

Emergency appeal No: MDRMW015 Emergency appeal launched: 24/01/2022. Operational Strategy published: 17/03/2022	Glide No: SS-2021-000196-MWI
Operation update #3 (12th Month) Date of issue: 10/07/2023	Timeframe covered by this update: From 01/03/2022 to 28/02/2023
Operation timeframe: 18 months (24/01/2022 - 30/06/2023)	Number of people being assisted: 160,000 people (32,000 households)
Funding requirements (CHF): CHF 4.5 million through the IFRC Emergency Appeal CHF 6.5 million Federation-wide	DREF amount initially allocated: CHF 750,000



Affected households receiving cash at a distribution point in Nsanje in December 2022 with funding from the American Red Cross through IFRC.

To date, this Emergency Appeal, which seeks CHF 4,500,000.00, is 39% per cent funded. Further funding contributions are needed to enable the Malawi Red Cross Society, with the support of the IFRC, to continue with the preparedness efforts of and provide humanitarian assistance and protection to people on the move.

A. SITUATION ANALYSIS

Description of the crisis

In January 2022, the [Tropical Storm Ana](#) weather system brought destruction and damage to most parts of the country especially within the southern region. The impact of tropical storm Ana brought subsequent flooding and resulted in an estimated [945,728 people needing humanitarian assistance and protection](#). Initially, and as of 8 February 2022, the Government of Malawi estimated that [46 people were reported dead, 18 missing, 206 injured and 221,127 households \(more than 945,728 people\)](#) were affected. Swollen rivers drowned livestock and submerged fields destroying the livelihoods of rural families. At least [115,388 hectares](#) of crops were destroyed. Over [228 schools had their blocks destroyed](#) rendering over [114,218 learners](#) without learning materials and facilities. Furthermore, access to some of the affected areas remained a big challenge as many of the roads were damaged and to date, some remain in bad condition. The displaced populations, over [67,800 households, were relocated to 217](#) camps in Chikwawa, Zomba, Phalombe, Mulanje, Nneno, Mangochi, and Nsanje districts. Government embarked on a process of decommissioning camps after a joint monitoring visit to the camps during the month of April 2022. The monitoring visit indicated that most of the camps were decommissioned in some affected districts except in Nsanje and Chikwawa where about [1200 households were still in camps](#) waiting to relocate to other new places.

Due to the magnitude of the impact, most vulnerable people are still struggling to recover from this shock although a smaller number of the affected households have managed to relocate to higher and safe areas. The intensity of the impact has been aggravated by outbreak of [Polio, Cholera](#) and [continued risk of COVID 19 across the country](#). Before the end of this Appeal, Malawi was once again hit by a more severe, [Cyclone Freddy, in early March 2023](#). The MRCS continue to help communities recover from both [TS Ana](#) of 2022 and [Cyclone Freddy of 2023](#).

Current Disaster Situation

1. Cholera Situation

On 5 December 2022, the President of Malawi [declared the cholera outbreak a public health emergency](#) due to the surge of complex cholera cases. On 14 December 2022, Ministry of Health (MoH) reported [12,854 cumulative cases across all 29 districts, and a case fatality rate of 2.95%](#). Preliminary results from the Ministry of Health (MoH) indicate that the cholera vaccination campaign, which took place from 28 November to 2 December, reached more than [2 million people, representing 71.6% out of the targeted 2.9 million people](#). As of 26th December 2022, a total of 253 new cases, 16 new deaths and two new suspected cases were reported. The new cases were from [Lilongwe \(69\), Blantyre \(50\), Mangochi \(47\), Dowa \(26\), Dedza \(23\), Salima \(19\), Machinga \(10\), Phalombe \(4\), Chiradzulu \(2\), Mwanza \(2\), and Karonga \(1\)](#). [The new deaths are from Lilongwe \(6\), Blantyre \(6\), Dowa \(2\), Mangochi \(1\) and Machinga \(1\)](#). Most of the deaths occurred while in the communities or at health facilities after presenting at the facilities late for treatment. The major factors associated with the cholera outbreak in the communities are [poor food hygiene, lack of safe water and low latrines coverage and usage \(open defecation\)](#). As of December 2022, there was fear that the situation would be exacerbated by the rain season wherein waterborne diseases increase. Against this background, the government, through its partners, is trying to mobilize resources to deal with this pandemic.

2. Other disasters

By the 23rd of December, 2022, disasters mainly [stormy rains, floods, strong winds, hailstorms and lightning](#); had affected 24¹ councils in Malawi. Cumulatively, [9,321 households \(approximately 41,944 people\)](#), have been affected. The death toll had risen to 42 as of the 23rd December 2022 as a result of [lightning strikes that killed 28 people while 14 were victims of collapsed walls](#) following the stormy rains and strong winds. By the same date, [85 people had sustained various degrees of injury](#). The disasters also caused [damage to roads, schools and hospitals](#). The Department of Disaster Management Affairs (DoDMA), with support from various partners, reached out to [8,227 households](#) (approximately [37,021 people](#) and representing [88% of the total affected](#)) with relief assistance as of 23rd

¹ [Balaka, Chikwawa, Chiradzulu, Chitipa, Dedza, Dowa, Karonga, Kasungu, Lilongwe District, Machinga, Mangochi District, Mchinji, Mulanje, Mzimba, Mzuzu City, Nneno, Nkhotakota, Nsanje, Ntcheu, Ntchisi, Phalombe, Salima, Thyolo and Zomba District](#)

December 2022. The relief assistance was mainly food and non-food items including maize, family tents, housing units, kitchen utensils and plastic sheets for temporary roofing. Provision of relief assistance continued into the following year, 2023.

Summary of response

Overview of the host National Society and response

Following the State of [National Disaster declaration](#), Malawi Red Cross Society (MRCS) launched an Emergency Appeal to mobilize funds from various [Red Cross Movement](#) (RCM) partners and non-movement partners. Several members of the RCM, as well as [Central Emergency Response Fund](#) (CERF) through the International Office of Migration (IOM), and other individual well-wishers significantly contributed to the cause of the people affected. The Emergency Appeal sought to continue supporting the immediate humanitarian needs of the affected population targeting 160,000 people (32,000 households) that were directly affected by the storm in the four districts of Salima, Phalombe, Nsanje and Chikwawa in Malawi for a period of 18 months (01/03/2022 to 30/06/2023). The response focused on the immediate needs of displaced families hosted in camps and to support early recovery through assisting them to return to their homes and start rebuilding and establishment/strengthening of livelihoods. The Key achievements as of 31st December 2022 included:

- Provision of unconditional cash transfer to 7,630 households for shelter and livelihoods basic needs.
- 3,450 households (2185 females, 1,265males) were reached with food assistance.
- Provided NFIs to 7,565 households.
- Supported 360 households with cash and in-kind support for agriculture inputs for the rain fed season where each household received 4kgs maize seed, 2 sachets vegetable seed, 1 bottle pesticides and 2 kgs of legume seeds.
- 150 households were supported with 5 goats each for pass-on.
- Conducted radio programs as one way of disseminating WASH messages especially cholera prevention and other hygiene issues.
- 112,879 pupils attended sensitization sessions on disease prevention.
- 3,480 households were supported with hygiene kits.
- Rehabilitation of 100 boreholes in target districts of Phalombe, Chikwawa and Nsanje serving over 31,500 people.
- 5 boreholes were drilled with support from Kuwait Red Crescent.
- 70,510 people were reached with port-to-port chlorination.
- De-sludging of 235 pit latrines in schools which were used as safe havens.
- At least 60 participants each in 4 primary schools were trained on soap making.
- Distribution of livestock to 150 households as part of building resilience of target communities.
- Supported coordination mechanisms at district and community levels to promote information sharing but also synergies.
- Conducted TOT in First aid for First Responders to 51 Volunteers and staff.
- 90 volunteers, staff and government officers were trained on cash and voucher assistance.
- 71 volunteers and health surveillance assistants (41males and 30 females) were trained on epidemic control, community based First Aid and Psychological First Aid services.
- Facilitated Community led Complementary Feeding Lessons and Sessions (CCFLS) to 306 mothers and IYC were screened.
- Distributed mosquito Nets to 748 households.
- Reached 34,653 people with outreach clinic services while 34,200 were reached with door to door and WASH/health promotion messages.
- 17 radio programs and jingles were produced.
- 250 Camp management committees and volunteers were trained on complaints and feedback mechanisms. protection, gender, and inclusion, SGBV, PSEA, child protection, Sexual and Reproductive Health and Rights (SRHR) & PFA).
- Over 67,433 people were reached with key messages on DRR and climate change adaptation.51 community members were trained on first aid and approaches in emergency response.

- Over 160,000 people were reached with early warning messages through the department of climate change and metrological services.

Despite all the achievements, it should however be highlighted that some of the planned activities were not implemented due to challenges including late start of the actual implementation and low funding. Although the project was expected to kick off actual implementation of activities around March 2022, there were some delays in disbursing funds for the implementation of key activities and this was attributed to negotiation around the new terms and conditions of the updated IFRC/MRCS Accountable Grant Agreement where DREF evolved into an Appeal. The actual disbursement of funds was done around May 2022 which was a bit late to implement all the planned activities especially WASH and Health. This two-month delay in the disbursement of funds meant that the cycle for disbursing funds was also affected and evident to this was the failure of transfer of funds which was supposed to be done in July 2022 upon completion of the funds received in May 2022. The transfer of the funds which was supposed to be done in July 2022 was done in November 2022 which meant that the last transfer for activities with funding from Norwegian Red Cross would be difficult to do as activities were still taking place on the ground and the 60% threshold of financial returns was far from realization. This saw CHF 178,000 from the Norwegian Red Cross earmarked for WASH by 31 December 2022 not being utilised and a reallocation to Cholera was done.

IFRC membership coordination

The IFRC Harare Country Cluster Delegation provided coordination and technical support to MRCS in the implementation of the Appeal through meetings, monitoring visits and on the job trainings across the different sectors of the response. Remote communications and resource mobilization support was provided through the IFRC South Africa Country Cluster Delegation and IFRC Africa Regional Office.

Movement coordination

The International Committee of the Red Cross (ICRC) has no permanent presence in country but organizes regular visits to support restoring family links (RFL) in emergencies. IFRC, partner National Societies and the International Committee of the Red Cross (ICRC) continued to meet on a regular basis for Movement Coordination and provide technical and financial support to the Appeal.

External coordination

In view of its auxiliary role, MRCS is formally part of national disaster management mechanisms. MRCS sits on the National Disaster Preparedness and Relief Committee (NDPRC) that comprises of Principal Secretaries of all line ministries and departments, and three Non-Governmental Organizations (NGOs). The Department of Disaster Management Affairs (DoDMA) had set up an Emergency Operation Centre (EOC) at Blantyre District Council offices where government officers and partners were operating from as they respond to tropical storm Ana.

Needs analysis.

The government commissioned a joint needs analysis that took place in April 2022 in all the existing camps. The Department of Disaster Management Affairs (DoDMA) and lead cluster members (Coordination, Education, WASH, Shelter, Camp Management, Protection and Council members) undertook a joint monitoring visit to get first-hand information on the prevailing situation within the camps which would assist government decision-making. Both the joint needs assessment and the joint monitoring found out that the impact of the disaster was huge affecting even areas which had never been flooded before, displacing many families especially in Chikwawa, Phalombe, Mulanje, Zomba, Mangochi, Neno and Nsanje district, hence destroying livelihoods, washing away crop fields and domestic animals, damaging schools and school materials in the process injuring and killing people. Immediately after the floods, around 67,076 displaced households were kept in 217 camps, by their relations while others used the remains from their damaged houses to construct makeshift shelters.

The Government of Malawi embarked on the decommissioning of the camps to enable affected households get on their recovery actions. The affected households though slowly recovering still face a lot of challenges such as shelter, food, safe drinking water, need to support restoration of their livelihoods, rehabilitation of their damaged roads and

bridges. In areas where the affected people have relocated to, there are serious challenges related to the provision of social services such as boreholes, schools, health facilities as well as livelihood support.

This Emergency Appeal is contributing to the Malawi Government by supporting 160,000 people (32,000 households) directly impacted by Tropical Storm Ana with emergency response and early recovery support particularly the immediate needs of families displaced and hosted in camps, supporting them to return to their homes and start rebuilding their houses, lives and livelihoods.

Operational risk assessment

The following operational risks and mitigation measures by the MRCS remained unchanged.

Risk	Likelihood	Impact	Mitigating steps
Further disasters causing further harm to population and/or impacting the response.	Medium	High	<ul style="list-style-type: none"> Monitoring information relating to the public health and other matters. Ensuring relief items are received in targeted areas as soon as possible. Ongoing communication to the extent possible, to help in meeting most critical needs
Health and safety risks to response team, e.g., Cholera	High	Medium	<ul style="list-style-type: none"> Provision of PPE to response team Briefing with best available information Use of technology to minimize unnecessary travel
Cyclone/disaster event during response affects TS Ana response.	Medium	Medium/High	<ul style="list-style-type: none"> MRCS team is well experienced in responding to cyclone events and have trained staff and volunteers and SOPs in place. Replenishment of relief items will be progressed as soon as possible.

SECURITY OVERVIEW

The Regional Security Unit has been extending daily support to the Country Delegation and maintaining close monitoring of the developments. The head of the Cluster Delegation extending advisory to PNS based in country following the GSU/RSU Advisories.

The Regional Security Unit extends direct support and work with the COs and CCSTs in monitoring the security situation and provide safety and security related inputs regarding the operation. There will also be close coordination between RCCE and security to ensure community feedback can also be used to inform security analysis.

All personnel under IFRC security responsibility operated within the existing IFRC security frameworks. The IFRC Country Security Plan includes security risk assessment, contingency plans, and security regulations.

The IFRC security plans will apply to all IFRC staff throughout the operation. Area specific Security Risk Assessment will be conducted for all operational area should deployment of any IFRC personnel happen there; risk mitigation measures will be identified and implemented. All IFRC were obliged, and RC/RC staff and volunteers are encouraged, to complete the IFRC Stay Safe e-learning courses, i.e., Stay Safe Personal Security, Stay Safe Security Management and Stay Safe Volunteer Security online training. Minimum Security Requirements (MSR) is in place for Malawi.


B. OPERATIONAL STRATEGY

Update on the strategy

All the key issues highlighted in the strategy remain relevant and no changes were made however, due to the outbreak of Cholera in most of the districts under the emergency appeal, Cholera prevention related activities are an integral part of the overall operational strategy.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Shelter, Housing and Settlements	Female > 18: 6,831	Female < 18: 9,757
		Male > 18: 9,759	Male < 18: 8,848
Objective:	<i>Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions</i>		
Key indicators:	Indicator	Actual	Target
	<i># of households provided with emergency shelter and settlement assistance</i>	7,565	3,600
	<i># of households who have durable shelter solutions that meet national and/or Cluster standards for recovery for the specific operational context</i>	ongoing	Needs based
	<i>% of surveyed people who report that the shelter solution they implemented has helped in their long-term recovery</i>	79% ²	85%

- Distribution of NFIs to 7,565³ households (5,144 females and 2,421 males) in Phalombe, Chikwawa, Nsanje and Mulanje districts was done through support from the Danish Red Cross, IFRC and the IOM-OCHA. Initial distribution was done as a return home package with funding from IFRC and DRC while the IOM came at a later stage in September 2022.
- The appeal also facilitated identification of a site for shelter construction in at Kaledzi in TA Tengani, Nsanje and this was done in collaboration with district council authorities. The site was designated for households that relocated and MRCS supported 10 households with shelters at this site.
- The appeal also facilitated recruitment and retraining of foremen and artisans to support shelter construction in Nsanje and Chikwawa districts where 30 shelters were erected.
- The project facilitated procurement of shelter construction materials as well as protective gear and bicycles for the foremen for easy mobility.
- Finalized construction works for the 30 temporary shelters (Nsanje 10, and Chikwawa 20) where some households were supported following damage to their original homes by the storm Anna. The targeted households received cash transfers to the value of MK2,100,000.00 each to enable them to complete the transitional shelters. The handover for the shelters was done in Nsanje district and graced by senior officials from IFRC such as the Head of cluster Harare, the MRCS president and senior management members, Director of Disaster management from government and district level senior officials.

Challenges


- The major challenge was on logistics as most of the roads had been destroyed.

Lessons

- Investing in local capacities and prepositioning of materials would resolve the challenge of frequent travels.

² (3,458 of 4,350) through PDMs conducted.

³ 32,530 People (16,590 F: 15,939M)

	Livelihoods	Female > 18: 8,105	Female < 18: 11,579
		Male > 18: 8,414	Male < 18: 10,498
Objective:	<i>Communities, especially in disaster and crisis affected areas, restore, and strengthen their livelihoods</i>		
Key indicators:	Indicator	Actual	Target
	<i># of households reached with food assistance</i>	3,450	Needs based
	<i># of households supported by livelihoods interventions</i>	8,976	5,000
	<i>% of targeted population whose livelihoods are restored to pre-disaster level</i>	85%	85%

The following are some of the key activities done under the livelihoods to ensure that communities, especially in disaster and crisis affected areas, restore, and strengthen their livelihoods.

- Supported 15 coordination meetings with district stakeholders especially under the agriculture sector the District Agriculture Extension Coordinating Committee (DAECC)
- Provision of unconditional cash transfer to 7,630 households for livelihoods basic needs with 3,450 households (2185 females, 1,265males) receiving food assistance in Nsanje, Chikwawa, Phalombe and Salima districts. Another 360 were reached with cash for agriculture inputs while 150 households were given 5 goats each for pass-on with funding from Kuwait. Despite a target of 5,000 households, the high number of livelihoods earmarked pledges saw the project reaching out to 8,976⁴ households with these highlighted initiatives.
- Conducted awareness meetings on cash for agriculture inputs in all targeted communities bearing in mind that it's the first time for MRCS to conduct such an activity.
- The Appeal facilitated a post distribution monitoring in all target districts. The PDM study was conducted with a sample size of 39% of total caseload (1,000hhs who were supported with cash in November 2022) where a total of 390 (285Females and 105 males) recipients were sampled. The findings revealed that most of the beneficiaries used the funds to buy food at household level. Additionally, most of the respondents indicated that there is still need for MRCS to support them with various interventions especially livelihood cash transfers for them to survive during the lean season.
- The NS identified and trained 20 Community Animal Health Workers to provide technical support to livestock groups in Nsanje, Chikwawa and Phalombe districts.
- NS conducted awareness meetings on VSL concept in all targeted districts but also identified and trained 54 VSL agents to provide technical support to VSL groups.
- NS trained Village and Saving Loan groups on small scale business management and 360 lead farmers in crop production in Nsanje, Chikwawa and Phalombe districts to cascade skills to follower farmers in good agricultural practices.
- The project facilitated training of volunteers, staff and government officers in cash and voucher assistance with funding from the Danish Red Cross and a total of 90 participants were trained.


Challenges

- The major challenge was on logistics as most of the roads had been destroyed.
- Destruction of communication infrastructure made it difficult to implement cash-based solutions.

Lessons

- Investing in local capacities and prepositioning of materials would resolve the challenge of frequent travels.
- Though good, electronic-cash based solutions may at times not be the best especially when internet has been affected by disasters.

⁴ 38,597 People (19,684F: 18,913M)

	Multi-purpose Cash	Female > 18: 6,890	Female < 18: 9,843
		Male > 18: 7,152	Male < 18: 8,924
Objective:	<i>Households are provided with unconditional/multipurpose cash grants to address their basic needs</i>		
Key indicators:	Indicator	Actual	Target
	<i># of households provided with multipurpose cash grants</i>	7,630 ⁵	5,000
	<i>% of target households that have enough sources of food and income to meet their survival threshold (including cash grants)</i>	85% ⁶	85%

The project mobilized resources from different partners such as IFRC, Danish Red Cross, Kuwait RC and International Organization on Migration (IOM) and supported 7,630 households with cash transfers to enable them meet basic livelihoods needs but also shelter needs. The registration processes for affected community members were done in collaboration with the structures at district but also community levels to reduce inclusion and exclusion errors. Most of the processes were done in a transparent manner bearing in mind that a lot of people were affected and there was need to conduct a thorough and rigorous selections process.

Selection of affected households for cash and NFIs

The selection of the affected communities was based on the assessments conducted by MRCS in determining shelter needs and furthermore used additional community-based criterion based on social status. Targeting criteria and verification processes was discussed and agreed upon with the communities, based on agreed vulnerability criteria. Apart from the shelter needs assessment, Particular vulnerabilities was considered, including, but not limited to households that are female or child headed, households with many dependents or households with pregnant and lactating women. The selection of affected households was undertaken at the village level by a targeting committee comprising members from the Village Civil Protection Committee (VCPC), camp management committees and village leaders. The targeting committee used the agreed selection criteria to identify eligible households; the eligibility of these households was then verified by a group verification exercise facilitated by the project staff in coordination with district civil protection committees. The exercise involved an open community meeting, at which the names of beneficiaries were read out, giving community members the opportunity to validate or contest the names on the list. This self-community-based targeting encouraged transparency and accountability.

The community-based targeting criteria was as below.

1. MRCS Shelter criteria
 - Destruction/Total collapse (100% damaged)
 - Very heavy damage (serious roof fall/walls) (80% damaged)
 - Heavy damage (Large part of the roof/walls collapse) (60% damaged)
 - Moderate/Slight damage (roof/wall still standing but with parts removed) (40% damaged)
2. Community Social criteria: The following additional selection criteria will be considered during the targeting process:
 - Child-headed households.


⁵ 32,809 People (16,733F: 16,076M)

⁶ Through PDMs conducted.

- Elderly-headed households.
- Households with chronically ill/HIV-AIDs affected members.
- Female-headed households.
- Households with children receiving or in need of supplementary or therapeutic feeding.
- Households caring for orphaned children less than 18 years old.
- Those directly affected by strong winds, stormy rains, and floods.
- Pregnant women, lactating mothers, and children under 2 years.
- People living with disabilities.

Verification of selected households

The project staff conducted a 20% household verification exercise of the affected households who were selected. This was a cleaning exercise to avoid inclusion and exclusion errors in a way that should any be deemed to be ineligible; they should be replaced using the community-based selection methodology. Robust community consultations helped to mitigate against potential tensions between targeted and non-targeted households. An accountability mechanism (complaints and response mechanism) was used to enable stakeholders to share feedback or any grievance they were there about any aspect of the programme, including selection of affected communities.

	Health & Care <i>(Mental Health and psychosocial support / Community Health / Medical Services)</i>	Female > 18: 23,705	Female < 18: 33,864
		Male > 18: 24,608	Male < 18: 30,703
Objective:	<i>Strengthening holistic individual and community health of the population impacted through community level interventions and health system strengthening</i>		
Key indicators:	Indicator	Actual	Target
	<i># of people reached with community-based disease prevention and health promotion programming</i>	112,879 ⁷	Needs based
	<i># of mosquito nets distributed (two per household)</i>	748	Needs based
	<i># of households provided with a set of essential hygiene items as part of essential household item</i>	3,480	3,600
	<i># of people reached by First Aid service</i>	8,300	Needs based
	<i># of people reached via outreach clinic services</i>	34,653	Needs based

To strengthen holistic individual and community health of the population impacted through community level interventions and health system strengthening, the project facilitated several activities within the target communities, but the following are key ones.

- Distribution of Mosquito Nets to 748 (509 female-headed and 239 male-headed) households in Phalombe.
- Training of 51 volunteers (33males and 18 females) in First Aid and Psychological First Aid services.
- Established or strengthened 36 integrated mobile outreach clinics/referral system to Health facilities.
- Supported 6 health cluster coordination meetings.

⁷ 57,568 Female and 55,311 Male


- 3,480 households were supported with hygiene kits in Phalombe, Chikwawa and Nsanje districts.
- Conduct TOT in First aid for First Responders to 51 Volunteers and staff. Following the trainings 8,300 people have so far been reached in some villages being targeted.
- Facilitated Community led Complementary Feeding Lessons and Sessions (CCFLS) as an approach to prevent and control moderate acute malnutrition amongst children under two years. 306 mothers and 1,103 IYC (678females 425males) were screened.
- Conducted sensitization in schools on disease prevention where 112,879 pupils attended the sessions in all the targeted districts of Phalombe, Nsanje and Chikwawa.
- Training of 71 volunteers and health surveillance assistants (41 males and 30 females) in epidemic control, community based First Aid and Psychological First Aid services was done by the NS.
- The NS trained 71 participants as part of strengthening referral system to Health facilities so that they detect key diseases at community level and make appropriate referral to reduce mortality rates.
- NS facilitated door to door campaigns to support Ministry of Health's efforts where over 32,000 households were reached and 4,200 (1,967M & 2,233F) people reached with WASH and health promotion messages, contact tracing, and refer cases for appropriate medical care in Chikwawa District Hospital. This is also strengthening outreach clinics where people are reached with health-related solutions.
- Strengthening outreach clinics: 34,653 (21,344Females and 13,309males) people were reached with health-related solutions through outreach clinic services in collaboration with ministry of health personnel.

Challenges

- The health needs for the affected populations were very high leading to high demand against supply. The deficit created made distribution processes very difficult as several deserving households were left out.

Lessons


- Investing in local health capacities and prepositioning of health materials is important as they are the first needs to be required after the disaster.
- There is need for increased budgets for health interventions in similar disasters as their demand would be relatively higher.

	Water, Sanitation and Hygiene	Female > 18: 23,705	Female < 18: 33,864
		Male > 18: 24,608	Male < 18: 30,703
Objective:	<i>Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions</i>		
Key indicators:	Indicator	Actual	Target
	<i># of people reached by hygiene promotion activities (including communities and schools)</i>	112,879 ⁸	Needs based
	<i># of households provided with a set of hygiene items as part of essential household item</i>	3,480	3,600
	<i># of people provided with safe water services that meet agreed standards according to specific operational and programmatic context (approx. 30 camps)</i>	31,500	32,000
	<i># of people provided with sanitation facilities maintained by target population (approx. 30 camps)</i>	21,000	12,500

⁸ 57,568 Female and 55,311 Male

To ensure that affected communities have access to safe and sound health and care but also WASH amenities, the emergency appeal has implemented several activities both in hard and software, but the following are the key ones.

- Facilitated dissemination of hygiene messages which included cholera prevention measures in target districts using the volunteers and taking advantage of community level meetings. All messages were developed by the Ministry of Health and Malawi Red Cross just promotes these messages within targeted communities using various mediums including radio and van publicity. A total of 112,879 people were reached in the target areas.
- The NS facilitated rehabilitation of 100 boreholes in Chikwawa, Phalombe and Nsanje where 31,500 people are now able to access safe water.
- NS conducted port to port chlorination as part of improving access to safe water within target communities and so far, 70,510 people have been reached out of 75,390 people and activity is still ongoing.
- NS, with funding from the Danish Red cross, facilitated soap making training for 60 participants (mostly learners and school management committee members) from 4 primary schools in Chikwawa district.
- The Appeal has de-sludge 235 pit latrines in schools which were being used as camps and this was done through DRC and IFRC funding in Chikwawa, Nsanje and Phalombe districts. The exercise has enabled 21,000 learners from the target schools to have better sanitary facilities.
- NS conducted training of 72 volunteers & stake holders on communicable diseases and epidemic control as well as CBHFA (HAS & VHC to volunteers, stake holders and District staff.
- NS conducted 5 monthly review meetings with volunteers.
- The operation supported drilling of 5 boreholes with funding from the Kuwait Red crescent at one of the relocation sites in Nsanje district.
- Provision of Water Treatment Chemicals to all the 3 targeted districts (Aqua tabs, HTH,) was done.
- The NS conducted hygiene sensitization and demonstrations in communities and schools in Nsanje, Chikwawa and Phalombe districts.
- NS conducted 9 WASH engagement meetings with opinion leaders in camps and communities as well as 17 radio programs and production of jingles on community radios in all target districts.
- The operation supported 3 WASH Cluster coordination meetings.


	Protection, Gender and Inclusion	Female > 18: 58,498	Female < 18: 83,568
		Male > 18: 60,726	Male < 18: 75,768
Objective:	<i>Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs</i>		
Key indicators:	Indicator	Actual	Target
	<i># of people reached with PGI and prevention and response to SGBV awareness messages</i>	13,706	Needs based
	<i># of SGBV survivors referred for services</i>	ongoing	Need based

To ensure safe and equitable access to basic services, considering different needs based on gender and other diversity factors, through protection, gender, and inclusion (PGI) informed multi-sectors needs assessment to identify and address gender and specific needs and protection risks. The emergency appeal facilitated the following activities within the targeted districts.

- Sensitization of communities on prevention and response to sexual-and gender-based violence and all forms

of violence against children. This was being done through the organized trainings but also through cash and NFIs distributions as part of the key messages disseminated.

- Conducted awareness campaigns in districts as part of early actions where communities were supported to take active steps to strengthen their preparedness for timely and effective response to disasters. This was mainly done before the tropical cyclone Gombe hit most of the districts in the southern part of Malawi and MRCS through DRC did a lot of community awareness campaigns in these districts.
- The Appeal supported the orientation of 250 camp management committees and volunteers with a training in protection, gender and inclusion, SGBV, PSEA, child protection, Sexual and Reproductive Health and Rights (SRHR) & PFA, and on complaints and feedback mechanisms, that aimed at raising awareness on what complaints and feedback mechanisms means and what it looks at, how community can set up complaints and feedback mechanisms and how to manage cases once they come across them.
- Sensitization of communities on prevention and response to sexual-and gender-based violence and all forms of violence against children. This was being done through the organized trainings but also through cash distributions as part of the key messages disseminated.
- NS supported 16 days of gender activisms at national level but also district level where people were sensitized on the dangers of perpetrating violence at household and community levels. The national level event was attended by the Minister responsible for Gender, Community Development and Social welfare. A total of 278,560 people attended the events at the national level while 13,706 people attended the events in the targeted districts.
- The appeal project has supported protection cluster coordination meetings in districts where we have been supporting, this aimed at enhancing coordination among district coordinating members in the district,


	Community Engagement and Accountability		
Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	<i>% of staff and volunteers working on the operation who have been trained on community engagement and accountability</i>	90%	90%
	<i>% of queries / feedbacks received through the feedback mechanisms established that were responded to</i>	80%	80%
	<i>% of operational decisions made based on community feedback</i>	100%	100%

The project facilitated training of emergency appeal staff and volunteers on CEA where a total of 90 participants (30 per district: 31 Females and 59 males) were trained in Chikwawa, Phalombe and Nsanje districts as per target and this was done prior to the cash distributions. Furthermore, the emergency appeal promoted complaints and feedback mechanisms to enable communities' channel their concerns on how the project is running. According to the database, the project registered a total of 786 cases/feedback where 322 (41%) of these came through suggestion boxes, 454 (58%) came through help desks and 10 cases came through one on one (1%). Furthermore, All the staff and volunteers under the emergency appeal were reminded on the community engagement and accountability issues. This took advantage of the forums like quarterly management meetings where staff normally meet to review progress of activities for various projects. The emergency appeal promoted complaints and feedback mechanisms to enable communities channel their concerns on how the project is running. According to

the database, the project registered a total of 65 cases/feedback where which came through suggestion boxes and most of the issues were request for extension of support under the emergency appeal as most people are still settling down within their target communities, but they have limited livelihood options.

All the cases/issues were followed up and appropriate redress measures were put in place based on the issues and its worth to note that most of the issues were just mere appreciation and request for additional support. However, some of cases were a bit sensitive in nature where community structures/leaders were forcing some livestock beneficiaries in Chikwawa to give at least one or two goats to second line beneficiaries which was against the agreement. The issues were all resolved and responded according to their nature.


Additionally, in Chikwawa district the council requested support through provision of cash and safe water at one of the relocation sites as one way of encouraging people to move from risk areas to safer zones and MRCS had to come in and support with borehole and cash transfers under the Kuwait Red crescent funding.

	Risk Reduction, climate adaptation and Recovery	Female > 18: 14,161	Female < 18: 20,230
		Male > 18: 14,700	Male < 18: 18,342
Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	<i># of people reached through DRR and Climate Change Adaptation activities</i>	67,433	Need based
	<i># of community members trained (first aid, response, etc.)</i>	51	Need based
	<i># of community early warning systems established</i>	7	Need based


The project facilitated dissemination of early warning messages prior to the second disaster (cyclone Gombe) in most of the targeted districts and this was done using various mediums including local structures, local radios stations and van publicity. Over 67,433 people were reached with key messages especially those in low line areas. This helped most of the targeted communities to relocate to safer places which helped reduce loss of lives. Furthermore, 51 community members were also trained on first aid and approaches in emergency response and this activity is still going on in most of the target areas as part of building capacities of the locals in disaster response.

The project facilitated review and dissemination of 2022-2023 contingency plan within the target districts. The activity started at national level where all the MRCS staff were engaged to review the contingency plan. Furthermore, the district staff facilitated dissemination of early warning messages to volunteers in all the targeted districts who in turn cascaded the same within their communities. Over 160,000 people were reached with early warning messages especially the seasonal outlook as per the information from department of climate change and metrological services.


Enabling approaches

	National Society Strengthening		
Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	<i>% of staff trained on Protection of Sexual Exploitation and Abuse (PSEA)</i>	100%	100%
	<i># of volunteers working on the project with health, accident and death compensation</i>	NA	100%

The National Society ensured that all the staff under the emergency appeal have been trained on *Protection of Sexual Exploitation and Abuse (PSEA)*. Besides this there are periodical refresher sessions where the PGI specialist gives presentation on issues around PSEA, and mandatory courses are done by staff to ensure that their knowledge is enhanced. The National Society ensured that all the volunteers are ensured and that their health is being taken as a priority.

	Coordination and Partnerships		
Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	<i># of external partnership supporting the NS in the response</i>	4	2
	<i># Regular coordination mechanism is in place ensuring alignment and coordination with all Movement partners</i>	6	1

The project has been able to mobilize resources from different partners such as International Federation of Red Cross and Red crescent-IFRC, Danish Red Cross-DRC, Kuwait RC, and IOM. Furthermore, the society has been able to mobilize local partners from the private sector especially banks and well-wishers. In terms of coordination meetings, the project has been having regular catchup meetings with its partners but also within the society just to ensure things are moving according to plan and agreed milestones.

	Secretariat Services		
Objective:	<i>Communities in high-risk areas are prepared for and able to respond to disaster</i>		
Key indicators:	Indicator	Actual	Target
	<i># of global and regional surge</i>	6	4

The operation has been supported with delegates with specific sector expertise and these have been very instrumental in giving technical advice on how the operation should be run on the ground. Furthermore, the IFRC has been supporting the society with guidelines on major procurement and services such as agreements with financial service providers for cash. The logistics and procurement officer from the Harare cluster was able to come to Malawi to orient drivers and key staff on the fleet and procurement issues.

D. FUNDING

See attached financial report.

Contact information

For further information, specifically related to this operation please contact:

In the Malawi National Society

- Secretary General: Mcbain Kanongodza email: mkanongodza@redcross.mw
- Director of Programmes: Prisca Chisala: email: pchisala@redcross.mw
- Acting Head of Disaster Management: Chisomo Duncan Teputepu, email: cteputepu@redcross.mw

In the IFRC

- John Roche, Head of Country Cluster Office, Harare; john.roche@ifrc.org
- Vivianne Jepkoech KIBON, Operations Manager - Email: Vivianne.KIBON@ifrc.org
- Roster Kufandiko; Senior Coordination Officer- Malawi Email: rkufandiko@redcross.mw

IFRC Regional Office

- Rui Alberto OLIVEIRA, Regional Operations Manager, IFRC Africa Regional Office, Email: rui.oliveira@ifrc.org

In IFRC Geneva

- Programme and Operations focal point: Nicolas Boyrie, Operations Coordination, Senior Officer, DCPRR; email: nicolas.boyrie@ifrc.org
- DREF Compliance and Accountability: Eszter Matyeka, DREF Senior Officer, DCPRR Unit Geneva; Email: eszter.matyeka@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- Louise Daintrey; head of Partnerships and Resource Development; Email: Louise.daintrey@ifrc.org;

For In-Kind donations and Mobilization table support:

- IFRC Africa Regional Office for Logistics Unit: Rishi Ramrakha, Head of Africa Regional Logistics Unit; Email: rishi.ramrakha@ifrc.org

For Performance and Accountability support (planning, monitoring, evaluation, and reporting enquiries)

- **IFRC Regional Office for Africa** Beatrice Okeyo, Head of PMER & QA, beatrice.okeyo@ifrc.org, Phone: +254 732 404022

Reference documents

Click here for:

- [Previous Appeals and updates](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

Donor response

MDRMW015 - Malawi - Tropical Storm Ana

APPEAL LAUNCH DATE: 31-Jan-2022

TIMEFRAME: 08-Dec-2021 to 30-Jun-2023

LOCATION: Malawi

Selected Parameters			
Appeal Code	MDRMW015	Year / Range	1900-2100
Refreshed on 09-Jul-2023 at 08:20			
FUNDING REQUIREMENTS:			4,500,000
RECEIVED TO DATE:			1,766,762
APPEAL COVERAGE TO DATE:			39%

	Cash contributions	Inkind Goods & Transport	Inkind Personnel	Other Income	Total
	CHF	CHF	CHF	CHF	CHF
FUNDING REQUIREMENTS					4,500,000
FUNDING					
Opening Balance					
Income					
American Red Cross	289,444				289,444
British Red Cross (from British Government*)	488,158				488,158
European Commission - DG ECHO	124,779				124,779
Japanese Red Cross Society	38,555				38,555
Norwegian Red Cross	210,925				210,925
Norwegian Red Cross (from Norwegian Government*)	210,925				210,925
Red Cross of Monaco	9,632				9,632
Slovenia Government	31,010				31,010
Swedish Red Cross	184,026				184,026
The Canadian Red Cross Society (from Canadian Government*)	179,308				179,308
Unidentified donor	1				1
Total Income	1,766,762				1,766,762
TOTAL FUNDING					1,766,762
COVERAGE					39%

