



Source: Department of Disaster Management Affairs (DoDMA)

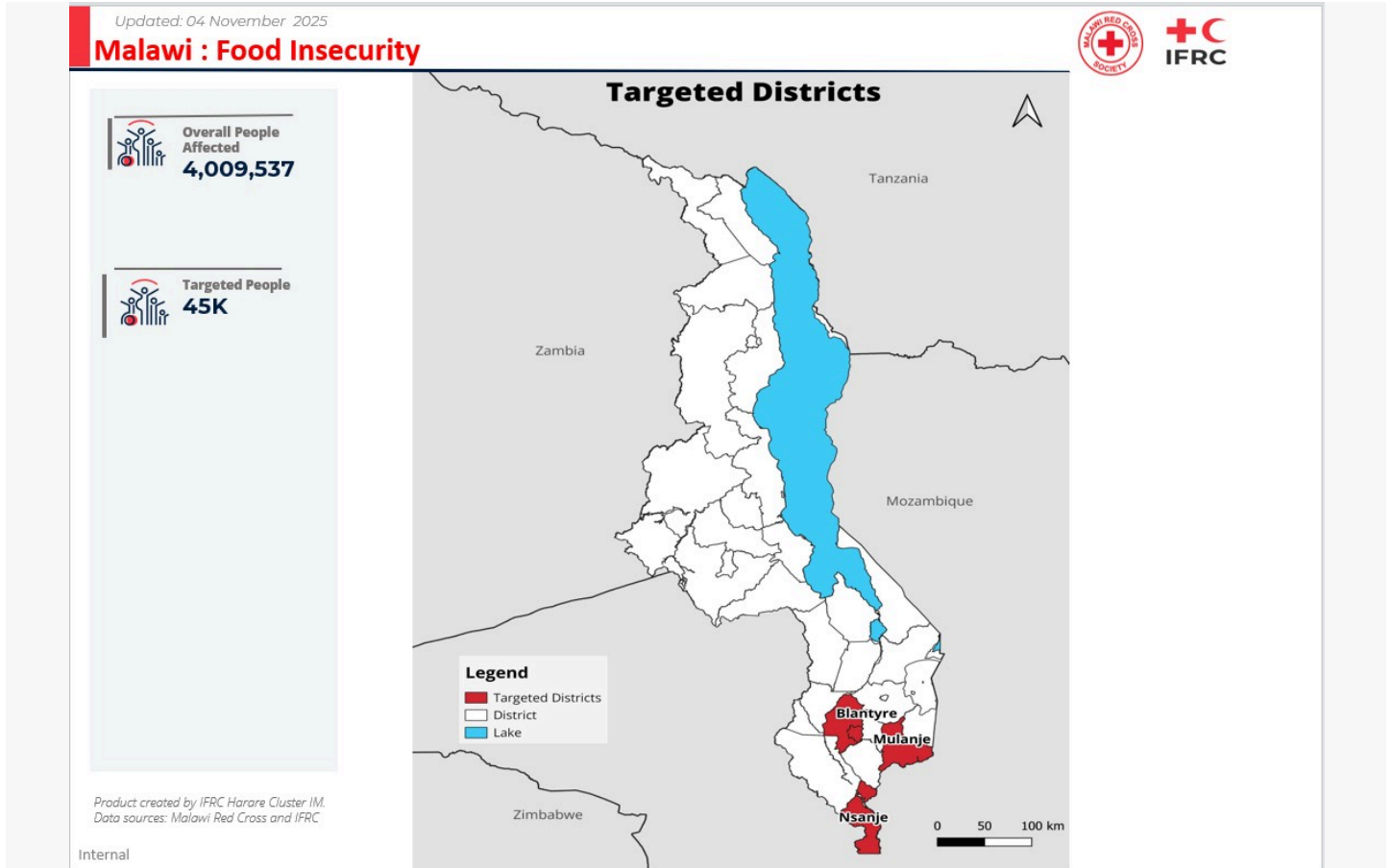
Appeal: MDRMW024	Hazard: Food Insecurity	Country: Malawi	Type of DREF: Response
Crisis Category: Orange	Event Onset: Slow	DREF Allocation: CHF 999,910	
Glide Number: -	People Affected: 4,009,537 people	People Targeted: 45,000 people	
Operation Start Date: 23-10-2025	Operation Timeframe: 9 months	Operation End Date: 31-07-2026	DREF Published: 06-11-2025
Targeted Regions: Southern Region			

Description of the Event

[Crisis Category Supporting Document](#)

Date when the trigger was met

25-10-2025



What happened, where and when?

Malawi is facing the worst food insecurity crisis of the past 7 years, affecting over 4 million people during the 2025/2026 consumption year. According to the recently released Malawi Vulnerability Assessment Committee (MVAC), the affected population span in all districts and include communities classified under IPC Phase 3 (Crisis) and IPC Phase 4 (Emergency). The crisis stems from consecutive seasons of adverse climatic conditions. The 2024/2025 agricultural season was significantly disrupted by La Niña weather patterns, which led to a late and erratic onset of rains, prolonged dry spells, and reduced rainy days. These anomalies severely affected crop production across the country. In addition, fall armyworm infestations in some districts and macroeconomic shocks such as currency devaluation and inflation exacerbated the vulnerability of farming households and market dependent communities.

Key dates on the this emergency situation:

- Mid-October, the Malawi Government made a public appeal for Humanitarian Assistance
- Mid-October, the Malawi Red Cross Society developed and shared its food security situation analysis and update to its partners and the IFRC calling for support.
- On 17th October, the Department for Disaster Management Affairs made a request to support the department in mobilizing resources for the response.
- The Lean Season Response will run from October 2025–March 2026: Critical window for humanitarian food aid delivery.

The Malawi Red Cross Society in the auxiliary role to the public authorities is called to support in the current state of emergency, through all available mechanism. This support will not only address the current emergency situation but it will also assist to boost community support to different developmental and resilience projects which MRCS is implementing in these targeted districts, in coordination with some of the above partners.





Source: Department of Disaster Management Affairs (DoDMA)



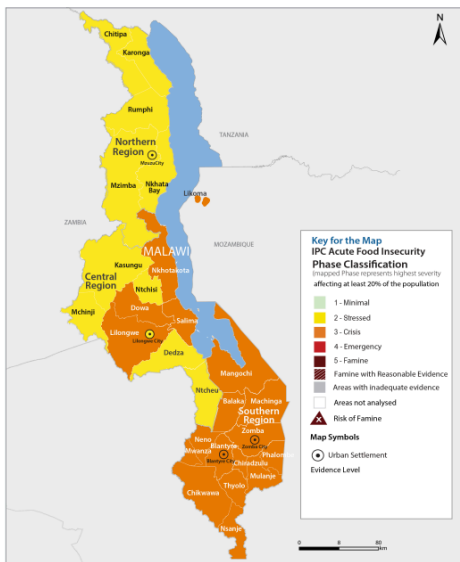
Cap: Thanzi CCFLS sessions at Chirimba village T/A malemia in Zomba

Population table for the projected period: October 2025 – March 2026

District	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3a	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Balaka	531,748	212,099	40	212,099	40	100,339	19	0	0	0	0	1	100,339	20
Blantyre	532,097	186,443	35	186,443	35	108,959	20	0	0	0	0	1	108,959	20
Blantyre City	133,866	73,626	55	33,467	25	26,773	20	0	0	0	0	1	26,773	20
Chikwawa	653,240	228,634	35	228,634	35	165,972	25	0	0	0	0	1	165,972	25
Chiradzulu	402,359	201,180	50	120,768	30	60,472	15	0	0	0	0	1	60,472	15
Chitpa	264,865	188,724	71	52,880	20	23,248	9	0	0	0	0	1	23,248	9
Deidza	967,614	532,188	55	289,284	30	165,434	17	0	0	0	0	1	165,434	17
Dowa	923,901	415,755	45	323,365	35	184,781	20	0	0	0	0	1	184,781	20
Karonga	422,697	232,483	55	126,809	30	63,405	15	0	0	0	0	1	63,405	15
Kasungu	994,304	596,582	60	288,291	29	164,491	16	0	0	0	0	1	164,491	16
Likoma	16,609	5,813	35	7,074	42	3,242	20	0	0	0	0	1	3,242	20
Lilongwe	1,508,826	763,520	50	668,089	44	472,222	31	0	0	0	0	1	472,222	31
Lilongwe City	193,072	106,190	55	57,922	30	30,961	16	0	0	0	0	1	30,961	16
Machinga	934,448	420,502	45	327,657	35	169,892	18	0	0	0	0	1	169,892	18
Mangochi	1,431,046	715,523	50	429,314	30	266,207	19	0	0	0	0	1	266,207	19
Mchinj	486,764	234,766	48	389,844	80	202,012	42	0	0	0	0	1	202,012	42
Mulanje	791,841	234,552	30	234,552	30	127,276	16	0	0	0	0	1	127,276	16
Mwanza	161,500	56,525	35	48,450	30	36,521	23	0	0	0	0	1	36,521	23
Mzimba	1,049,193	786,895	75	157,379	15	104,919	10	0	0	0	0	1	104,919	10
Mzuzu City	34,172	20,301	60	8,543	25	5,129	15	0	0	0	0	1	5,129	15
Neno	118,888	30,725	26	47,689	40	32,012	27	0	0	0	0	1	32,012	27
Nkhata Bay	319,934	193,960	60	79,984	25	47,992	15	0	0	0	0	1	47,992	15
Nkhosokota	454,870	113,718	25	227,430	50	110,713	25	0	0	0	0	1	110,713	25
Nsanje	337,295	67,459	20	151,783	45	110,031	33	0	0	0	0	1	110,031	33
Ntcheu	796,177	318,471	40	358,280	45	112,623	14	0	0	0	0	1	112,623	14
Ntchisi	387,513	155,005	40	174,481	45	82,232	21	0	0	0	0	1	82,232	21
Phalombe	515,353	206,141	40	154,606	30	109,606	21	0	0	0	0	1	109,606	21
Rumphi	264,674	198,506	75	52,950	20	12,242	5	0	0	0	0	1	12,242	5
Salima	581,801	203,630	35	203,630	35	124,543	21	0	0	0	0	1	124,543	21
Thyolo	804,868	241,460	30	241,460	30	127,071	16	0	0	0	0	1	127,071	16
Zomba	864,110	452,261	52	376,638	44	202,012	23	0	0	0	0	1	202,012	23
Zomba City	16,391	7,376	45	5,737	35	3,078	19	0	0	0	0	1	3,078	19
Grand Total	18,526,746	8,481,766	46	8,035,446	43	4,000,522	22	7,045	0	0	0	1	4,000,522	22

Note: A population in Phase 3a does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of a change of assistance; therefore they may be in need of continued action. Marginal inaccuracies that may arise in the overall percentages of total analysed/total are attributable to rounding.

PROJECTED IPC ACUTE FOOD INSECURITY MAP AND POPULATION TABLE (OCTOBER 2025 – MARCH 2026)



Scope and Scale

Malawi is facing a deepening impact of drought on the food security access in the 2025/2026 consumption year. The Malawi Vulnerability Assessment Committee (MVAC) report estimating that 4 million people 22% of the national population are in IPC Phase 3 (Crisis) or worse. The situation has been driven by a combination of climatic and economic shocks. This escalation is largely driven by successive disruptive rainfall seasons attributed by severe climatic shocks, including cyclones, elevated temperatures, and diminished rainfall. These environmental stressors have compounded the challenges of food production and access, exacerbating household vulnerability. Additionally, the rising figures must be interpreted in light of expanding units of analysis and population growth, which naturally amplify the scale and visibility of food insecurity. Source: Malawi MVAC report -2025

The 2024/2025 agricultural season was severely disrupted by El Niño and La Niña conditions, which caused delayed and erratic rainfall,



prolonged dry spells, and reduced rainy days. These anomalies led to widespread crop failure and reduced yields, particularly in southern districts such as Neno, Mwanza, Mulanje, Thyolo, Phalombe, Nsanje, and Chikwawa, where maize production is estimated at only 25–35% of the five-year average. Additionally, fall armyworm infestations, inflation, and currency devaluation further eroded household purchasing power and market access. Acute malnutrition has surged, with severe wasting cases increasing by 21% since February 2025, according to UNICEF Malawi. Over 30% of households in the worst-affected districts have already depleted their own-produced food stocks three months earlier than normal, signaling an early onset of the lean season and heightened vulnerability.

The hunger situation has affected 28 districts and 4 cities with varying IPC phases. Districts with Phase 3 or higher (Crisis or worse) populations above 20% of their total population include: Nsanje – 25% (118,335 people); Neno – 25% (7,945 people); Machinga – 20% (186,090 people); Mangochi – 20% (286,209 people); Chikwawa – 30% (195,972 people); Mulanje – 20% (103,015 people); Blantyre – 30% (159,809 people); Thyolo – 40% (321,847 people); and Lilongwe – 25% (477,207 people). The Government declaration of the state of Emergency on 25th October aligns closely with MVAC’s/IPC high-severity areas above, covering all districts with substantial Phase 3+ populations. A few additional districts (Nkhotakota, Phalombe, Salima, Mwanza) likely reflect preventive inclusion or strategic considerations such as logistical vulnerability, market dependency, compounding hazards, lack of funding/partners (e.g., drought-prone or low-resilience areas). See attachments under Needs section for the list of priority district from Department for Disaster Management Affairs (DoDMA).

The crisis spans both rural and urban areas, with southern Malawi remaining the epicenter of food insecurity. In rural communities, erratic rainfall patterns and poor germination have led to reduced planting areas and below-average harvests. In urban centers such as Lilongwe and Blantyre, food insecurity is driven by market dependency and inflation, with households struggling to afford basic staples amid rising prices. Looking ahead to the 2025/2026 agricultural season, forecasts from the Department of Climate Change and Meteorological Services suggest normal to above-normal rainfall, but with uneven distribution and dry spells, particularly in February 2026, which could disrupt crop development during critical growth stages. These conditions are likely to trigger negative coping strategies among subsistence farmers and further strain food systems, health services, and infrastructure.

This marks the highest level of acute food insecurity in seven years (Malawi MVAC report -2025). Over the recent years, there is a steady increase in the number of people facing Phase 3 food insecurity, underscoring deepening vulnerabilities across the country. In June 2019, approximately 720,000 individuals were classified in Phase 3, a figure that more than doubled to 1.7 million by June 2020. Although there was a slight decline to 1.6 million in July 2021, the trend quickly reversed, with numbers surging to over 2.6 million in 2022 and peaking at 3 million in 2023. The crisis intensified further in 2024, reaching a staggering 4.2 million people in Phase 3. While the current period in 2025 reflects a modest improvement, with 2.9 million people affected, the overall trajectory remains concerning as the same populations are affected year in year out.

Other factors:

This food insecurity situation has been significantly worsened by recent funding cuts from key international donors, most notably the United States Agency for International Development (USAID) where in early 2025, the U.S. government suspended all USAID-funded programs in Malawi, resulting in a drastic reduction of approximately \$177 million in aid nearly 60% of the country’s annual support from the agency. This abrupt withdrawal has disrupted critical food assistance programs (The Humanitarian, February 2025 article).

The reduction in humanitarian funding is already affecting the delivery of services across the nutrition, health, and WASH sectors, which is expected to have a direct and significant impact on the levels of acute malnutrition across the country. Drought leads to water shortages, forcing people to use unsafe water sources, increasing risks of cholera, typhoid, and diarrhea. Lack of water also affects hygiene and sanitation, contributing to infections and disease spread. In accordance with report there is a need to scale up essential nutrition and health services in all target districts prioritizing the most vulnerable populations to reduce critical malnutrition levels.

Source Name	Source Link
1. FEWSNET - Atypically early start to the lean season as Crisis (IPC Phase 3) persists in south	https://fews.net/southern-africa/malawi/key-message-update/september-2025/print
2. Malawi department of economic planning and development	https://www.google.com/search?q=Malawi+2025+MVAC+report&sca_esv=fbaa7d3b9c35fdd6&sxsrf=AE3TifOsr7nlih2J5MgGWRwSy10lgm2vjg%3A1761042670703&ei=7mD3aPHUKp_
3. Malawi IPC ACUTE FOOD INSECURITY ANALYSIS Oct 2025 to March 2026	https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Malawi_Acute_Food_Insecurity_May2025_Mar2026_Report.pdf
4. DCCMS - Malawi Releases 2025/2026 Seasonal Rainfall Forecast	https://www.metmalawi.gov.mw/news/malawi-releases-20252026-seasonal-rainfall-forecast/#:~:text=According%20to%20the%20forecast%2C%20Malawi%20is%20expected%20to,December%202025%20and%20January%20to%20March%202026%20periods.



Previous Operations

Has a similar event affected the same area(s) in the last 3 years?	Yes
Did it affect the same population group?	Yes
Did the National Society respond?	Yes
Did the National Society request funding form DREF for that event(s)	No
If yes, please specify which operation	-

If you have answered yes to all questions above, justify why the use of DREF for a recurrent event, or how this event should not be considered recurrent:

-

Lessons learned:

Although the National Society did not request Food Insecurity DREF operation, there were a number of lessons which were learnt from recently implemented DREFs and Appeals. These include: -

1. Good coordination and collaboration among team members, along with clear communication and proper task assignment, are key to successfully engaging and sensitizing communities.
2. Leveraging Influential Leaders: Utilizing influential leaders accelerates the dissemination of messages within communities.
3. Timely reporting helps to ease transfer of funds from IFRC to the NS.
4. Good coordination and collaboration between the National Society with governments at all levels helps them to take full ownership of operations.
5. Considerations of host communities and volunteers from the host community during emergency responses helps to set solid foundation.

To improve the Lessons learned, the NS will:

1. Strengthen Internal Coordination Mechanisms: Establish clear protocols for team communication, task delegation, and progress tracking to ensure smooth collaboration and community engagement.
2. Formalize Engagement with Influential Leaders: Develop a structured approach for identifying, training, and integrating influential community leaders into awareness and mobilization efforts to enhance message penetration.
3. Enhance Reporting Systems: Introduce digital tools and standardized templates to streamline timely and accurate reporting, which will facilitate quicker fund transfers and improve accountability.
4. Institutionalize Government Partnerships: Create formal agreements or memoranda of understanding with government entities at all levels to reinforce shared ownership and clarify roles during emergency operations.
5. Prioritize Host Community Inclusion: Develop guidelines that ensure host communities and their volunteers are actively involved in planning and implementation phases, fostering trust and long-term resilience.

Did you complete the Child Safeguarding Risk Analysis in previous operations, what was risk level?	Yes
What was the risk level for Child Safeguarding Risk Analysis?:	MRCS is a low-risk National Society.

Current National Society Actions

Start date of National Society actions

12-10-2025

Assessment	MRCS contributed to the MVAC assesment and attended MVAC and IPC food security situation presented by Government to get a brief overview of the situation. Thereafter a detailed assessment was executed to help the NS to better understand the existing needs, gaps and areas of collaboration with different actors' operation in the camp.
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Potential environmental and social risks which can negatively impact the response were also identified.

MRCS Institutional Preparedness:

The NS has been actively supporting community readiness in response to the ongoing drought and hunger situation through a multi-layered approach that integrates anticipatory action, climate-smart agriculture, and National Society Development (NSD) preparedness. These efforts are grounded in MRCS's commitment to building resilient communities and enhancing local capacity to withstand climate-induced shocks.

To strengthen drought preparedness, MRCS has prioritized community awareness campaigns focused on understanding seasonal forecasts and promoting the cultivation of drought-tolerant crops. These campaigns emphasize the importance of irrigation practices and sustainable farming techniques, including the use of organic manure and composting. MRCS have also trained Lead farmers who are playing a pivotal role in disseminating agricultural services and best practices, serving as peer educators within their communities. Furthermore, more established farmers clubs have further reinforced knowledge-sharing and collective action, enabling smallholder farmers to access seasonal forecasts and adapt their planting decisions accordingly.

Anticipatory action has been central to MRCS's strategy, with scenario planning and anticipatory trainings conducted across drought-prone districts. These sessions have equipped volunteers and staff with the skills to interpret early warning information and translate it into timely interventions. MRCS is also supporting management of acute malnutrition through an approach called Community led Complimentary feeding and learning sessions to support households affect by the current food shortage.

MRCS has also facilitated the development of contingency plans in the targeted communities, targeted at district and national levels, ensuring that response mechanisms are in place before the full impact of drought materializes. These plans are aligned with the Forecast-based Financing (FbF) and Climate Risk Early Warning Systems (CREWS) frameworks, allowing MRCS to act ahead of crises and reduce humanitarian losses.

On the National Society Development front, MRCS has made significant progress in institutional preparedness. The Preparedness for Effective Response (PER) process has been revitalized, with recent self-assessments and action planning workshops engaging leadership and technical teams where risk analysis, resource mapping, and operational readiness have been done.

Together, these activities reflect MRCS's proactive stance in addressing the current drought and hunger crisis. By combining community-based resilience measures with institutional strengthening, MRCS continues to champion a people-centered approach to disaster preparedness and anticipatory action across Malawi.

Creating awareness on the importance of understanding the season and prioritizing the growing of drought tolerant crops such irrigation activities, Use of lead farmers to disseminate different agriculture services, Farmers clubs, manure making, organic manure making, seasonal forecast dissemination, anticipatory trainings, Scenario planning, capacity building of volunteers, development of contingency planning.

MRCS will ensure that the project not only addresses immediate needs the affected people but will also put in place strategies to minimize exposing the communities to future hunger by integrating recovery actions into the response, tackle critical social issues such as gender equality and community engagement. Efforts will be made to build capacity within the affected communities and local MRCS divisions, ensuring sustainability and long-term impact.

Coordination:

Malawi Red Cross Society (MRCS) is coordinating this response with different actors both government and all other humanitarian players through active participation in key government and humanitarian platforms. MRCS sits on the National Disaster Risk Management Committee, where strategic decisions are made in collaboration with the Department of Disaster Management Affairs (DoDMA) and other stakeholders. It is also a member of the Food Security Cluster, the Cash Technical Working Group, and the Inter-Cluster Coordination Group, allowing it to contribute to technical planning, harmonization of cash assistance, and cross-sectoral coordination. In all these forums, MRCS engages in discussions around impact area allocation, ensuring that interventions are complementary and duplication is avoided. This multi-level coordination enables



MRCS to align its emergency response activities with national priorities, share data and assessments, and strengthen the overall effectiveness of humanitarian efforts.

IFRC Network Actions Related To The Current Event

<p>Secretariat</p>	<p>IFRC has an established office in Malawi and is supported by the Harare Country Cluster Delegation. The Office in Malawi has one technical staff supporting Cholera under the Country support Platform. The cluster office under the leadership of the Head of delegation has technical and support team that has provided Technical and Strategic guidance to the National Society on this response development and will continue its role thereafter.</p> <p>Surge support required for operational coordination.</p> <p>The launch of this DREF come at a pivotal point when the country is facing a significant reduction of funding as occasioned by the global cuts early this year. The cluster will support the NS use this opportunity to work on developing anticipatory action tools (Drought EAP) to support the communities mitigate disaster impact by providing pre-emptive assistance based on forecasts, which reduces loss of life, injuries, and economic damage.</p> <p>IFRC supported MRCS in the development of a simplified EAP for Pluvial floods and was approved in October targeting 12,500 people directly.</p>
<p>Participating National Societies</p>	<p>For this Lean Season response, NS has shared their planning priorities and information with Danish Red Cross and ICRC and expect a concise and curated feedback.</p> <p>Overall, in Malawi the Danish Red Cross and its Consortium Partners- Icelandic Red Cross, Belgian Red Cross are the only movement partners present and are currently supporting different programs. All these partners have always been supporting MRCS in responding to different emergencies over the years.</p> <p>MRCS holds partners meetings every two weeks where among other this issue is being discussed. MRCS has also shared the food insecurity update document which has outlined the MRCS position on the current food insecurity and has been shared with the Consortium.</p>

ICRC Actions Related To The Current Event

For this Lean Season response, NS has shared their planning priorities and information with DRC and ICRC and expect a concise and curated feedback.

ICRC has not currently provided any support, but they are supporting other developmental projects in the country including RFL and Safer access initiatives.

Other Actors Actions Related To The Current Event

<p>Government has requested international assistance</p>	<p>Yes</p>
<p>National authorities</p>	<p>The Government has declared the state of Emergency on 25th October 2025, identifying through the Department for Disaster Management Affairs (DoDMA) the priority areas for humanitarian actors support. (see attachments under Need section).</p> <p>The Response will be coordinated by the Department of Disaster Management Affairs. It acts as a link between government and other humanitarian actors. A number of clusters have also been activated to support sector specific coordination of the response.</p> <p>The Response will be coordinated by the Department of Disaster Management Affairs. It acts as a link between government and other humanitarian actors.</p> <p>The following activities have been done</p> <p>a) Activated clusters to support the response</p>



- b) Coordinating the development of Response plan
 - c) Mobilizing resources by engaging different humanitarian and other agencies
 - d) Provision of technical guide to different organization of their response design and alignment with the National Response plan
 - e) Activated the cash technical working group and is providing guidance on how cash interventions should be managed and coordinated.
- The Malawi Red Cross Society sits in all the above structures and is one of the most reliable partners for the department of disaster management Affairs.

UN or other actors

- Currently a number of UN agencies particularly OCHA, WFP and UNICEF are actively participating in the response. Some of the notable activities include: -
- a) Resource mobilization
 - b) Support DoDMA to undertake Inter Cluster Coordination Group meetings
 - c) Conduct multi-sectoral needs assessments with national governments and humanitarian partners to guide response planning
 - d) Facilitate cash transfers and social protection programs to stabilize household incomes.
 - e) Support with nutritional awareness and importance of household level food budgeting

Are there major coordination mechanism in place?

To ensure timely action and preparedness, the government, UN, and other actors are actively working together to develop a comprehensive plan. By pooling resources, expertise, and knowledge, the aim is to minimize the potential impact of this event on the communities. The collective focus is on implementing a robust preparedness and response plan that encompasses various sectors. The following Coordination mechanisms have been activated:

- a) The ICCG: Chaired by DoDMA and Co-chaired by the UN resident coordinator office, coordinates the activities of the cluster and is meeting once a week. MRCS participates in these meetings
- b) Food Security Cluster meetings: Brings together all actors in food security and discusses standards to guide the operation. MRCS is an active member of this cluster
- c) The Cash Technical Working Group discusses the cash values to be used for organizations during this response. MRCS sits in this group and is currently meeting every two weeks.

Needs (Gaps) Identified



Livelihoods And Basic Needs

When it comes to family food access through agriculture for subsistence or small local production/markets, there is a need to invest on measures that could empower households to get productive assets, recover from livestock and crop losses, and build long-term resilience. The need for cash to be inject on families resources is undeniably a priority, alongside complementary activities like supporting winter cropping, Joint approach identified as key pillars to increases crop production.

Types of food that have been affected and consequences for the population in terms of access to different services

The preamble clearly states the following issues (The food insecurity crisis in Malawi is primarily driven by:)

- Maize: The staple crop has been severely affected. The 2025 national maize harvest is estimated to be 22% below the five-year average due to poor rainfall and reduced input availability.
- Other Cereals and Legumes: Production of other key crops also declined, especially in southern districts, due to El Niño-induced drought and pest outbreaks

Consequences include:

- Food Consumption Gaps: Over 4 million people are in IPC Phase 3 or 4 (Crisis or Emergency), meaning they are experiencing significant food shortages and are unable to meet daily nutritional needs.
- Malnutrition: There has been a sharp rise in acute malnutrition, especially among children under five. UNICEF reported a 21% increase in severe malnutrition cases between February 2024 and February 2025.
- Livelihood Disruption: Crop failures and livestock losses have undermined household income, especially in rural areas dependent on agriculture
- School Dropouts: Food insecurity is causing children to miss school or drop out entirely, either due to hunger or the need to support household income

How the drought has impacted people's livelihood:

- Over 80% of Malawians rely on agriculture for their livelihoods. The drought effect on agricultural production and markets has led to



widespread income reduction.

- People have already started engaging negative coping strategies e.g Selling productive assets, reducing meals.



Multi purpose cash grants

MRCS will use multi-purpose cash grants to address the food challenges. The MVAC report has already identified the areas which can be supported through cash and MRCS has prioritized some of these districts. Through use of cash beneficiary, dignity will be upheld, and more beneficiaries will be reached as only limited resources will be used for admin and logistics support for the operation.



Health

According to the IPC report July 2025, the Nutrition status and mortality were analysed using the results from the SMART Survey undertaken in December 2024 and January 2025 by the National Statistics Office (NSO) in collaboration with the Department of Nutrition with support from UNICEF. According to the results of the SMART Survey, the prevalence of acute malnutrition among children aged 6-59 months based on GAM was estimated to be within IPC acceptable range of less than 5%, at 3.6% at the national level, a rise in comparison to the previous 3.1%. The prevalence rates based on combined GAM (derived from WHZ and MUAC) was estimated to be at 7.1%, a rise from 4.4% for the country. Nsanje district has the highest combined GAM rate at 10.4%, indicative of a serious situation in the district (IPC AMN Phase 3).

To address the ongoing impact of the drought, the MRCS will support the government of Malawi through integration of nutrition activities such as awareness messages but also conducting mass screening of children and mothers especially during cash distributions. Furthermore, MRCS will also support the Ministry of Health at district level to conduct mobile outreach clinics to ensure that essential health services are available. This will reduce child morbidity and mortality by enhancing access to quality health and nutrition services. The mobile teams will provide essential healthcare, including treatment of common illnesses, immunization services, antenatal care, and management of malnutrition among children and pregnant/lactating women by bringing service directly to vulnerable populations in hard-to-reach areas.



Water, Sanitation And Hygiene

Malawi is currently facing a severe water shortage due to prolonged dry spells and El Niño-induced drought, which have significantly impacted both agriculture and access to safe drinking water across the country. Drought leads to drying water sources, forcing communities to rely on unsafe water from rivers, ponds, or unprotected wells. Limited water reduces hygiene practices, increasing infections and disease spread.

The dry spell that has affected the country has resulted in the water table lowering, resulting in water stress and boreholes drying up. The surface and ground water have been affected, leading to insufficient clean and safe water for domestic, livestock and agriculture use. Sustainable water remains a critical challenge in most of the affected districts, where the population lacks basic water services.

Rainwater harvesting is a vital strategy for improving access to safe water, especially during the rainy season when flooding and contamination risks are high. As part of its lean season response, MRCS will promote household-level rainwater collection to reduce reliance on unsafe sources and support cholera prevention. This will be integrated into its WASH strategy through community sensitization and practical demonstrations. The approach enhances resilience and complements hygiene promotion efforts.



Risk Reduction, Climate Adaptation And Recovery

In the food insecurity situation driven by climate seasonal failures that have impacted the production and income, this intervention is times to provide support to the communities ahead of upcoming seasons and based on seasonal and agricultural calendar.

The lean season runs from January to March 2026, when food access is at its lowest. Furthermore, in a longer period, any additional delays in rainfall onset or crop failure during the rainy season could result in prolonged food insecurity into mid-2026. Therefore, the april-June 2026 harvest is usually a critical turning point for food availability. This harvest season relies on planting/growth season typically running from November to April. Crops such as maize, the country's staple but also sweet potatoes, sorghum, groundnuts, and beans are typically planted then. While these staple foods are rainfed, some like sweet potato can also relies on irrigation facilities. Where they are available/used, farmers can extend cultivation into the drier season. This particular type of culture enable year-round production and improved household food security and income stability.



MRCS direct observation have confirmed as well the irrigation practice in most of the targeted districts which include: Chikwawa, Nsanje and Mulanje. There are farming areas where irrigation can be done without waiting for wintertime, but can be started within this rainy season. The irrigation being an important component to monitor considering this year's seasonal forecast has indications of dry spell weeks. The agricultural performance requires more support to reduce the impact for the lean seasons but also ensure it coincides with adaptive measures for water access through irrigation systems and adequate knowledge for farmers on smart agriculture that will inform them on better practices to adopt cope with seasonal projections.

The proposed actions under this DREF have considered the above calendar for rainy planting season (Oct/Nov-March) for livelihood support VS upcoming lean season (Jan-March) for cash relevance. The support to communities with flexible cash interventions in coming weeks plus the proposed assistance between October 2025 to March 2026 are timed to bridge both the lean period and support access to food and/or inputs during the planting/growth season.

Any identified gaps/limitations in the assessment

The MVAC report uses a smaller sample size and particularly against the overall population, MRCS will do a detailed assessment to ensure that all the most vulnerable households have been supported. The scope and scale of the problem is huge as such MRCS will only manage to support a relatively lower number of beneficiaries. MRCS continues to engage more partners as well as identifying and building synergies with organization and the DoDMA to ensure that the support is complimentary this year's report.

[Assessment Report](#)

Operational Strategy

Overall objective of the operation

The Malawi Red Cross Society (MRCS) aims to directly provide 15,750 people (3,500 HHs) in IPC Phase 3+ with integrated relief and basic services to improve food security, livelihoods, health, and WASH conditions. More broadly, the operation will reach 45,000 people (10,000 households) in Blantyre, Nsanje, and Mulanje districts with essential humanitarian support from October 2025 to June 2026. In its implementation, MRCS will prioritize protection, gender, inclusion, dignity, and resilience, ensuring strong coordination, accountability, and community engagement with government and partners.

Operation strategy rationale

Considering the scale, severity, and nationwide spread of the 2025 food security crisis in Malawi, the operational strategy prioritizes a targeted approach with a specific geographical target and targeted response pillars selected based on National priorities and complementing ongoing initiatives for a holistic assistance.

In that order, Multi-Purpose Cash (MPC) is at the core of this strategy, serving as the most efficient, dignified, and scalable modality to reach people in IPC Phase 3+ with a more substantial impact. In another hand, the 2025 MVAC response strategy prioritizes Multi-Purpose Cash (MPC) as the most efficient and dignified modality to address urgent needs of people in IPC Phase 3+. This approach aligns with government, CWG and lessons learned from previous responses, where MPC proved more timely and flexible than in-kind aid. Given that most affected districts have functional markets and financial infrastructure, MPC enables households to meet diverse needs including food, farming inputs, and essential services while also supporting local economies. This MPC assistance will address urgent food needs during the lean season (Oct-May). In parallel, assistance is being complemented by a support to boost small agriculture production for the ongoing planting season (Nov-Jan).

This support to farmers is coordinated and complementary with national efforts such as ADMARC's maize price stabilization. The production from farmers in the targeted communities will favor availability of food and relative stability at local level. The feasibility and targeting of rainfed cropping have been confirmed as appropriate, with better impact expected through the integration of nutrition campaigns for the targeted production but also training on sustainable agriculture and market management. The MRCS will not support heavy health or WASH interventions. Instead, NS will support building community understanding and good practices on health, WASH, and protection.

Focus being on early malnutrition detection and referral, improved access to health with outreach clinics in place with MoH, but also awareness campaigns health and WASH which are the main factors weakening community coping capacity. This integrated assistance aims to reach 3,500 HHs and broader services and behavior change will target 45,000 people.

Below is a summary of the planned interventions:

1. Multi-Purpose Cash grants:

A total of 3,500 families (approximately 15,750 people) in IPC Phase 3 & 4 (Crises and Emergency) areas will receive unconditional, multi-purpose cash grants for a period of four months to enable them recover from the shocks by allowing access to food while



preserving dignity and promoting self-reliance. These cash transfers is based on food assistance needs for a households at a value of MK 90,000.00 which is equal to CHF 42.11 and will be disbursed on a monthly basis for effective use. Other needs being supported through behavior changes essentially, health and WASH service access.

These grants are intended to cover basic needs enabling households to purchase food and other household needs within this period thereby improving their immediate food security and overall well-being. Providing financial assistance through unconditional multi-purpose cash grants will ensure immediate relief to households affected by crop failures, livestock losses, and the inability to meet basic needs. The grants will be timed to provide the most effective impact. The cash transfer values will be determined based on rates set by the Cash Working Group (CWG), taking into account prevailing market prices. Each beneficiary will receive a total of CHF:42.11 per month the amount agreed by the Government and the Cash Technical working group where different Humanitarian actors including WFP and Malawi Red Cross Society. This covers 100% minimum expenditure basket.

MRCS will leverage its cash operational readiness to support timely and effective cash assistance. MRCS will utilize its existing agreements with financial service providers to distribute the cash. These providers have been successfully used in previous operations, including emergency appeals and food security responses, ensuring a reliable and timely distribution process. The National Society has made significant investments in cash preparedness, the presence of a designated CVA focal point, trained staff and volunteers in cash programming, and pre-established relationships with financial service providers. MRCS has developed and tested standard operating procedures (SOPs) for CVA, integrated cash modalities into contingency and response plans, and conducted market assessments to ensure feasibility and appropriateness of cash-based responses. Additionally, MRCS has demonstrated capacity in beneficiary targeting and registration, digital payment systems, and post-distribution monitoring ensuring transparency and accountability. These capabilities will enable MRCS to deliver scalable, timely, and context-appropriate cash assistance.

MRCS will monitor the Multi-Purpose Cash (MPC) distribution and usage through a robust Community Engagement and Accountability (CEA) framework that includes real-time tracking of cash disbursements, post-distribution monitoring surveys, and regular field visits to assess how beneficiaries are utilizing the funds. Community feedback will be actively collected through structured channels such including help desks, suggestion boxes, hotline numbers, and community meetings, ensuring that voices from all segments including vulnerable groups are heard and addressed.

2. Livelihoods -1500 families:

The families in the three districts will benefit from cropping support, where procurement and distribution of potato vines/cuttings will be done in the rainy season. These are early maturing varieties which matures earlier than the staple food of Malawi (Maize). This will help to reduce months of food dependency by some of the targeted households as the targeted households will not receive the cash assistance for the entire lean season. The targeted households for the to benefit the sweet potatoes and seeds will be those that will have irrigatable land. They will be verified by government extension workers. This support will be included in this current rainy season. It will not wait for the next winter cropping season.

In support of livelihood and agricultural production for the current 2025/2026 calendar and better practices, MRCS will implement a training program for sweet potato producers that integrates technical agronomy, business and market management, and nutrition education. This initiative will target farmers and equip them with the skills to improve crop yields through climate-smart practices. MRCS will ensure that producers are empowered to adopt sustainable farming techniques, engage effectively with buyers and incorporate sweet potatoes into diverse, health-promoting diets ultimately strengthening both community resilience and commercial opportunities. This training will be done ahead of the farmers support and the effective practice changes be monitor on the use of the crop distribution and management of the production.

To ensure a smooth and sustainable transition of the livelihood's component, MRCS will strategically engage government extension workers and Red Cross volunteers by assigning them complementary roles: extension workers will provide ongoing technical support, link beneficiaries to government programs, and monitor progress, while volunteers will be embedded in the community and will offer peer mentorship, mobilize local groups, and serve as feedback conduits. This coordinated approach will involve joint planning sessions, formal handovers, community-led sustainability planning, and visibility-building activities that empower both groups to maintain momentum, reinforce local ownership, and ensure continued access to resources and guidance after the Red Cross exits.

3. Health Service -10,000 families (45,000 people):

Integrated health outreaches will be scaled up to reach vulnerable populations. MRCS will be supporting the government of Malawi through ministry of health by establishing integrated mobile health clinics in hard-to reach areas to deliver comprehensive, high-quality health and nutrition services to children, women, and the wider population in food insecure areas.

This will include services such as immunizations, nutrition screenings, maternal health care, provide maternal health services including ante-natal check-ups, post-natal care, and delivery support. Additionally, the mobile health teams will support community awareness on the importance of preventing vaccine-preventable diseases, as well as infant and young child feeding (IYCF) practices, educate on maternal and child nutrition and appropriate hygiene practices to prevent malnutrition and related diseases in the most vulnerable people affected by food insecurity. These nutrition awareness sessions will also boost the target communities knowledge on food choices as well as preparation thereby reducing malnutrition rates.



The team will also utilize the existing stock of essential drugs and medical supplies currently available in the MRCS warehouse. The outreach services will be provided based on the MOH standard operating procedures for expanded community outreach during Nutrition emergencies. In Consultation with the MOH, the national and district level MRCS will continuously coordinate and engage to ensure alignment and sustainability of the health response.

4. WASH – 10,000 families (45,000 people):

The dry spell that has affected the country has resulted in the water table lowering, resulting in water stress and boreholes drying up. The surface and ground water have been affected, leading to insufficient clean and safe water for domestic, livestock and agriculture use. Sustainable water remains a critical challenge in most of the affected districts, where the population lacks basic water services.

Malawi Red Cross Society (MRCS) will prioritize community sensitization and hygiene promotion to mitigate public health risks that usually threaten the resilience in IPC communities. MRCS volunteers will actively engage communities through door-to-door awareness campaigns, group sessions, and radio messaging to promote safe hygiene practices, proper water handling, and sanitation behaviors. These efforts are crucial in preventing the spread of waterborne diseases such as cholera and diarrhea, which are on the rise due to limited access to clean water. Considering the linkage between proper WASH condition & practices with health threat and nutrition, MRCS will deliver integrated messages touching these 3 components.

MRCS will also procure and distribute water treatment solutions such as chlorine, working hand in hand with Health Surveillance Assistants to ensure effective distribution at the district level. This joint effort will be carried out during the rainy season, a period associated with heightened risk of cholera outbreaks, to help safeguard communities through improved access to safe water.

5. Protection gender and inclusion (PGI) 10,000 families (45,000 people):

The prolonged drought and hunger crisis in Malawi has deepened existing protection vulnerabilities, exposing women, children, persons with disabilities, and female-headed households to increased risks of exploitation, gender-based violence (GBV) and other forms of abuse. In response, the Malawi Red Cross Society (MRCS) will integrate Protection, Gender and Inclusion (PGI) principles across all sectors of the DREF operation to ensure that humanitarian assistance is safe, dignified, and equitable. The actions will ensure the involvement of women and girls and other marginalized groups and the Collaboration and coordination with women local organizations and local Organizations for persons with disabilities. PGI will not be treated as a standalone activity but as a strategic enabler that informs assessment design, community engagement, targeting, and feedback mechanisms. The MRCS PGI focal person, supported by trained volunteers and technical departments, will lead the operationalization of PGI standards across cash assistance, WASH, and health interventions. This will include applying the “do no harm” approach, promoting safe access for all groups, and reinforcing accountability and survivor-centered practices in every stage of the response. A rapid PGI analysis will be conducted alongside sectoral assessments to identify groups with distinct protection needs, such as unaccompanied minors, elderly-headed households, persons with disabilities, and women lacking access to secure income sources. Findings from this analysis will inform both program design and monitoring frameworks, ensuring that inclusion is intentional and measurable. During cash transfers, MRCS will ensure safety, privacy, and accessibility at all distribution sites. Volunteers trained in PGI, Sexual and Gender-Based Violence (SGBV) prevention, and Protection from Sexual Exploitation and Abuse (PSEA) will conduct pre-distribution briefings to sensitize communities on rights, entitlements, and available reporting channels. Coordination will be maintained with District Social Welfare Offices, Police Victim Support Units, and health facilities to ensure timely and confidential referrals for survivors of abuse or violence.

6. Community Engagement and Accountability (CEA)

CEA will be embedded throughout the operation to ensure meaningful community participation, transparency, and accountability. Communities will engage through multiple feedback and communication channels: help desks, a toll-free hotline, focus group discussions, household visits, and community meetings allowing continuous input to inform decisions and adapt interventions.

To ensure two way communication, accountability and transparency, Communities will have access to a variety of channels to voice their needs and opinions, including feedback desks, a toll-free complaint and feedback hotline, focus group discussions, and household visits. These mechanisms will help assess community needs, inform decision-making, and strengthen trust. MRCS will also establish help desks at all community interaction points to facilitate two-way communication and gather real-time feedback. Data collected through these various channels will be systematically analyzed and used to guide project implementation and adapt interventions as needed.

Volunteers will lead Risk Communication and Community Engagement (RCCE) activities to share timely, accurate, and culturally appropriate information that empowers communities to make informed decisions and adopt protective behaviors. In parallel, volunteers will be the one facilitating Community Feedback Mechanisms (CFM) to gather, document, and respond to community concerns, questions, and suggestions. These efforts are critical to building trust, enhancing program relevance, and ensuring that interventions are responsive to the evolving needs and priorities of affected populations.

The planned community awareness for health, WASH and PGI messages will involve a combination of mass media, interpersonal communication through volunteers and local structure/systems engagement. These variety of RCCE channels will ensure messages are scaled to reach a maximum of people. 30 community radio awareness sessions will be conducted 10 in each of the three target districts to disseminate key messages widely. Simultaneously, 300 trained volunteers will carry out door-to-door outreach, each visiting 10 households per month over a three-month period. For the quality of the deliverables, 150 volunteers will be trained in Risk Communication and Community Engagement (RCCE) as well as Complaints and Feedback Mechanisms (CFM).



A formal CFM will be rolled out to capture and respond to community concerns, while social mobilization committees will be supported to strengthen local ownership and coordination. Additionally, district and community-level meetings will be held to align stakeholders, share progress, and reinforce accountability.

7. Coordination:

MRCS will ensure an effective coordination system to avoid duplication of assistance with other stakeholders. This response will be conducted as a complementarity approach, both with internal projects and the interventions of other actors. The coordination system will include a mechanism for sharing information between the different MRCS projects, mainly on targeting, relevant approaches, and gaps in the distribution activities conducted. Furthermore, periodic meetings will be done at district level especially among technical committees for the response to share progress and iron out all operational hiccups.

7. Response Documentation

MRCS will produce documentaries which will serve as powerful tools to justify, communicate, and enhance the impact of emergency response efforts. These documentaries will humanize the crisis by amplifying the voices of affected individuals, allowing their stories to be heard with dignity and authenticity. They will help to raise awareness and mobilize support by engaging audiences emotionally and intellectually, encouraging donor engagement and public solidarity. Documenting the response will also promote transparency and accountability.

8. Exit Strategy:

To ensure sustainability beyond the DREF operation period, the exit strategy focuses on strengthening local capacities and promoting community ownership. Community consultations and lessons learned workshops will be held to gather feedback, which will be included to improve future responses. Volunteers will work closely with local health volunteers and community-based health workers to transfer knowledge and ensure continued care after the operation ends. Regular coordination with local authorities and community leaders will also help ensure a smooth handover of services and better integration into existing local systems. These efforts will support a gradual shift from emergency response to longer-term recovery and resilience-building, aligned with the National Society's ongoing activities under the Unified Plan. On the DREF 6 months update, the NS will also update on the transition to the recovery and how the intervention has served on linking with stakeholders in that regards.

Targeting Strategy

Who will be targeted through this operation?

The intervention will prioritize 15,750 individuals (3,500 households) in both rural areas of the Southern Region of Malawi; one of the most affected regions nationwide. Priority being the districts of Blantyre, Nsanje and Mulanje.

To effectively ensure that the most vulnerable households have been targeted, MRCS will apply a comprehensive set of selection criteria that reflect both the severity of food insecurity and the unique vulnerabilities of specific population groups.

- First MRCS will focus on communities classified in IPC Phase 3 (Crisis) and above, with selection guided by factors such as the extent of food insecurity, existing socio-economic vulnerabilities, and protection dynamics within the community.

- Further to that, at household level, MRCS will specifically prioritize high-risk groups that are often most affected or vulnerable in these type of crisis or usually overlooked in emergency responses. These include single-headed households, particularly those led by women, who face compounded challenges in accessing food, income, and protection. Households with persons with disabilities regardless of whether they are the head of the household will also be prioritized due to their increased barriers to mobility, livelihoods, and services. Children-headed households will be considered as a critical category, given their heightened exposure to exploitation and lack of adult support.

- Single-headed households, especially female-headed households.
- Households with persons with disabilities, regardless of headship.
- Child-headed households or those caring for orphans.
- Households with no or limited access to food.
- Households that lost livelihood assets due to drought (livestock, crops, income sources).
- Households in hard-to-reach areas with limited or no access to health, water, education, or other basic services.
- Households displaced to relatives' homes, increasing strain on host families.
- Households with elderly members (60+) without family or financial support.
- Households with pregnant or lactating women lacking income sources.
- Households with malnourished children under five and no income.
- Households headed by persons with disabilities and no income.
- Households with chronically ill heads or breadwinners.

These criteria will guide both the direct targeting of 3,500 households and the broader outreach to 45,000 individuals (10,000



households) through hygiene and health prevention activities, delivered via a multi-sectoral approach that includes multipurpose cash, livelihoods, health care, and WASH services.

Explain the selection criteria for the targeted population

The geographical districts selection is based on the IPC classifications provided under the scope section. The targeting also aligns with the priority districts identified by the DoDMA based on a IPC situation but also mapping of existing assistance/partners and coverage gaps.

At household level selection, prioritization focuses on households facing multiple vulnerabilities from social to economical. Especially those with limited food access, loss of livelihoods, or vulnerable members that suffer the most from the access to health/ WASH services or livelihood scarcity (women, children, elderly, disabled, or chronically ill).

Beneficiary identification and selection processes will prioritize the use of unified Beneficiary Register(UBR) as advised by the government but where it is not fully consolidated then alternative is the use of community-based targeting especially JEFAP. The process will ensure use of selection criteria that are inclusive and only the most vulnerable and deserving communities are reached.

MRCS will work in close coordination with government and humanitarian partners to ensure that assistance is timely, inclusive, and accountable.

Total Targeted Population

Women	9,180	Rural	10%
Girls (under 18)	13,770	Urban	10%
Men	7,718	People with disabilities (estimated)	10%
Boys (under 18)	14,332		
Total targeted population	45,000		

Risk and Security Considerations (including "management")

Does your National Society have anti-fraud and corruption policy?	Yes
Does your National Society have prevention of sexual exploitation and abuse policy?	Yes
Does your National Society have child protection/child safeguarding policy?	Yes
Does your National Society have whistleblower protection policy?	Yes
Does your National Society have anti-sexual harassment policy?	Yes

Please analyse and indicate potential risks for this operation, its root causes and mitigation actions.

Risk	Mitigation action
5. Flooding and Disruption of Access to Affected Communities: Floods during the rainy season may damage infrastructure,	MRCS will identify flood-prone zones and develop contingency plans, including alternative delivery routes and mobile response



displace communities, and hinder access to remote areas, delaying delivery of aid and services.	teams. Coordination with local disaster management committees will support early warning and evacuation efforts
6. Resource Constraints and Operational Delays: Increased needs during the lean and flood seasons may outpace available funding or logistical capacity, leading to delays in implementation or gaps in coverage. Mitigation	MRCS will prioritize transparent resource planning and engage donors early to secure adequate funding. Strengthening partnerships and leveraging community-based volunteers will help maximize reach and efficiency
2. Sharing of cash to non-registered households that could weaken the beneficiaries of the cash support to the targeted families.	1. Engage with communities leaders to facilitate the awareness on the targeting and purpose of the cash intervention 2. Intensify awareness raising of the purpose of the support
1. Continuous rising prices of food stuff	1. MRCS will facilitate discussion with earmarked commodities suppliers
3. Escalation of Humanitarian Needs Due to Lean Season Pressures: During the lean season, food insecurity tends to intensify, potentially escalating humanitarian needs beyond initial projections. This can lead to increased demand for assistance, strain on available resources, and heightened vulnerability among affected populations.	MRCS will conduct regular needs assessments and maintain flexible response plans to adapt to changing conditions. Pre-positioning of supplies and coordination with local authorities and partners will ensure timely scale-up if needed.
4. Disease Outbreaks, Especially Cholera During the Rainy Season: The onset of the rainy season increases the risk of waterborne diseases such as cholera, particularly in areas with limited access to safe water and sanitation. This poses a serious threat to public health and can undermine the impact of food assistance efforts.	MRCS will work closely with Health Surveillance Assistants to distribute chlorine and promote water treatment practices. Hygiene promotion campaigns and coordination with the Ministry of Health will help strengthen early detection and response to outbreaks.
Please indicate any security and safety concerns for this operation:	
There are no significant security concerns related to this project in the targeted areas.	
Has the child safeguarding risk analysis assessment been completed?	Yes

Planned Intervention



Livelihoods And Basic Needs

Budget: CHF 18,691

Targeted Persons: 6,750

Indicators

Title	Target
# of households supported with agriculture inputs including vines and vegetables	1,500
# of lead farmers trained in good agriculture practices(CSA etc)	150
% of targeted households reporting increased income/production from rainy planting season	70



Priority Actions

- Procure seeds for winter cropping for 1500 households (Orange fleshed sweet potato vines)
- Procure and distribute vegetables for nutrition
- Transport and distribution costs
- Conduct training of lead farmers in Good agriculture practices



Multi Purpose Cash

Budget: CHF 689,641

Targeted Persons: 15,750

Indicators

Title	Target
# of households who successfully receive cash assistance	3,500
# of beneficiaries verified and registered for cash assistance	3,500
% of targeted households reporting improved food consumption or reduced negative coping strategies for the distribution period or lean season	70

Priority Actions

- Supporting households to receive cash assistance
- Facilitate verification and registered of beneficiaries for cash assistance.
- Conduct technical monitoring visits
- Facilitate production of documentaries under the operation
- Conduct post distribution monitoring



Health

Budget: CHF 22,141

Targeted Persons: 45,000

Indicators

Title	Target
# of people reached through the integrated health and nutrition outreaches	45,000
# of volunteers supported to conduct hygiene promotion	300
# of volunteers trained in community-based nutrition and health	60
% of target population (45,000) demonstrating or confirming improved knowledge and practices on health, hygiene, or nutrition following volunteer-led awareness sessions	50
# of functional outreach clinics with established coordination and reporting mechanisms jointly implemented by MRCS and the Ministry of Health	2
% of children under five and pregnant/lactating women screened during mass screening or identify during outreach clinics that are referred for malnutrition or related health services	100



% of targeted households reporting improved access to health services due to outreach activities or screening	15
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Priority Actions

- Support 300 volunteers to conduct Health and hygiene promotion activities. Deployed 10 days per month for 3 month to reach 45,000 people with integrated awareness.
- Conduct Training of volunteers in community-based nutrition and Health (300 volunteers).
- Support volunteers and HSAs to conduct Mass Screening Children, Pregnant and Lactating mothers (20 volunteer and HSAs per district for 3 days per month for 4 months).
- MRCS and Government National Level technical support and coordination for outreach and screening activities/reporting.



Water, Sanitation And Hygiene

Budget: CHF 9,166

Targeted Persons: 44,999

Indicators

Title	Target
# of volunteers supported to conduct hygiene and sanitation promotion activities and functional.	150
# of radio gingles aired under the operation	30
% of targeted households reporting using the water treatment as demonstrated	100

Priority Actions

- Support volunteers to conduct Hygiene and Sanitation Promotion activities (50 volunteers per district for 2 months for 3 days per month).
- Support Airing of Hygiene and Sanitation messages in Community Radios (3 Rounds of radio programmes per month for 2 months).
- Procurement of Chlorine for household's water treatment.
- Distribution of chlorine by volunteers and HSAs to households.
- Demonstration of water treatment use (before and during distribution)



Protection, Gender And Inclusion

Budget: CHF 16,534

Targeted Persons: 45,000

Indicators

Title	Target
# of volunteers and staff trained on PGI related components including gender and SGBV, Child protection and disability inclusion and relevant messages	150
# of people reached with PGI awareness Raising on risk of Violence, Discrimination and Exclusion	150
% of reported protection, GBV, or child safeguarding cases received by MRCS appropriately referred and managed through functional referral pathways in	100



coordination with Social Welfare and Health Offices.	
% of targeted communities reporting improved access to inclusive, safe, and confidential feedback and reporting channels, including for SEA and other protection concerns.	100

Priority Actions

- Conduct orientation of 150 volunteers in PGI
- Train 150 volunteers and staff in child safe guarding and code of conduct
- Support volunteers to conduct sensitization meetings on PGI and PSEA
- Conduct rapid PGI analysis, ensuring the mapping/update of referral pathways for GBV and VAC with District Social Welfare and Health services;
- Distribute simplified referral guides to volunteers and communities.
- At strategic level and for an effective cross-cutting integration of minimum PGI standards, MRCS will implement this intervention with consideration of the below:
 - a) Integrate PGI and safeguarding into all tools; include disaggregated data approach to collect and use Sex, Age, and Disability Disaggregated Data (SADDD) for inclusive intervention.
 - b) Operationalize Safeguarding and Accountability Mechanisms by rolling out MRCS Safeguarding and Child Protection Policies across all operation sites. Ensure all staff, volunteers, and partners are trained on these standards, sign the Code of Conduct, and understand reporting and disciplinary procedures.
 - c) PGI Focal point of the NS with IFRC PGI focal point will work on mainstreaming PGI in Community Engagement and Accountability (CEA) to ensure women, youth, and marginalized groups participate equally in consultations and decision-making.
 - d) The PGI focal points will also prioritise strengthening confidential community feedback channels and reporting systems for SEA and other protection concerns; ensuring survivor-centered response and timely referrals.
 - d) On the cash intervention, MRCS will conduct accessibility audits of cash distribution sites and community meeting points. This will help to adapt distribution timing, communication materials, and physical arrangements to accommodate the needs of persons with disabilities, older persons, pregnant and lactating women, and those with mobility challenges.



Community Engagement And Accountability

Budget: CHF 16,534

Targeted Persons: 45,000

Indicators

Title	Target
# of volunteers trained in Community Engagement and Accountability (CEA)	150
# of complaints managed under the project(handled, managed and closed)	100
% of direct targeted beneficiaries reporting improved living conditions compared to the start of MRCS intervention	100
% of targeted community integrated in the participation and post assistance survey who confirmed assistance was participative and satisfactory	80

Priority Actions

- Train 150 volunteers in RCCE and CFM.
- Roll out complaints and feedback mechanism.
- Support social mobilization committees.
- Conduct district and community level meetings.





Coordination And Partnerships

Budget: CHF 6,949

Targeted Persons: 50

Indicators

Title	Target
% of coordination meetings where MRCS actively contributes to joint planning or reporting	60

Priority Actions

- Support NS attend and participate in FSL Coordination forums.



Secretariat Services

Budget: CHF 46,620

Targeted Persons: 10

Indicators

Title	Target
# of Technical and support visits	4

Priority Actions

- Contribute to Salary for Operations Management.
- Technical and support team monitoring and supervision costs.
- Financial Charges.
- Surge support including support for operation management and Cash Voucher Assistance.



National Society Strengthening

Budget: CHF 173,634

Targeted Persons: 300

Indicators

Title	Target
# of monitoring visits conducted by government and MRCS technical staff	6
# of lessons learnt workshops conducted and report submitted to IFRC and partners	2
% of volunteers deployed after insurance and proper briefings	100



Priority Actions

- Carry out monitoring and supervision visits by government and MRCS technical staff.
- Conduct district and national lesson learned workshop.
- Support MRCS coordination and administrations cost.
- Cover operational costs such as rentals and vehicle costs

About Support Services

How many staff and volunteers will be involved in this operation. Briefly describe their role.

The project will be supported by 300 staff and volunteers. The 51 staff members include the project coordination team based at the MRCS HQ, district staff comprising of a District Coordinator, a project officer, 2 community development facilitators will be responsible for the day-to-day implementation of the project activities while support staff will be responsible for general office support. Finance, HR, Branch, Communication and Logistics team will provide support service to enable easy delivery of the project.

Does your volunteer team reflect the gender, age, and cultural diversity of the people you're helping? What gaps exist in your volunteer team's gender, age, or cultural diversity, and how are you addressing them to ensure inclusive and appropriate support?

MRCS volunteers are across the country and often times comes from within their own communities. Volunteers for this project will be selected from the same community members to ensure that there easy understanding of their own cultural and social norms. MRCS volunteership is open to all genders with a deliberate effort which encourages women to become volunteers. a deliberate strategy will be put in place to ensure that most households have registered women as beneficiaries. This will mean that there will be need for more women volunteers to easily support these women.

If there is procurement, will it be done by National Society or IFRC?

MRCS will be doing the procurement items which will be procured locally by the procurement team. The NS logistics team has extensive expertise in procurement, logistics, and warehouse management and will carry out local procurement in accordance with MRCS Procurement Policy which is guided by local laws and reflecting the IFRC standards. This will be supported by the IFRC supply chain team at the Cluster level. MRCS has taken proactive steps to strengthen its partnerships, renewing its contract with the financial service provider in target areas.

MRCS has framework agreements with two service providers:

LTS: Cash in envelopes and TNM); Mobile cash

How will this operation be monitored?

MRCS has a PMER section which will be responsible for the day-to-day monitoring and supervision of the response. A full time PMER Coordinator will be hired to support this response. At National level the Head of DM with support from the Director of Programmes will be responsible for technical and oversight monitoring of the project. Responsible government ministries and departments will be supported to undertake period monitoring to ensure that response meets government minimum standards. Community members will be involved from this response design level to the implementation. A complaint and feedback mechanism will be put in place to allow the NS to get feedback from the beneficiaries which will be used to improve the quality of services in the response. Furthermore, the National Society will request the IFRC technical support in the oversight management of the response.

Please briefly explain the National Societies communication strategy for this operation

The NS has a robust communication department with to qualified personnel which will help to profile the response. There are existing communication channels within the national and district staff including external stakeholders. Furthermore, MRCS will use its community engagement and accountability approach to ensure that the affected communities are engaged and their voices are held. The complaints



and feedback mechanism will be introduced including the use of toll-free lines to enhance communication, feedback and accountability to the affected people. IFRC communication and IM team will be required to provide communication and Information management support.



Contact Information

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

National Society contact: Chifundo Kalulu, Secretary General, ckalulu@redcross.mw, +265995050311

IFRC Appeal Manager: Kopano Masilo, Head of Delegation, kopano.masilo@ifrc.org, +27663203886

IFRC Project Manager: Vivianne Kibon, Coordinator, Programs and Operations, vivianne.kibon@ifrc.org, +254725910679

IFRC focal point for the emergency: Vivianne Kibon, Coordinator, programs and Operations, Vivianne.kibon@ifrc.org, +254725910679

Media Contact: Felix Washon, Communication Coordinator, fwashon@redcross.mw, +265888955721

National Societies' Integrity Focal Point: Charles Katunga, Interna Auditor, ckatunga@redcross.mw, +265884568477

National Society Hotline: +265888955721

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