m x 50cm - can light a whole camp. Clothes/shoes for all age groups are also needed starting with women and children.</p> <p>Immediate support to provide temporary shelter and NFIs to all affected populations is urgently needed. Additionally, if markets are functioning in the affected cities, cash and voucher support would be appropriate, as well as technical support as the co-lead for the Shelter Sector.</p> <p>In the medium to long term, there is a need to support resilient shelters with early reconstruction and rehabilitation, and MRCS will prioritize the reconstruction of low-cost resilient shelters in the most affected districts and cities, targeting the most vulnerable families. Different options will be used for the distribution of construction materials, conditional cash for shelter, "own-driven" reconstruction, and technical support according to the level of vulnerability and District/Traditional Authorities accessibility. MRCS will also ensure that the elderly, people living with disabilities, and those with mobility challenges will have access to shelter, and children separated from their families will have protection.</p>
Camps	<p>The Malawi Camp Overview<sup>5</sup> for Tropical Cyclone Freddy (18 April 2023) contains the latest information on active camps in the country and combines data from different agencies with district council information. It is regularly updated and shared among partners.</p> <p>Many households are taking shelter in schools and other structures, and some of these sites have become overcrowded, with limited water, sanitation, and hygiene, raising concerns over possible disease outbreaks including worsening of the existing cholera emergency. People with disabilities, and people living with HIV, have become more vulnerable as they may not get the specific support they need.</p> <p>There is also an urgent need to provide food, water, sanitation supplies, lighting, and other NFIs to displaced people in the camps, as well as cooking materials. And as most districts have no known experience in camp management and coordination, both issues will be key.</p>
Food Security and Livelihoods	<p>Heavy rains have caused widespread damage to standing crops, seeds, and farm machinery, and have killed livestock. Crop loss will contribute to the quick depletion of already fragile food stocks and the resulting food shortages and loss of livelihoods will lead to negative coping strategies and increased social vulnerabilities in the form of dropout of school-age children, early marriage, domestic violence and sexual and gender-based violence (SGBV). The areas impacted are already suffering from significant food insecurity, and in urban settings, communities' income-generating activities and businesses are affected, as are other services required for daily living.</p> <p>Most smallholder farmers were preparing their fields for the April harvest when Freddy hit, and many farmers are also already displaced and are thus not on their farms preparing for the coming season, which could prolong the disruption to normal agricultural livelihood generation.</p> <p>Some markets are also currently not accessible due to flooding and the few shops that are accessible are showing high inflation due to increased demand. In Phalombe and Nsanje, two districts are not accessible due to roads being cut off.</p>

<sup>5</sup> [Malawi camp overview, Tropical Cyclone Freddy - April 18th, 2023](#)

	<p>The immediate food security and nutrition needs include maize, maize flour, corn-soya blend (CSB), cooking oil, pulses, dry fish, soya pieces, sugar, and salt. In addition, there is a need to promote Infant &amp; Young Child Feeding (IYCF), address the risk of early weaning, and promote food hygiene, if there are signs of malnutrition, volunteers working in collaboration with Health Surveillance Assistants will conduct appropriate referrals to health facilities. Affected households will need farm inputs and other livelihood interventions for winter crops considering that their fields were swept away by the floods, and this will require detailed assessments.</p> <p>In the medium to long term, there will be a need to support livelihoods through Cash and Voucher Assistance (CVA) by providing multi-purpose cash transfers and support using early maturing crops in winter to increase food security.</p>
Restoring Family Links (RFL)	<p>Much infrastructure has been destroyed including utility poles and telephone lines, preventing those affected from contacting their friends and family to tell them that they are safe. RFL services, such as free phone calls and free phone charging, would help to restore these links. There's also a need to assist in tracing persons separated by the disaster.</p>
Health	<p>Health services have been disrupted where roads have been washed away and ambulances cannot operate. This risks outbreak of communicable diseases and disruption of essential health services such as immunization, antenatal care, delivery and postnatal care, nutrition, and clinical services, all of which can lead to higher morbidity among the general population, and specifically maternal, neonatal, and child mortality, particularly for children under 5.</p> <p>There is also a risk of drug stockout and lack of access to healthcare for HIV, TB, diabetes, and hypertension, and there will be a need for communicable disease prevention and control, community-based surveillance for active case finding, and referrals and mobile clinic services reaching IDP camps and affected communities. The risk of cholera and acute watery diarrhoea is worsening due to contamination of both surface and underground water and collapsed pit latrines. There is thus a need to integrate the existing cholera response and scale up to newly affected districts. The risk of vector-borne diseases such as malaria is also growing due to standing water and there is an urgent need for mosquito nets in affected communities.</p> <p>First Aid and Mental Health and Psychosocial Support (MHPSS) are both paramount as well, the latter particularly because many people have lost loved ones, livelihoods, and homes, which deeply impacts individuals, families, and communities. This includes the establishment of centers in IDP camps to offer guidance on how to provide psychosocial support.</p> <p>There is a need as well for support specifically to prevent health service disruption, through mobile clinics and task shifting in functioning health facilities to support the flow of patients. Support for safe and dignified handling of dead bodies and burials will also need to be prioritized. And in the medium and long term, there will be a need to strengthen community and facility-level systems for resilience through capacity building.</p>
WASH	<p>The floods have caused significant damage to water and sanitation systems in the affected districts. Some community wells have been destroyed while others have been contaminated, and urban water supply networks have been damaged. Surface water sources have been flooded, contaminated, or destroyed and household latrines have been flooded or destroyed.</p> <p>This has resulted in a lack of safe water for domestic use for affected households, and stagnant water around the communities also poses health risks from water-borne and vector-borne diseases. This naturally compromises good hygiene, exposing families to further disease outbreaks. Women of reproductive age and adolescent girls have also been affected by the limited supply of sanitary commodities or lack of finances to purchase sanitary towels for menstrual hygiene and lack of readily available clean water. There is in general an urgent need</p>

	<p>for soap, water treatment chemicals, buckets for water collection and hand washing, and other water and hygiene materials to prevent water-borne diseases.</p> <p>WASH needs are mobile toilets, rehab of existing toilets, pit emptying, access to potable water, water treatment chemicals, rehabilitation and upgrade of water points, hygiene promotion, and provision of NFIs including soap, buckets, hygiene kits, and other WASH NFIs. In the long term, there will be a need to drill new boreholes for fresh water.</p>
Protection, Gender, and Inclusion (PGI)	<p>In the Consolidated Assessment Report, at least 56 percent of the affected in this crisis are children and 7.2 percent are persons living with disabilities. Women and children are at the highest risk of sexual abuse and exploitation (SEA), especially in camp settings where separated children with no guardian to watch over them live alongside families.</p> <p>These risks are amplified in areas with poor lighting, during activities that require women and children to walk far away from camps, for instance, to collect firewood and water, or where cash-based assistance is provided in areas with high crime. MRCS will thus make information on risk, prevention services, and reporting mechanisms available to them for the prevention of sexual exploitation and abuse (PSEA), child safeguarding, and prevention of SGBV.</p>

## OPERATIONAL CONSTRAINTS

Identified constraint	Analysis
Access	Roads and rail networks have become impassable for vehicles carrying both food and NFIs, also preventing the transport of people referred to district hospitals.
Procurement and supply chain management	There are limited stocks available in the county. Prices in the local/regional markets are undatable. Quality of wares in local and regional markets varies and logistical capacity is overstretched, hence a need to recruit and train staff and a need to assess warehouses and continue monitoring. Fuel for vehicles may also be affected due to high demand.
Damage to social infrastructure	Disruption of social services and damage to schools, health facilities, and markets. Some markets are currently not functioning due to a lack of accessibility and damaged infrastructure, in Phalombe and Nsanje, for example.
Damage to power systems	Loss of electricity to operate water treatment and distribution systems, for example, adversely affects hospital operations. Also, it affects telecommunications.
Human resources	Staff are overstretched, especially in Blantyre, thus a need for surge support to enhance the capacity of existing staff and recruitment of new staff. Need to deploy an Interagency Assessment Team to support district councils. Staff and volunteers need psychosocial support (PSS), and PPE, boots, raincoats, and power banks.
Information Management (IM) and information as an aid	Data is missing or is non-disaggregated. District Councils have limited capacity to get enough data due to the overwhelming magnitude of the disaster. Communities lack information on ongoing risks and on services available to ensure their safety and access to services.
Unfavourable weather conditions	Unfavourable weather conditions coupled with the bad state of roads make it difficult to deliver supplies to affected populations. Continue monitoring and planning.
Cholera	There is an ongoing cholera outbreak affecting areas impacted by the rains, which MRCS staff cannot currently monitor anymore due to this ongoing disaster. This outbreak will likely be exacerbated as soon as the larger situation stabilizes.

## FEDERATION-WIDE APPROACH

This Emergency Appeal is part of a **Federation-wide approach** based on the response priorities of the Malawi Red Cross Society and in consultation with all Federation members contributing to the response. The approach



reflected in this Operational Strategy will ensure linkages between all response activities, including bilateral activities and activities funded domestically, and will assist in leveraging the capacities of all members of the IFRC network in the country to maximize the collective humanitarian impact.

The Federation-wide funding requirement for this Emergency Appeal comprises all support and funding to be channelled to MRCS. This includes MRCS' domestic fundraising ask, the fundraising ask of supporting Red Cross and Red Crescent National Societies, and the funding ask of the IFRC secretariat. The overall Federation-wide funding requirement for MRCS is CHF 6 million, 5 million of which is the IFRC Secretariat funding requirement.

### **IFRC Membership Coordination**

The Malawi Red Cross Society is part of the IFRC network New Way of Working initiative, which is being piloted in 14 countries. It aims at establishing a new model of membership coordination, working over multiple years to instil thorough change in the ways that members of the IFRC network work together while placing the National Society of the country at the centre. This includes prioritizing effective coordination for much greater gains, optimizing the power of working as one IFRC network by sharing resources, learning, and common standards, and to ultimately achieving greater impact. Particular attention is given to collective planning to ensure that National Society partners participate in one multi-year country plan, which will ensure that the resources and expertise of the network in the country are used in a complementary and efficient way.

The IFRC Secretariat will provide technical and financial support to MRCS through the IFRC Harare Cluster Delegation. IFRC will also support good coordination within and outside the Movement. It has deployed staff and surge profiles to support Finance, Logistics, IM, Shelter Cluster Coordination, Community Engagement and Accountability (CEA), WASH, and Public Health in Emergencies to work with MRCS.

The Red Cross in Malawi is being supported by a consortium of in-country participating National Societies. It is led by the **Danish Red Cross**, which works alongside the **Finnish Red Cross**, **Icelandic Red Cross**, **Italian Red Cross**, and **Swiss Red Cross**, while the Netherlands **Red Cross** is supporting remotely. The consortium supports the National Society with shelter initiatives, European Civil Protection and Humanitarian Aid Operations (ECHO) projects, and flood recovery support. The **Finnish Red Cross** has given its support specifically on election response and first aid. The **Icelandic Red Cross** has focused on community resilience projects, and the **Swiss Red Cross** has supported work on Health and WASH, and on blood donor recruitment. The **Belgian Red Cross** has now signed a bilateral agreement as well with MRCS to support interventions in Chikwawa. Belgian RC is exploring long-term opportunities that will allow PNSs to fund longer-term projects in Malawi.

In line with the guiding principles of the Agenda for Renewal<sup>6</sup>, MRCS is at the centre of Movement coordination for this flood response with partners who support them including the IFRC, ICRC, and the partner National Societies. MRCS now has a Country Coordination Team to champion the new way of working, made up of:

- Strategic Management Group: MRCS Secretary General, Head of Delegation, IFRC, and partner National Societies. The strategic management group meets regularly in-country with the IFRC H.O.D. and PNSs based in Blantyre in attendance, at times, physically but virtually most of the time. All the other group members are mainly physically present. The main discussions are strategic and in line with the federation-wide approach.
- Operational Programme Management Team Co-chaired by IFRC Ops. Coordinator and MRCS Director of Programmes. The team convenes meetings regularly in Lilongwe and at times invites other participants within the operations should need be. This team discusses operational matters and may at times involve the PNSs depending on the agenda.
- Thematic work streams including Health, Disaster Management, and National Society Development/PMER, and cross-cutting streams including CEA, PGI, MHPSS, PSEA, and child safeguarding, with MRCS as the thematic lead. Also at the operational level, thematic workstreams convenes meetings at the level of the projects and relevant participants are invited across the MRCS, PNSs, and the IFRC. The medium usually employed is through virtual means. These happen more frequently than the other two

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<sup>6</sup> [Plan-and-Budget-promo-doc-FINAL.pdf \(ifrc.org\)](#)

above and, in most cases, as in Management of Appeals, they are convened weekly. Comprehensive updates are presented during the meetings and all burning issues and challenges to projects are deliberated and resolved. Where they cannot be resolved, the Operational Programme management team comes in.

The above coordination teams are now up and running to ensure the implementation of five deliverables under the agenda for renewal:

- analysis of context, needs, and situation in collaboration with partners.
- country working on a common country support plan.
- common accountability framework and harmonized resource mobilization strategy.
- common implementation model to be ready by early next year; and
- agreed teams for the three working groups at the country level.

The Country Coordination Team updates the planning table and responds on progress per the five expected deliverables of the country plan. These bi-monthly updates are used to identify actions and follow-up needed by the work streams, working group, or other stakeholders to support Country Coordination Teams. The operation will create a window of opportunity to further strengthen the level of cooperation and unique technical expertise and to allow Movement partners to make MRCS a better choice of partner in humanitarian affairs.

### **Red Cross Red Crescent Movement coordination**

The IFRC Secretariat plays an essential role in ensuring effective coordination across the Movement through the IFRC Harare Country Cluster Delegation. In this response, both IFRC and ICRC are providing advice on overall safety and security support to Movement partners and the Harare Cluster Delegation is in regular coordination with the ICRC Country Delegation for Zimbabwe, Malawi, and Zambia. Regular meetings are held to make sure there is strong coordination and effective technical support for MRCS, as well as complementarity, to ensure a harmonized response.

### **External coordination**

The Government leads and coordinates the humanitarian response in Malawi through DODMA and related emergency coordination mechanisms, also referred to as clusters. In addition, a national Emergency Operation Centre (EOC) was established in Blantyre on 11 March to coordinate preparedness and response interventions. MRCS is formally part of national disaster management mechanisms and sits on the National Disaster Preparedness and Relief Committee (NDPRC), which is comprised of the principal secretaries of all line ministries and departments, and three NGOs. It is also co-chair of the Search & Rescue Cluster and Shelter Cluster and is a key member of the Incident Management Team, Health Cluster, and WASH Cluster. IFRC and MRCS also co-chair the Shelter Cluster that was activated as part of this response.

## **OPERATIONAL STRATEGY**

### **Vision**

The Malawi Red Cross Strategic Plan 2020–2024<sup>[1]</sup> defines its four strategic priority areas as: [1] Building safer and more resilient communities through comprehensive disaster management, [2] Increasing access to health services and encouraging healthy behaviour, [3] Strengthening branches, volunteer management, membership, and youth engagement, [4] Increasing the resource base, effective service delivery and accountability. These priorities are further operationalized through the [Malawi - 2023 IFRC network country plan](#) which links and gives the MRCS commitments to the 5 Red Cross strategic priorities and the 3 enablers. The Malawi - 2023 IFRC network country plan equally presents the MRCS priority areas in Emergency Response highlighting the targeted number of people to be reached through each thematic area of the MRCS strategic priorities. These priorities and reach are reflected in this Operational Strategy.

<sup>14</sup> As summarised in the [Malawi - 2023 IFRC network country plan \(MAAMW003\)](#)

The chief vision of this strategy is to Enable **160,000 people** most affected by the cyclone (**32,000 households**) to meet their essential needs in a safe and dignified manner, recover from the crisis, and strengthen their resilience to future shocks. MRCS has prioritized seven of the hardest-hit districts: Blantyre; Nsanje; Chikwawa; Mulanje; Phalombe; Thyolo; and Mangochi. The overall strategy is to ensure that immediate and early recovery needs are met in a dignified manner and that affected communities have adopted the “building back better” approach resulting in communities that are more resilient in the face of recurrent shocks. The response will then expand to support displaced families to return to their areas of origin and rebuild their homes, livelihoods, community, and social infrastructure with a longer-term, community-based disaster risk reduction approach.

This response will include lessons learnt from previous responses including from the devastating floods in 2022 from Tropical Storm Ana and in 2019 from Cyclone Idai. Any needs remaining at the end of the emergency and early recovery response (December 2023) will be covered through the strategic priorities of the 2023 IFRC network country plan.<sup>7</sup>

### Anticipated climate related risks and adjustments in the Operation

Anticipated climate related risks	Adjustments in Operation
Access to communities is further limited by more flooding	MRCS has experienced Search & Rescue teams that can be deployed to reach communities cut off by flooding.
Secondary effects of the cyclone such as strong wind events	MRCS has trained disaster response teams in most districts, which are always deployed as first responders.
Recurrence of infectious diseases due to extreme weather conditions such as cholera, COVID-19, etc.	Ensure a robust community-based surveillance system and active case finding. Continuous sensitization of the communities on COVID-19 prevention measures.

## Targeting

### 2.1. Targeting

MRCS will support **160,000 people (32,000 households)** in **7 affected districts** directly impacted by Freddy with emergency and early recovery support. These districts are Blantyre, Nsanje, Chikwawa, Mulanje, Phalombe, Thyolo and Mangochi.

The response will focus on the immediate needs of:

- families displaced to camps, with support for camp management, and where the situation allows, support for families to return home; and
- other affected households that are currently being accommodated in host households.

For families whose houses and livelihoods were destroyed, MRCS will provide support to rebuild their houses and restore their livelihoods, with Disaster Risk Reduction (DRR) services in a second early recovery stage. Final selection and targeting will be confirmed when complete needs assessment data has been received. The following selection criteria will be considered during the targeting process:

- child-headed households;
- separated/unaccompanied children;
- elderly-headed households;
- households with chronically ill members or people living with HIV;
- female-headed households;
- households caring for children less than 18 years old;

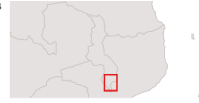
<sup>7</sup> <https://adore.ifrc.org/Download.aspx?FileId=632445>



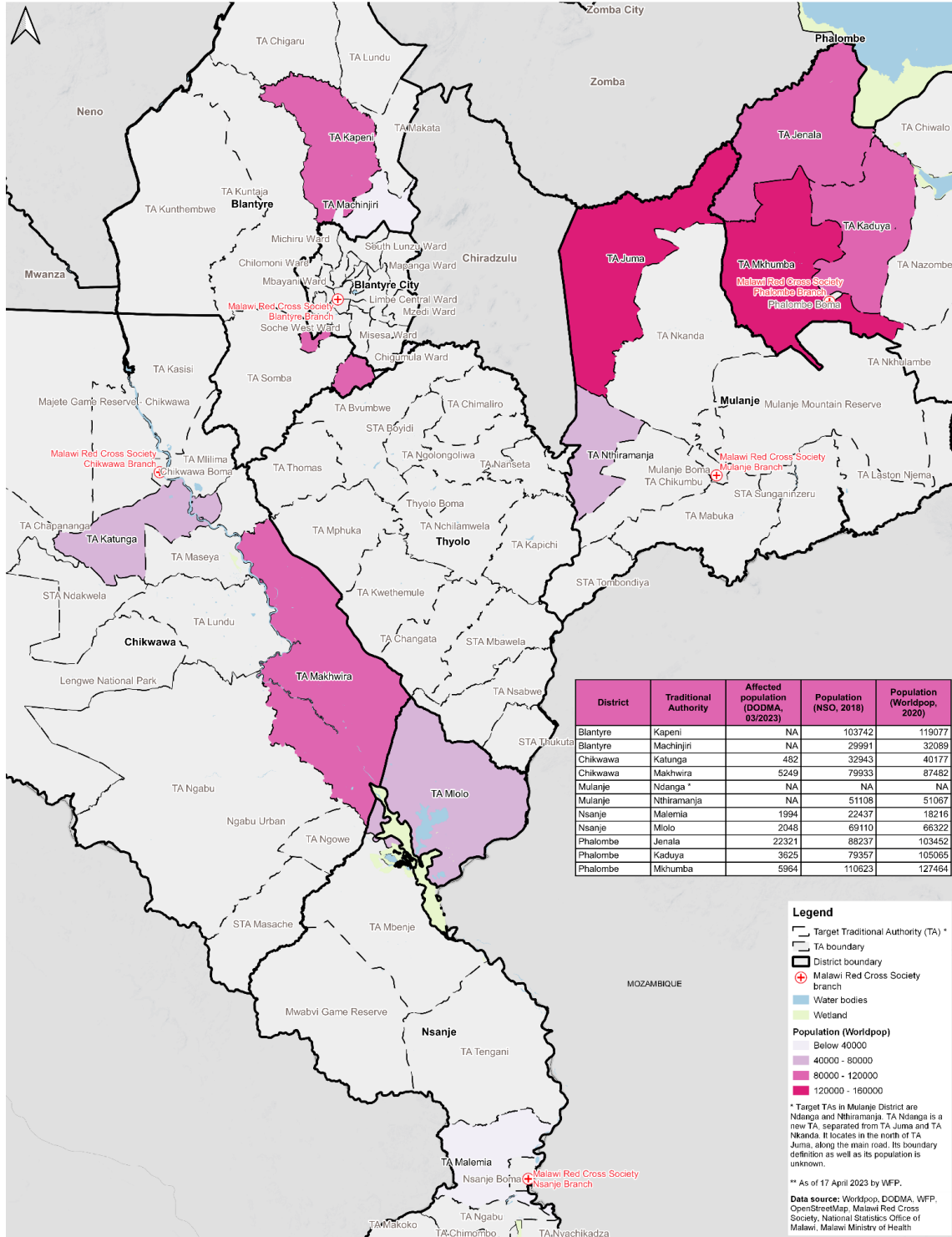
- those directly affected by strong winds, storm rains, and floods;
- pregnant women, lactating mothers, and children under 2; and
- people living with disabilities.



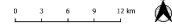
20 April 2023



### Population in IFRC Target Traditional Authorities Southern Region, Malawi

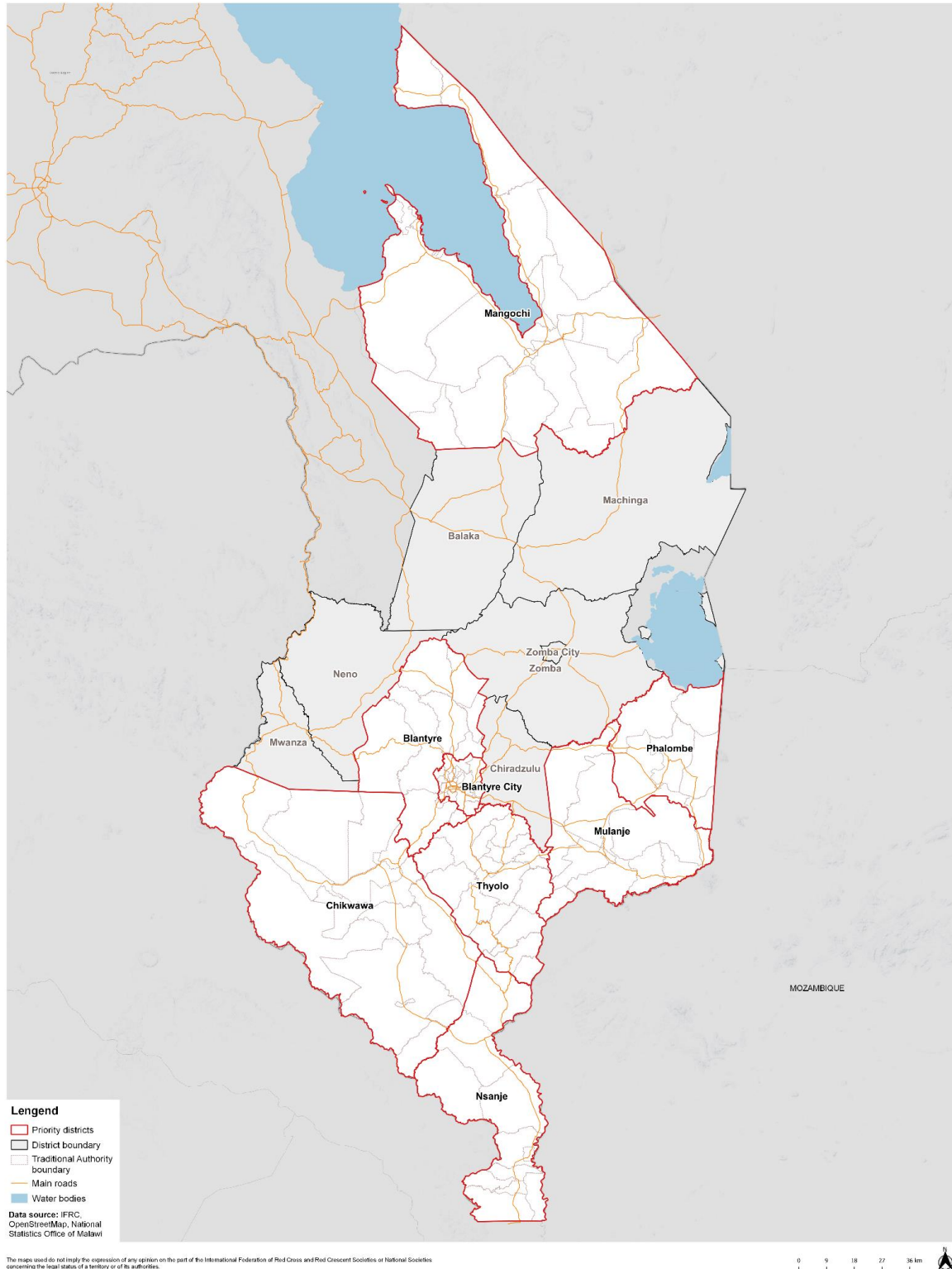


The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies of National Societies concerning the legal status of a territory or of its authorities.





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## 2.2. Considerations for Protection, Gender, and Inclusion (PGI) and Community Engagement and Accountability (CEA)

MRCs will focus on households that have been displaced, have lost their homes, and have lost immediate sources of livelihood, particularly those sheltering for extended periods in displacement sites. It will prioritize households where the compounding consequences of prolonged food insecurity and flooding have particularly burdened women and girls, who are also at increased risk of SGBV, as well as older people and people living with disabilities,

particularly vulnerable groups. Teams will set up a complaint and feedback mechanism using different channels such as community volunteers, community meetings, focus groups, a toll-free line, and suggestion boxes. This will facilitate two-way communication with the targeted communities and provide an opportunity for them to report any corruption and malpractice hindering the rights of beneficiaries. Volunteers will also conduct hygiene and health promotion, community dialogue, and information dissemination sessions, during which they will collect more community feedback.

## PLANNED OPERATIONS

The planned response reflects the current situation and is based on the information available at the time of this Operational Strategy. The Federation-wide approach includes response activities of all contributing Red Cross and Red Crescent National Societies, and the Federation-wide funding requirement. Details of the Operation will be updated through a detailed post-disaster assessment.

<b>Integrated Assistance</b>				
	<b>Shelter, Housing and Settlements</b>	Female > 18: <b>1,838</b>	Female < 18: <b>1,250</b>	1,375,000 CHF
		Male > 18: <b>1,913</b>	Male < 18: <b>1,250</b>	1,250 households
<b>Objective: Displaced people and Communities in disaster- and crisis-affected areas restore and strengthen their safety and well-being through emergency shelter and settlements and early recovery solutions.</b>				
<b>Key indicators:</b>			<b>Targets</b>	<b>Actual <sup>8</sup></b>
Number of households (HH) provided with emergency and temporary shelter assistance.			1,250	13,220
Number of households who have safe shelter solutions that meet national and/or Cluster standards for recovery for the specific operational context.			1,250	13,220
Number of low-cost resilient houses constructed in safer places.			166	145
Percentage of people surveyed who report that the shelter solution they implemented has helped in their long-term recovery.			85%	85%
<b>Priority actions:</b>				
<b>Shelter and NFIs</b>				
Affected households that are willing to go back to their communities will be provided with a minimum package of essentials household items of at least two blankets, two buckets, one kitchen set, two tarpaulins, one black sheet, a shelter kit, a solar lamp, two mosquito nets, sleeping mats, and assorted clothes if available. This minimum package will depend on stocks available and will be for IDPs in both rural and urban areas, except for tarpaulins and shelter kits, which are specifically for those reconstructing their shelters. Those who will rebuild their shelters, they will receive technical support to ensure more resilient construction techniques. Volunteers trained in Shelter will supervise the process with regular quality monitoring and will support families to find discarded or used materials, or forest timber, for reconstruction.				
<b>Rental assistance</b>				

<sup>8</sup> Final figures to be reported in Emergency Appeal Final Report

The action will also consider offering rental assistance for urban IDPs whose capacity to pay rent has been compromised. This will help ensure people's protection and dignity, while enabling access to adequate and secured accommodation for an agreed period, with access to minimum services. It will also ensure that people are not subject to eviction or abuse. There will be an exit strategy from the outset, ensuring that people can maintain their living conditions once support ends.

### **Long-term resilience**

One of the key considerations in long-term resilience is risk mapping to inform critical decisions on shelter. One of the key lessons learned from this year's disaster is that most of the households affected have shelter issues in one form or the other. The action will facilitate risk mapping of the affected areas and will engage communities in making informed relocation decisions for long-term sustainability and prevention in the future. It will construct low-cost, resilient houses for vulnerable households in safer places and trainings will be conducted to raise awareness of risk reduction through the Participatory Approach for Safe Shelter Awareness (PASSA) and Build Back Safer/Build Back Better (BBS/BBB). For this IFRC and MRCS will explore how to improve local construction techniques to deal with climate change and associated risks.


- Affected households are provided with emergency shelter and settlement assistance through the distribution of shelter kits, tarpaulins, and essential household items (kitchen sets, treated mosquito nets, sleeping mats, blankets, solar lamps) in coordination with DODMA. Distribution of these items will be coordinated with the Health, WASH, and PGI sectors and they will be offered in-kind or for cash/vouchers.
- Target households are provided with durable shelter and settlement solutions through cash grants or in-kind support with technical guidance for flood-resistant shelter, with attention to protection and disability. The most vulnerable households will be targeted, especially single mothers, households with separated children, households headed by people with disabilities, and the elderly.
- PASSA will be used to build awareness and capacity within the community for longer-term DRR.
- The team will take guidance from the findings of the Malawi Shelter Cluster Technical Working Group as well as from the newly published findings of the Promoting Safer Building Working Group and the Sphere Standards from the Shelter sector.

### **EA Achievements**

- 13,220 households reached with emergency and temporary shelter assistance
- 145 low-cost resilient houses constructed in safer places. The operation planned for shared responsibility for construction of latrines between the community and the operation. The community was tasked to source for sand while the operation supported labour and other construction materials. Although this promoted community ownership, there was a risk of project delay as the community was vulnerable and could not deliver the sand on time.

### **Interventions to be completed under the MRCS Unified Plan**

- Construction of houses (21) - This carter for final materials payments, Increment of Artisans)
- Handover process of the houses to the community - This will include National Level Staff (both Government and Staff and Governance)

	<b>Livelihoods</b>	Female > 18: <b>6,125</b>	Female < 18: <b>4,167</b>	250,000 CHF
		Male > 18: <b>6,375</b>	Male < 18: <b>4,167</b>	4,167 HH

**Objective: Survivors of Tropical Cyclone Freddy are able to restore and strengthen their livelihoods.**

<b>Key indicators:</b>	<b>Targets</b>	<b>Actual</b>
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Number of households reached with food assistance.	4,167	7,540
Number of households supported by livelihoods interventions.	830	2,000
Percentage of targeted population whose livelihoods are restored to pre-disaster levels.	85%	90%

### **Priority actions:**

#### **Livelihoods**

Analysis of the impact of the flooding on livelihoods has mainly focused on how productive assets, activities and capacities have been affected. Agriculture is a key source of livelihood in Malawi, hence severe crop damage and livestock deaths due to flooding have a severe impact. Most of the affected maize and other cereal fields were already in a drying state ready for harvesting. Some of the surviving crops have lost vigour as well and have wilted due to prolonged inundation. Floods have also depleted the soil of nutrients through excessive leaching and crop yields will likely be significantly reduced.

#### **"Return-Home Livelihood Package"**

The "Return-Home Livelihood Package" will include farm inputs for winter cropping and cash transfers for business that will help returning IDPs to revive their livelihoods. This will include high value crops such as tomatoes and onions for maximum productivity. For multi-purpose cash transfer for business there will be follow up to assure compliance.

#### **Livelihoods Interventions for new camps**

This Operation will continue to monitor IDPs in camps to understand the types of livelihoods they were engaged in before the disaster struck. This information will help in supporting sustainable livelihoods for them after they go back to their relocation sites.

#### **Long-term resilience**

For long-term resilience, MRCS will help IDPs to develop capacity based on their needs while also providing start-up materials, including farm inputs and livestock such as goats. They will promote re-growth activities to replace forests that will be lost through the resettlement process.


- Basic needs assistance for livelihoods security through food distribution.
- Household livelihoods security is enhanced through food production and income generating activities. Technical support and training for livestock management along with distribution of seeds, tools, poultry, livestock, feed and animal vaccines, and support to village savings and loan groups.

#### **EA Achievements**

- 7,540 households reached with food assistance.
- 2,000 households supported by livelihoods interventions.
- 90% of the targeted population whose livelihoods are restored to pre-disaster level

#### **Interventions to be completed under the MRCS Unified Plan**

- Cash for livelihood-Livestock (distribution) 700 households per district – Funds will be transferred to a Financial Services Provider who will do distribution.
- Deworming of distributed goats
- Training in goat management
- support cash for livestock distribution (logistics)\_ Mulanje and Phalombe
- FSP Fees and logistics
- Support cash distributions in Chiradzulu, Zomba and Blantyre)

	<b>Multi-purpose Cash</b>	Female > 18: <b>9,000</b>	Female < 18: <b>6,300</b>	375,000 CHF
		Male > 18: <b>8,160</b>	Male < 18: <b>6,540</b>	<b>6,000</b> households (30,000 People)

**Objective: The most affected communities are able to access and purchase essential food and non-food items (NFIs) and services in a secure and dignified manner.**

<b>Key indicators:</b>	<b>Targets</b>	<b>Actuals</b>
Number of households provided with multipurpose cash grants.	6,000	14,041
Percentage of target households that have enough sources of food and income to meet their survival threshold for two months, including through cash grants.	85%	95%
Percentage of target households that report receiving cash in a timely manner.	85%	
Percentage of target households with malnourished children reporting improved nutritional status as a result of cash-voucher assistance.	85%	85%

**Priority actions:**

***Immediate and long-term resilience***


- Households are provided with unconditional multi-purpose cash grants during all phases of response and conditional restricted cash grants during early recovery and rebuilding to address their basic needs.
- Engagement of financial service providers to deliver cash to the affected households. The providers will be briefed on Sexual Exploitation and Abuse and child protection and should comply by abiding by the clauses on Sexual Exploitation and Abuse and child protection included in their agreements.
- Regular assessment and monitoring of markets to ensure stable supply and demand.
- Maize, maize flour, corn-soya blend (CSB), cooking oil, pulses, dry fish, soya pieces, sugar, and salt will be provided to meet immediate needs.
- Address the immediate needs of vulnerable households through the provision of unconditional, unrestricted cash for two consecutive months, which is based on the Minimum Expenditure Basket (MEB) developed monthly by the National Cash Working Group.
- Market assessments will be carried out to determine cash feasibility and cash will be distributed using the financial service providers that already have agreements with MRCS.
- Households will be made aware of cash transfer and its purpose through CEA and PGI will be included by ensuring that where appropriate women will be the main recipients for the family, as they are often the ones in charge of managing food stocks in the household.

**EA Achievements**

- 14,041 households have been provided with multipurpose cash grants
- MRCS engaged a financial service (LTS) provider to deliver cash to the affected households – An existing agreement which was also revised during the appeal to take into account the huge Malawi Kwacha currency devaluation.

**Health & Care including Water, Sanitation, and Hygiene (WASH)**

	<b>Health &amp; Care</b>	Female > 18: <b>39,200</b>	Female < 18: <b>26,667</b>	600,000 CHF
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		Male > 18: <b>40,800</b>	Male < 18: <b>26,667</b>	<b>133,333</b> people
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**Objective: The immediate risks to the health of the affected population are reduced and the psychosocial impacts of the emergency are lessened.**

<b>Key indicators:</b>	<b>Targets</b>	<b>Actuals</b>
Number of people reached with community-based disease prevention and health & nutrition promotion.	133,333	117,221
Number of volunteers trained on Psychological First Aid.	200	343
Percentage of people reached with Mental Health and Psychosocial Support services.	20%	14%
Number of mosquito nets distributed.	1,328	28,442
Number of households provided with a set of essential hygiene items as part of essential household items.	26,560	22,361
Number of people reached by First Aid services.	Needs based	271
Number of people reached via clinic outreach services.	41,500	595
Number of households reached with active case finding and referrals.	26,560	595
Number of health facilities supported.	10	8
Number of pregnant and lactating mothers reach during IYCF.	8,000	20,653
Number of people reached with Mental Health and Psychosocial Support services.	26,560	14,522
Number of volunteers trained in prevention and control of communicable disease.	200	217
Number of people reached on prevention and control of communicable disease.	133,333	117,221
Number of community-based volunteers trained on Epidemic Control for Volunteers/Community Based Surveillance/Community Based Health First Aid.	250	217

**Priority actions:**

A preliminary health assessment revealed significant disruption to health services and access to them in almost all affected districts. Roads and bridges have washed away, and power lines have been downed, which has disrupted the cold chain. Referral of critically ill patients to either district hospitals or tertiary facilities is nearly impossible, and pharmacies are becoming depleted, seriously compromising care for people with acute and long-term conditions. Disruption to the cold chain has also impacted immunization against preventable diseases.

***Health Interventions for camps and affected communities***

Lack of access to health services will continue for months and will require immediate human and material resources to restore. Presently, static, mobile, and temporary clinics can still provide some integrated health services including clinical, immunization, ante-natal care (ANC), nutrition, Anti-Retroviral Therapy, TB management, and family planning in all IDP camps and affected communities. The action will continue offering

Mental Health and Psychosocial Support (MHPSS) as well, and through IFRC, MRCS will deploy a mobile health clinic to help the Ministry of Health (MOH) with some of these services in hard-to-reach areas. MRCS will work with the Health cluster as well to align its interventions with the identified needs and gaps guided by the Cluster.


### **Long-term resilience**

Any decisions on new relocation sites will be multi-sector, based on essential service requirements. The provision of some health services, including infrastructure, will be a requirement in the long run based on need and all operations will continue advocating early health-seeking behaviours by contributing to the strengthened community health system. This will enable linkage between community and health facilities so that the community takes ownership of their health.

- Community-based Health and First Aid trainings will be provided for volunteers and staff with continuous capacity building by adding appropriate training modules to curricula on water-borne and vector-borne diseases.
- Mental Health and Psychosocial Support (MHPSS): communities are supported to effectively respond to psychosocial needs through the training of volunteers and staff in psychological first aid and psychosocial support.
- Community-based disease prevention and health promotion to support vaccination, maternal and infant health care, social mobilization, and communication on malaria, acute watery diarrhoea (AWD), HIV, TB, malnutrition, and COVID-19. Includes establishing or strengthening referral systems, health promotion activities in camps, community outreach, and house-to-house sensitization on communicable diseases.
- Facilitate vector control through the distribution of treated mosquito nets, community clean-up campaigns, and removal of stagnant water.
- Provision of health services: support health clinics in coordination with DHSS, including rehabilitation of affected facilities.
- Provision of health NFIs such as hygiene kits.

### **EA Achievements**

- 117,221 people reached with community-based disease prevention and health & nutrition promotion.
- 343 volunteers trained in Psychological First Aid.
- 28,442 mosquito nets distributed.
- 22,361 households provided with a set of essential hygiene items as part of essential household items.
- 8 health facilities supported.
- 14,522 people reached with Mental Health and Psychosocial Support services.
- 217 community-based volunteers trained on Epidemic Control for Volunteers/Community surveillance/Community-Based Health First Aid.

	<b>Water, Sanitation and Hygiene (WASH)</b>	Female > 18: <b>39,200</b>	Female < 18: <b>26,667</b>	1,150,000 CHF
		Male > 18: <b>40,800</b>	Male < 18: <b>26,667</b>	<b>133,333</b> people
<b>Objective: The risk of waterborne diseases in communities in recovery phase is reduced and this is sustained.</b>				
<b>Key indicators:</b>			<b>Targets</b>	<b>Actuals</b>
Number of people reached by hygiene promotion in communities and schools.			133,333	96,941



Number of households provided with a set of hygiene supplies as part of essential household items.	16,600	22,361
Number of people provided safe water services that meet agreed standards.	41,500	121,753
Number of hygiene volunteers and other community-based volunteers trained on-Participatory Hygiene and Sanitation Transformation.	250	230
Number of people provided with sanitation facilities.	41,500	22,888

**Priority actions:**

In the flooding, significant WASH infrastructure has been submerged or has filled with sediment, while some boreholes are producing suspect water with a high chance of contamination. Many latrines have also collapsed, and in general, in camps, there is no adequate WASH infrastructure. Through IFRC, MRCS will deploy two Emergency Response Units, one for Household Water Treatment and Storage and one for Water Supply and Rehabilitation.

**WASH “Return Home” Package**

For IDPs willing to vacate camps for reintegration into the community, MRCS will provide “return home” packages, including two buckets of water with lids, one with a tap, bars of soap for bathing and laundry, and chlorine tabs especially where chlorine dispensers are not available. They will encourage the renovation of latrines, especially in schools used as IDP camps, as well as destroyed public latrines, to prevent open defecation.

**Relocation Camps Package**

As IDPs will be relocating to non-designated evacuation centres or new camps, the biggest challenge in WASH remains inadequate WASH infrastructure. The action therefore supports the construction of temporary latrines, providing a safe water supply by rehabilitating nearby water points or connecting the facilities to tap water where possible. Installation of handwashing facilities will be one of the key considerations in the camps and hygiene promotion will be continued to avoid outbreaks of diarrhoeal diseases including cholera. These facilities will be co-designed with women, girls, and people living with disabilities to ensure that they are appropriate, they are accessible and don't leave anyone at risk of violence while trying to access them.

**Long-term resilience**

The risk maps that will be produced for communities requiring complete relocation will inform and determine the nature of interventions to be implemented in the relocation sites. New water points will be built as a key action and there will be full Community Led Total Sanitation to prevent open defecation. Actions will also include the construction of new latrines and desludging of existing latrines in schools and health facilities in relocation sites. A detailed assessment has been planned that will help to determine the actual number of schools and health facilities to be supported based on the needs identified and the scope of work. Some of the school-based activities will also include the provision of hand-washing buckets.

- Communities are provided with improved access to safe water through the rehabilitation of boreholes, distribution of water purification agents, jerricans, buckets, and household and community water filters.
- Communities are supported to reduce open defecation through water supplies, rehabilitation of latrines, and hand washing facilities with appropriate wastewater treatment, through in-kind items or using cash or vouchers, all in coordination with DODMA.
- Waste management in camps: desludging of latrines in camps, construction of rubbish pits, including decommissioning of some camps.
- Provide communities with the knowledge and best practices to improve the management of water and sanitation facilities by establishing WASH committees.


- Promote behaviour change in personal and community hygiene with distribution of household hygiene kits, dignity kits (in-kind items or cash/vouchers) and conducting hygiene promotion sessions.

#### EA Achievements

- 96,941 of people reached by hygiene promotion in communities and schools.
- 121,753 people provided with safe water services that meet agreed standards according to specific operational and programmatic context
- 230 hygiene volunteers and other community-based volunteers trained on-Participatory Hygiene and Sanitation Transformation
- A total of 89 boreholes have been rehabilitated, which has enabled a total of 23,000 people to access safe water supply, this has been done with support from Water System Rehabilitations (WSR ERU).

#### Interventions to be completed under the MRCS Unified Plan

- Installation Of Solar Pumping Systems - This is including the prices after Malawi Kwacha currency devaluation

Protection and Prevention				
	<b>Protection, Gender and Inclusion (PGI)</b>	Female > 18: <b>39,200</b>	Female < 18: <b>26,667</b>	250,000 CHF
		Male > 18: <b>40,800</b>	Male < 18: <b>26,667</b>	<b>133,333</b> people
<b>Objective: Communities become more peaceful, safe and inclusive through meeting the needs and rights of the most vulnerable.</b>				
<b>Key indicators:</b>			<b>Targets</b>	<b>Actuals</b>
Number of people reached with PGI messages and with messages on SGBV prevention.			133,333	115,300
Number of camp management committee members/volunteers trained on SGBV, Mental Health and Psychosocial Support, Psychological First Aid, Child Protection and Safeguarding.			To be decided based on number of camps	233
Number of SGBV survivors referred for services.			Needs based	7
<b>Priority actions:</b>				
<b>Immediate and long-term resilience</b>				
<ul style="list-style-type: none"> <li>Ensure safe, dignified, and equitable access to services, considering different needs based on gender and other diversity factors, through PGI-informed multi-sector needs assessment to identify and address gender and diversity-specific needs and protection risks. Immediate protection needs shall include the provision of clothes, lighting, and dignity kits.</li> <li>Ensure that displaced populations in camps have access to safe spaces and that they receive adequate support to prevent sexual exploitation, abuse, and SGBV.</li> <li>Training field teams in PGI.</li> <li>Through feedback mechanisms, support referrals to Protection, SGBV, MHPSS, and awareness-raising to prevent violence and negative coping strategies, in coordination with local committees.</li> </ul>				

- MRCS has committed to strengthen PGI across all humanitarian actions through specific skills in this area developed over numerous operations. It is committed to the Minimum Standards for Child Protection in Humanitarian Action.


### General PGI

- Operations ensure safe and equitable access to basic services, considering different needs based on gender, age, disability, and other diversity factors, through PGI-informed sectoral needs assessment to identify and address gender- and diversity-specific needs and protection risks. Training of staff, camp management committees, volunteers, and community disaster management structures. Support for, and participation in, protection cluster meetings.
- Emergency & Recovery operations will prevent and respond to SGBV and all forms of violence against children, promoting safer communities by providing safe spaces for women, girls, and men, disseminating messages on prevention of SGBV, providing MHPSS, PFA, life skills, counselling, case detection, and safe referrals.
- When considering sector targeting, MRCS will ensure:
  - consultation at the household level on who should be targeted as primary recipients to collect cash/items and who is expected to go to the market;
  - engagement of all household members in gender discussion groups;
  - training and refresher briefings for staff and volunteers engaged in the action on PSEA and child safeguarding; and
  - all personnel will be briefed on and required to sign a copy of the Code of Conduct and PSEA policy before being deployed.
- The Operation will ensure the promotion and participation of both women and men, persons with disabilities, and persons from different age groups, through training and consultation. A continuous dialogue will be fostered to ensure all programmes/sectors mainstream Dignity, Access, Participation, and Safety (DAPS).
- PGI will be integrated into cash transfers by ensuring that where the chief household burden falls on women, they will be the main recipient of cash for the family. Care will be taken to ensure that distribution points are accessible and that there are safe routes for people to travel.
- In line with the Code of Conduct and with data on Protection, MRCS will ensure access and improved Restoring Family Links (RFL) services to host communities and IDPs through:
  - phone service;
  - tracing to reunite families; and
  - referring any unaccompanied minors or people at risk to available services.
- This Operation will ensure that all staff and volunteers are briefed on the Code of Conduct and Prevention of Sexual Exploitation and Abuse (PSEA). It will ensure that all National Societies, IFRC, PNS staff and volunteers involved have signed the Code of Conduct.
- Information-education-communication (IEC) materials with key referral pathways for SGBV and SEA will be developed and distributed to all staff and volunteers and posters will be displayed in camps and district buildings, in line with Protection Cluster guidance.

### EA Achievements

- 115,300 people reached with PGI and prevention and response to SGBV awareness messages
- 233 camp management committee members/volunteers trained on SGBV, Mental Health and Psychosocial Support, Psychological First Aid, Child Protection and Safeguarding including PSEA.
- 7 SGBV survivors referred for services

		Female > 18: <b>39,200</b>	Female < 18: <b>26,667</b>	350,000 CHF
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	<b>Risk reduction, climate adaptation and Recovery</b>	Male > 18: <b>40,800</b>	Male < 18: <b>26,667</b>	<b>133,333</b> people
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**Objective: Communities in high-risk areas are prepared for and able to respond to disasters.**

Key indicators:	Targets	Actuals
Number of people reached through Disaster Risk Reduction (DRR) and Climate Change Adaptation activities.	133,333	619,223
Number of community members trained on first aid, and response.	2,673	230
Number of early warning systems established.	42	4

**Priority actions:**


- Detailed assessments will be conducted to inform the extent of damage as well as the type of interventions to be implemented in the affected districts.
- Communities will be supported to take active steps to strengthen their preparedness for timely and effective response to disasters through supporting communities to have contingency plans and to identify and equip evacuation centres, provide early warning services to communities, replenish and preposition stock, conduct search and rescue and provide First Aid.
- Climate change mitigation through implementation of green solutions under recovery programmes, awareness of sustainable solutions where feasible, and conducting tree planting and reforestation activities in consultation with communities to provide solutions for timber use, food, and other resources.
- The appeal will support preparation for seasonal hazards, including updating contingency plans, emergency simulations, and prepositioning of stocks.

**Anticipatory actions:**

- Early warning and dissemination of messages: van publicity, community radio, megaphone, and criers.
- Provision of life-saving support (camp-based) - distribution of food and basic NFIs to the affected population.
- Search and rescue services - prepositioning of boats, provision of lifejackets, deployment of search and rescue teams (staff and volunteers), provision of search and rescue services.
- Communities strengthen their preparedness for timely and effective response to disasters with training for local disaster management committees, including early action by supporting Branch volunteers and communities to conduct readiness and prepositioning activities indicated in the Early Action protocol, including search and rescue boats, early notification and evacuation support; staff and volunteer training in DRM, early warning and climate change; development, review and support of DRM Plans.
- Green solutions will be promoted through environmentally sustainable action where feasible, conducting tree planting and reforestation in consultation with communities.
- Support preparation for the flood season, including updating contingency plans and emergency simulations and prepositioning of stocks; these activities will continue throughout the season.

**EA Achievement**

- 619,223 people reached through DRR and Climate Change Adaptation activities
- 230 community members trained (first aid, response, etc.)

	<b>Community Engagement and Accountability (CEA)</b>	Female > 18: <b>39,200</b>	Female < 18: <b>26,667</b>	150,000 CHF
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		Male > 18: <b>40,800</b>	Male < 18: <b>26,667</b>	<b>133,333</b> people (26,667 households)
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**Objective: Develop and deploy standardized approaches for community engagement, collection and use of qualitative community feedback data to better understand community perspectives**

<b>Key indicators:</b>	<b>Targets</b>	<b>Actuals</b>
Percentage of staff and volunteers who have been trained on CEA.	90%	90%
Percentage of feedback received through the feedback mechanism that was responded to.	100%	100%
Percentage of operational decisions made based on community feedback.	75%	65%
Percentage of community members who feel their opinion is taken into account during planning and decision-making.	75%	85%

**Priority actions:**

MRCS has a system in place to ensure accountability to beneficiaries that recognize community ownership and the right to know about and have a voice in actions that affect them. Accountability has proven to increase programme impact and CEA builds trust and acceptance, which in turn improves the quality of programming and the safety of frontline staff. CEA strengthens local structures that allow for greater community resilience and sustainability, and MRCS will implement a feedback mechanism in affected districts giving them a platform to set the agenda.

MRCS will share clear information about response activities, selection criteria, and distribution processes with communities through community meetings and door-to-door activities, allowing them to participate in the response through meetings, surveys, and assessments.


- Community members in the target areas will be involved as fully as possible throughout the Operation to increase their ownership through mainstreaming of CEA in all sectors.
- They will be engaged in selection criteria, registration methodology, and distribution.
- Communities are also aware of and have access to a variety of channels to provide feedback, which is then actively used to inform the planning of further activities and monitor perceptions, always taking PGI into account.
- MRCS will collect, analyse, and act on feedback, and will align with the Inter-Agency Community Feedback Mechanism.
- It will ensure that CEA tools are tailored to the Malawi context and are used to collect data relevant for planning CEA during detailed needs assessments, to generate ownership in the community.
- Community leaders and camp committees will keep people informed before planning with them how to engage the wider community, including vulnerable groups.
- In camp settings, the community will be consulted about their needs and kept informed of available services, including referral pathways. They will also be kept informed of risks, preventive measures, and responses through Risk Communication and Community Engagement activities.
- Teams in the response will share clear information about any delays, exit strategies, changes, selection criteria, and distribution processes with communities through community meetings and door-to-door activities.
- There will be trainings/refreshers for volunteers and staff on CEA, including community feedback mechanisms.
- On sensitive feedback, district task forces will ensure the security and protection of reporters.

- A multi-sectoral satisfaction survey will be conducted at the end of each sector's operations as appropriate.

#### EA Achievements

- 90% of the staff and volunteers working on the operation have been trained in community engagement and accountability
- 100% Percentage of feedback received through the feedback mechanism that was responded to
- 85% of community members who feel their opinion is considered during planning and decision-making.

## ENABLING APPROACHES

	<b>National Society Strengthening</b>	Female > 18:	Female < 18:	250,000 CHF
		Male > 18:	Male < 18:	
<b>Objective: National Societies are prepared to respond effectively to epidemics/emerging crises, and their auxiliary role in providing humanitarian assistance is well-defined and recognized.</b>				
<b>Key indicators:</b>			<b>Targets</b>	<b>Actuals</b>
Percentage of staff trained on Protection against Sexual Exploitation and Abuse (PSEA).			100%	100%
National Societies have assessed their capacity at HQ and branch level and have identified areas for improvement.			1	1
External National Society Development support has reached National Society and is aligned with NSD compact principles.			Yes	Yes
Percentage of volunteers with health, accident and life insurance.			100%	100%
<b>Priority actions:</b> <ul style="list-style-type: none"> <li>• <b>Operational Support Services:</b> Support will be put in place for human resources, logistics, and supply chain; Information Technology (IT) support; communications; security; PMER; partnerships and resource development; and finance and administration; support for Federation-wide plans for National Society capacity strengthening in emergency response and resilience building initiatives.</li> <li>• <b>National Society Development:</b> Currently the Movement is supporting the development of a new Strategic Plan and has developed a comprehensive National Society Development (NSD) Framework outlining key priorities for MRCS, which will be supported through this Emergency Appeal.</li> <li>• <b>National Society preparedness and response capacity:</b> NSD will be embedded in coordination and operations support; Branch Development will be supported through training and assessments. Actions will help MRCS to develop response plans; capacity building for volunteers and communities on DRR including early warning systems; capacity development on CVA, Participatory Hygiene and Sanitation Transformation (PHAST, PSS, and SGBV prevention, including PSEA; strengthen capacity on preparedness, response and recovery in strategically located branches, for volunteers and youth.</li> <li>• <b>National Society auxiliary role:</b> MRCS acts as an auxiliary to government, adding value to coordination at the national and district levels with MOH, DODMA, Ministry of Water and Sanitation MOWS, and Ministry of Local Government, alongside UNICEF, WHO, MSF, and other international</li> </ul>				


organizations. It is part of national disaster management mechanisms and sits on the National Disaster Preparedness and Relief Committee (NDPRC), which is comprised of principal secretaries of all line ministries and departments. It is also co-chair of the Search & Rescue and the Shelter clusters as well as being a key member of the Incident Management Team, Health Cluster, and WASH Cluster.

### EA Achievements

- 100% of staff trained on Protection of Sexual Exploitation and Abuse (PSEA)
- MRCS has assessed its capacity at HQ and branch level and has identified areas for improvement
- Operational structure in place from the strategic level at the MRCS HQ, National EOC in Blantyre, and staff in the districts responded to.
- 6 Vehicles availed to the NS to support the operation. 1 at the National EOC and 5 in different districts

### Interventions to be completed under the MRCS Unified Plan

- Monitoring, Reporting, and Documentation
- Joint monitoring (MRCS HQ EOC staff, district staff, per diem, fuel, etc) lumpsum include auditing.
- Developments of documentaries, studies/success stories
- PDM
- Conduct exit meetings in districts
- Lessons Learnt workshop
- Evaluation
- Audit
- Vehicle & Transport - IFRC Vehicle Maintenance (and Hand over to the next Projects)
- NS Preparedness PER. MRCS has started engagements with in-country partners to seek support for the process. As it now has a new operation, IFRC will continue to avail its technical and financial resources to ensure that the process is completed under the Unified Plan while lobbying for support from partners.

	<b>Coordination and Partnerships</b>	Female > 18: X	Female < 18:	100,000 CHF
		Male > 18:	Male < 18:	
<b>Objective: Technical and operational complementarity among IFRC membership, and with ICRC, enhanced through cooperation with external partners.</b>				
<b>Key indicators:</b>			<b>Targets</b>	<b>Actuals</b>
Number of external partnerships supporting the National Society in the response.			6	6
Number of regular coordination mechanisms in place ensuring alignment and coordination with all Movement partners and local and international partners.			6	6
<b>Priority actions:</b> <b>Membership Coordination</b> <ul style="list-style-type: none"> <li>• Coordination through a Federation-wide approach including reporting, management and technical services.</li> <li>• Strengthen coordination and partnerships within the Movement and with relevant external actors, including Membership Coordination, engagement with government, engagement with other stakeholders, and with the community.</li> </ul>				

- MRCS is currently receiving support from IFRC, Danish Red Cross, Swiss Red Cross, Qatar Red Crescent, and Belgian Red Cross. In-country are IFRC, Danish Red Cross, and Swiss Red Cross.
- The Danish Red Cross leads a consortium of Iceland, Italy, Belgium, Netherlands, IFRC and Finland.
- Currently MRCS, IFRC, and partners have agreed on the geographic areas to support within a coordination framework. In line with this framework, the IFRC surge technically supports all districts where MRCS is responding since they will contribute to one MRCS response.

**Engagement with external partners**

- In its role as auxiliary to government, MRCS will strengthen and add value to coordination at the national and district levels with MOH, DODMA, MOWS, and Ministry of Local Government, and with UNICEF, WHO, MSF, and other international organizations.
- Activities will further facilitate engagement and coordination with PNSs in the design of the response, leveraging expertise and resources available through the Red Pillar approach and ensuring alignment with external actors, including government policies and programmes; development actors and UN agencies; and NGOs.
- MRCS is a member of the National Emergency Operations Centre chaired by DODMA.

**Movement Cooperation**

- MRCS, partners, and IFRC coordinate with the ICRC regional office.
- ICRC has supported MRCS with a one-off donation of PPEs for case management staff.

**EA Achievements**

- 6 external partnership coordination meetings supporting the NS in the response
- 6 Regular coordination mechanism is in place ensuring alignment and coordination with all Movement partners

**Interventions to be completed under the MRCS Unified Plan**

- MRCS will work with relevant government ministries and local structures in handing over the constructed houses to the community.
- MRCS will include the in-country partners in the Lessons Learnt Workshop.

	<b>Secretariat Services</b>	Female > 18:	Female < 18:	150,000 CHF
		Male > 18:	Male < 18:	
<b>Objective: Effective and coordinated international disaster response is ensured.</b>				
<b>Key indicators:</b>			<b>Targets</b>	<b>Actuals</b>
Number of global and regional surges.			7	8 Surge 3 ERUs
<b>Priority actions:</b>				
<b>IFRC Secretariat services</b>				
<ul style="list-style-type: none"> <li>• IFRC signed an agreement with the Government on 22 December 2022 to have a Cluster Operations Coordinator based in the country who oversees all IFRC operations that support MRCS. The Harare Cluster Delegation provides full support across finance, logistics, PMER, security, NSD, and technical sectors.</li> <li>• IFRC will facilitate an effective Federation-wide response with support from the Harare Cluster Delegation and Africa Regional Office. It will offer its expertise in managing epidemics through the</li> </ul>				



deployment of critical functions as agreed with MRCS and will also equip it with strong risk management and business continuity plans.

- Through the IFRC surge system, regional and global alerts have been issued for Operations Management, Shelter Coordination, Information Management, Logistics, MHPSS, and Relief Coordination. In the surge deployed during the Cholera Emergency Appeal, WASH Coordination, Public Health in Emergencies, and CEA were integrated to support the appeals on both the Cholera and Tropical Cyclone Freddy. These surge deployments have been funded by the German Red Cross, British Red Cross, Danish Red Cross, and Netherlands Red Cross.
- The Emergency Response Unit for CCMC has been deployed with support from the Swiss Red Cross and with HR support from the Norwegian, Spanish, Canadian, Liechtenstein, and Swedish Red Cross societies.
- The Emergency Response Unit for Household Water has been deployed with support from the Spanish Red Cross.
- The Emergency Response Unit for emergency mobile clinics has been deployed with support from the French Red Cross. These will be deployed for three months, after which they will transition to government medical facilities. Medical supplies will be handed over to government-owned health facilities.
- A request for a Water Supply Rehabilitation Emergency Response Unit is also under consideration based on an assessment of the needs and capacity in-country.
- IFRC will take a holistic approach to programming, monitoring, reporting, risk management, information management, external communications, and resource mobilization.
- It will facilitate an effective Federation-wide response, with support from the Harare Country Cluster Delegation and Africa Regional Office and will offer its expertise in managing epidemics through the deployment of critical functions as agreed with the National Society; it will equip MRCS with strong risk management and business continuity plans.

### **EA Achievements**

- 8 global and regional surges deployed; Operations Manager, Shelter Coordinator, WASH Coordinator, Public Health in Emergencies Coordinator, CEA Coordinator, Shelter IM Coordinator, IM Coordinator and PMER Coordinator.
- 3 Emergency Response units deployed.
  - Norwegian RC Water Supply and Rehabilitation WSR ERU
  - Spanish RC Household Water Treatment and Storage HWTS ERU
  - French RC Emergency Mobile Clinic ERU

### **Risk Management**

- Through MRCS Risk Management policy and framework, different levels of the risk management process will be applied (strategic, operational, programmatic, etc). Risks are continually assessed at MRCS and any key risks that might impede the achievement of the objectives are identified, recorded, and resolved. Risk assessment is performed as part of all major decision-making processes including strategic planning, core processes, new programmes, project plans, etc.
- All MRCS branches, units, and programs complete an assessment of each business process reflecting on the key risks impacting their objectives. This process shall identify the cause of the risk, the impact of the risk, the risk mitigation measures in place, and the level of significance of the risk. The process considers other sources of information such as media reports, satisfaction surveys, and performance indicators. Additionally, risk registers are updated by appointed risk champions or risk focal points with support from risk owners on an ongoing basis.
- MRCS faces a broad spectrum of risks arising from the operational activities undertaken in pursuit of the organization's objectives and the global and local economic environment in which it operates. The organization acknowledges that, even though a low-risk operating environment is desirable, acceptance of some level of risk is inevitable in the pursuit of these objectives. This risk management framework

outlines the processes that should be followed in managing these risks and ensuring that the organization is operating within its risk appetite.

### **Communications**

- Communications will be conducted to draw attention to and highlight the humanitarian situation and activities related to the Tropical Cyclone Freddy response, through the development of key messages, press releases, high-quality and compelling photos, video materials, and social media activities that can be used by the media and Federation/Movement partners.

### **Monitoring & Evaluation (M&E)**

- Develop and launch a Federation-wide Planning, Monitoring and Reporting (PMER) framework.
- Provide PMER support enabling Federation-wide planning, development, and maintenance of sustainable monitoring tools and workflows, supported both internally and Federation-wide, as well as donor reporting, which will contribute to longer-term capacity building of the National Society.
- Conduct regular monitoring with support from MRCS and IFRC, and conduct a mid-term evaluation to assess progress, and to formulate recommendations to inform future programming responses. A final evaluation will also be conducted at the end of the operation.
- Develop a follow-up mechanism to implement the recommendations from the final evaluation.

### **Security**

- Active measures will be adopted to reduce the risk of personnel falling victim to crime, violence, health hazards, and road hazards. This includes monitoring the situation and implementing minimum security standards. The National Society's security framework will be applied throughout the Operation to protect personnel and volunteers. IFRC personnel must complete e-learning on security.
- Area-specific security risk assessments will be conducted, and risk mitigation measures will be implemented.
- The IFRC Regional Security Unit will: conduct security analyses to enable the team to implement risk management measures considering the latest developments; monitor the security environment; provide technical advice; and ensure that any internal/external security incidents or emergencies are immediately and adequately managed and reported to the Regional Director.

### **Information technology**

- MRCS has ICT platforms to make different activities more efficient and carry out reporting on time. This includes personnel, hardware, software, and online platforms.
- MRCS has an office that manages all ICT activities of the society, based at the HQ, ensuring that officers can use platforms and all hardware. It ensures that all laptops are up to date and makes sure that antivirus software is installed; the service uses only licensed software. Since partnering with Microsoft, the Red Cross has used different online platforms for backup, online meetings, and sharing of documents and files within and outside the Organization. For Online meetings, Red Cross uses MS Teams, for cloud backup, OneDrive, and for sharing documents, SharePoint.
- All MRCS members and staff are trained to access the platforms and are oriented on how to carry out online/local backup at regular intervals.

### **Monitoring, evaluation, and reporting**

- MRCS will conduct continuous monitoring and reporting to track activities and inform decision-making and the operation will have a dedicated PMER Coordinator. District staff will continuously monitor activities on the ground while EOC staff will monitor actions periodically, and at the end of the operation, a report will be produced. An internal workshop will also be organized taking stock of the obstacles, enabling factors, and lessons learned.

#### *Monitoring and reporting will include:*

- Daily updates for Operations Manager from NRT leads on the ground.
- Weekly progress reports from sector supervisors and coordinators.

- Monthly narrative on implementation and progress toward targets.
- Monthly finance and narrative per MRCS policy.

**Assessments to be performed:**

- Verification of DCPC Damage and Needs Assessment, to ensure that only eligible beneficiaries receive humanitarian support, and to eliminate errors.
- Beneficiaries will be surveyed to assess the appropriateness of the Operation, satisfaction, and areas that need improvement, and to hear recommendations for improving programming.
- Post-distribution monitoring to verify whether all eligible beneficiaries accessed the correct distribution of allocations; to capture more detailed feedback on the use of the distributions and appropriateness of the programme; to capture how the beneficiaries feel about the process.
- Early recovery assessments to guide what early recovery interventions can follow complementing the initial CVA support; to determine an effective approach to livelihoods strengthening and diversification; to ascertain added value in continued CVA support.
- Market Assessments to determine the market functionality and market price trends.

**Logistics support**

- MRCS has a Logistics Unit with warehousing and a fleet of cars, however there are transport challenges at HQ. MRCS has both a seven-tonne and ten-tonne truck, and when needed a list of prequalified transport at short notice.
- Available emergency stocks: due to the increased number and magnitude of disasters in the current season, stocks are significantly lower and need replenishment.
- Warehousing: MRCS has three warehouses where stocks are prepositioned. Lilongwe warehouse covers the central and northern regions while Blantyre covers the southern region. In Blantyre, MRCS has a purpose-built warehouse while in Lilongwe it uses 30 forty-foot containers. MRCS also rents one warehouse in Kanengo, where ECHO-funded stocks are stored. There are four district satellite warehouses, in Nsanje, Chikwawa, Mzuzu, and Karonga. Temporary warehouses will be identified in Mulanje and Phalombe as well. The Unit plans to preposition stocks in the above-mentioned satellite warehouses as well.
- Procurement & Transport: MRCS has procurement and transport policies that guide procurements and movement and provide necessary waivers to expedite procurements in disaster response situations.

**Communications and visibility**

The goal of the Communications plan is to build a compelling narrative about the urgency of the humanitarian situation and the role played by MRCS and its partners in responding to the crisis. This includes highlighting compellingly the primary and secondary impacts on the humanitarian situation in affected districts. Also raising the visibility of MRCS as a vital local humanitarian actor and acknowledging all partners supporting the response, ensuring one voice, the One Red Cross Movement Narrative, and anticipating, mitigating, and responding to any reputational risk in the public sphere.

MRCS' key social media accounts:

Category	Twitter accounts
Global, regional, and national media	@BBC AFRICA, @MBC, @TIMES, @NATION, @ZODIAK, @MANA
MRCS' Donors and humanitarian partners	@EU, @UNICEF MALAWI, @WFP, @GIZ
IFRC, Movement partners, and Partner National Societies	@IFRC, @ICRC <i>Partner National Societies</i>

**Exit strategy**

MRCS will ensure that sustainability measures are built in the response by strengthening the following:

- Involvement of volunteers: MRCS has a network of volunteers available in all districts, who will continue supporting activities beyond the timeline of the response. There may be situations that require remote working with sensitization interventions only possible through media and other online channels.
- Aligning the preparedness and response strategies with the government: MRCS will work with government line ministries and departments, which are expected to continue activities beyond the response phase.
- Involvement of local structures and local leaders including village health committees, community-based organizations, and civil protection committees shall be significant to ensure ownership of the interventions.

## Risk management

Within this operation, risk management follows the MRCS Risk Management policy and framework wherein risks are assessed and identified and the mitigation measures put forward. Because the environment in which the NS operates changes regularly, and as such its risks, monitoring and review are done regularly. The MRCS risk register is a fluid document that will be monitored and reviewed periodically to ensure it remains current. Equally, the effectiveness of controls being taken to manage risks will be monitored and adjusted as necessary. Key players in the organization (Secretary General, Senior Management, audit unit, risk management unit/focal person, and the Management Risk Committee) will combine to assure the MRCS Governing Council that risks are properly managed. This combined approach will involve external auditors, internal auditors, and management working together through the Audit and Risk Committee.

Monitoring activities cover:

- Progress in the implementation of the risk management framework
- Performance of risk response measures
- Changes in risk profiles, key risk indicators, early warning incidents, control self-assessment, and other management information system reports.
- 

.Key risks identified for this project are:

Key risks	Likelihood	Impact	Mitigating steps
Non-adherence to finance management procedures	Low	High	Support MRCS to strengthen internal controls.
National Society's capacity is depleted, and they are not able to sustain the delivery of humanitarian assistance	Medium	Medium	Support National Society strengthening to be incorporated to sustain and strengthen the delivery of humanitarian assistance and provide management and technical services to supplement the capacities of the host National Societies.
Access to communities is further limited by more flooding and cyclones	Medium	High	Support MRCS in preparedness measures including search and rescue teams that could be deployed to reach communities cut off by flooding.
Rumours, changes in perception of the community, fears, and concerns	Medium	Medium	Support MRCS to ensure a functioning minimum community feedback mechanism to ensure that feedback or early warnings of a change in the situation, and perception in the community, are understood and addressed. Ensure the accessibility of the feedback mechanism to different genders, ages, and groups.
Increase in water-borne and other infectious diseases including cholera due to	High	High	Support MRCS to carry out sensitization on water quality monitoring and supply of water quality treatment chemicals. Pre-position oral rehydration solution (ORS) and train camp committees and

poor water and sanitation conditions			volunteers on signs of cholera and other infectious diseases, for prevention and control. Advocate for the provision of Oral Cholera Vaccines (OCV) to the displaced persons in camps and ensure a robust community-based surveillance system and active case finding. Continuous sensitization of the communities on COVID-19 prevention.
Increased malnutrition cases due to lack of food	Medium	High	Support MRCS to carry out assessments to identify and prioritize immediate needs including food supplements and referrals.
Triggering of non-communicable diseases such as hypertension and stroke due to loss of property, productive assets, and livelihood	Medium	Medium	Support MRCS to provide psychosocial support to IDPs as well as to staff and volunteers supporting response activities. This will include training enough staff to provide the support.

Within the Risk Management Framework for TS Freddy, each unit/division/department shall be responsible for managing risks inherent in its processes/activities. The risk management function/risk management focal point shall have the ultimate responsibility for the board-wide monitoring and reporting of risks to management and the Board.

TC Freddy Appeal Operations in 2023/2024 operations started with the orientation of all staff on finance management and reporting. A senior Accountant was recruited and was based at the Emergency Operations Centre in Blantyre to make sure that all procedures were adhered to. Frequent spot checks were conducted by the Head of Finance, DM, and PMER which was different from the past when the finance team was not part of monitoring. The spot checks were cascaded to the district offices, and it improved financial prudence.

Since the cyclone came at a time when the NS was running a cholera emergency appeal, it received key surge technical expertise to complement the National Society operational team and ensured sustained capacity strengthened for both operations.

MRCS through the collective service championed the Community feedback mechanism through the operation allowing the communities to voice their concerns on interventions during the distribution using the feedback mechanisms established such as suggestion boxes, ODK onsite survey, and Post Distribution Monitoring.

To tackle the threat of food insecurity affecting the same vulnerable population, the operation was agile and was able to support with lean season response reaching to 3600 households with cash and voucher assistance and agricultural inputs. As the hunger crisis is a huge concern because of the effects of El Nino, MRCS will continue prioritizing these controls through other available mechanisms like the Hunger Crisis Emergency Appeal.

## Quality and accountability

Key indicators identified in the Planned Operations section will be used to set up an M&E framework to monitor approach, quality of work, and beneficiary satisfaction, as well as track progress on planned activities. MRCS and partners will routinely carry out a self-assessment against indicators to make sure that the Operation is on track, that products and services meet the minimum quality standards, and that the operation remains relevant to the survivors.

The monitoring system will also check whether the accountability systems that have been set up are working effectively. In addition, the regular feedback mechanisms, post-distribution, and beneficiary satisfaction surveys will be carried out regularly after each significant activity to solicit feedback and complaints from specific groups



amongst the crisis-affected population, as part of a formal complaints' mechanism. At the end of the operation, a final evaluation will be carried out.

The Operation will make sure that all safeguarding measures are in place and that MRCS staff and stakeholders meet and conform to PSEA and Child Safeguarding, including completing the Child Safeguarding Risk Analysis; having in place screening, briefing, and reporting systems; mapping and testing referral pathways; ensuring community feedback mechanisms and child-friendly information and participation.

## FUNDING REQUIREMENT

### Federation-wide funding requirements\*

<b>Federation Wide Funding Requirement including the National Society domestic target, IFRC Secretariat and the Partner National Society funding requirement</b>	<b>IFRC Secretariat Funding Requirement in support of the Federation Wide funding</b>
<b>6.0 million CHF</b>	<b>5.0 million CHF</b>

\*For more information on Federation-wide funding requirement, refer to section: Federation-wide Approach

### Breakdown of the IFRC secretariat funding requirement



#### OPERATING STRATEGY

**MDRMW018 – Malawi - Tropical Cyclone Freddy**

#### FUNDING REQUIREMENTS

<b>Planned Operations</b>	<b>4,350,000</b>
Shelter and Basic Household Items	1,375,000
Livelihoods	250,000
Multi-purpose Cash	375,000
Health	600,000
Water, Sanitation & Hygiene (WASH)	1,150,000
Protection, Gender and Inclusion (PGI)	250,000
Risk Reduction, Climate Adaptation and Recovery	350,000
<b>Enabling Approaches</b>	<b>650,000</b>
Coordination and Partnerships	100,000
Secretariat Services	150,000
National Society Strengthening	250,000
Community Engagement & Accountability	150,000
<b>TOTAL FUNDING REQUIREMENTS</b>	<b>5,000,000</b>

All amounts in Swiss Francs (CHF)

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**Reference**

Click [here](#) for: Emergency Appeal and Operations Updates