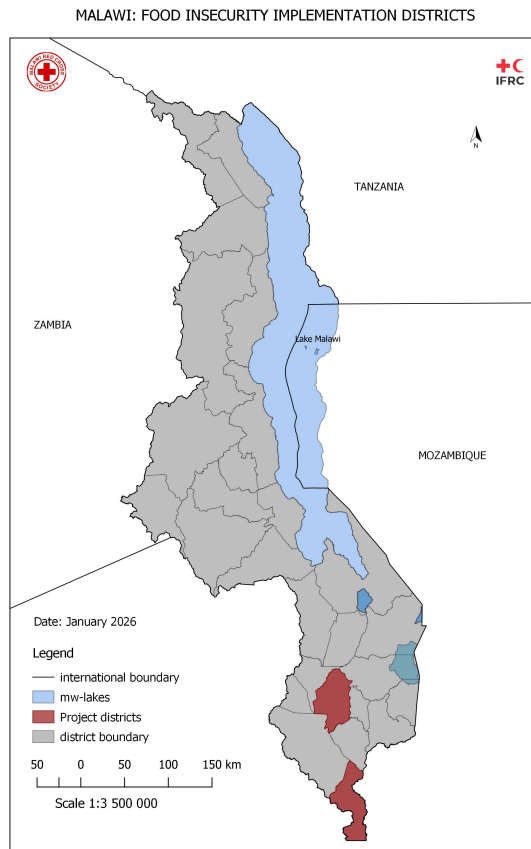




Source: Cash distribution in Nsanje District

Appeal: MDRMW024	Total DREF Allocation: CHF 999,910	Crisis Category: Orange	Hazard: Food Insecurity
Glide Number: -	People Affected: 4,009,537 people	People Targeted: 45,000 people	
Event Onset: Slow	Operation Start Date: 23-10-2025	New Operational End Date: 31-07-2026	Total Operating Timeframe: 9 months
Reporting Timeframe Start Date: 23-10-2025		Reporting Timeframe End Date: 11-05-2026	
Additional Allocation Requested: -		Targeted Regions: Southern Region	

Description of the Event



Food Insecurity Operational Districts

Date when the trigger was met

25-10-2025

What happened, where and when?

In 2025/2026 season, Malawi faced 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 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 was called to support in the current state of emergency, through all available mechanism. This support was not only to address the current emergency situation but 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.

Since the launch of the 2025/2026 Lean Season Food Insecurity Response in October 2025, Malawi has transitioned from a peak humanitarian crisis to an early recovery phase, although food insecurity remains a concern in several areas. At the height of the lean season, approximately 4 million people were classified in IPC Phase 3 (Crisis) or worse, including pockets of IPC Phase 4 (Emergency), largely driven by high food prices, macroeconomic instability, and consecutive below-average harvests. Humanitarian interventions, including cash and food assistance implemented by government and partners such as MRCS, helped mitigate severe consumption gaps, leading to gradual stabilization during the January–March 2026 period, with some districts improving from Crisis (IPC Phase 3) to Stressed (IPC Phase 2) outcomes.

By May 2026, the situation has improved seasonally with the availability of the green and main harvest. Most parts of the country are now experiencing Minimal (IPC Phase 1) or Stressed (IPC Phase 2) outcomes as households increasingly access food from their own production and benefit from agricultural labour opportunities. However, in southern Malawi including parts of the Lower Shire (such as Nsanje, Chikwawa) and southern districts (Blantyre, Machinga, Neno, Balaka) the situation remains fragile, with households still classified in Stressed (IPC Phase 2) due to limited recovery from repeated climatic and economic shocks. This indicates that while IPC conditions have improved compared to the peak lean season, vulnerability persists, particularly among poor and market-dependent households.

Rainfall performance during the 2025/2026 season was generally favorable at national level, supporting an overall average harvest outlook. However, the season was characterized by variability, including a delayed onset of rains and localized dry spells during critical crop development stages between January and February 2026. These dry spells affected maize production in southern areas like Blantyre, Chikwawa, Neno, Machinga, Balaka and Nsanje, with reports indicating moisture stress and partial crop loss in some districts. Despite these localized impacts, national crop production is expected to be near average, contributing to improved food availability during the post-harvest period.

The broader operating environment has remained challenging due to macroeconomic pressures and funding constraints. The national lean season response faced a significant funding gap, with only a portion of the required resources mobilized, limiting the scale and duration of assistance. At the same time, food prices in some districts remained high throughout 2025 and into early 2026, reducing household purchasing power and constraining access to food, particularly for vulnerable populations dependent on markets. These structural constraints underscore the importance of targeted interventions such as cash-based assistance implemented by MRCS through partners especially International Federation of Redcross and Red crescent Societies (IFRC), Danish (DRC) and Swiss RC, which have enabled households to meet immediate food needs while supporting local markets.

Several of the risks identified at the onset of the operation have materialized. Climatic risks, including erratic rainfall patterns and mid-season dry spells, affected agricultural production in parts of the country. Market-related risks also persisted, with elevated staple food prices and reduced income opportunities continuing to undermine purchasing power. In addition, public health risks, including the potential for waterborne disease outbreaks such as cholera especially in Blantyre which is now an epicenter with over 105 confirmed cases and over 650 suspects, were heightened due to above-average rainfall and localized flooding in some areas. Funding shortfalls further constrained the ability of humanitarian actors to fully meet needs across all affected districts.

As communities move from the lean season into the harvest and post-harvest period, immediate food consumption gaps are declining; however, households continue to face recovery challenges. While access to food has improved, many vulnerable households remain unable to meet essential non-food needs or rebuild depleted assets after consecutive shocks. In this context, current needs are shifting from life-saving assistance towards recovery and resilience support, including livelihood restoration, market stabilization, and climate-resilient agricultural interventions.

Overall, the MRCS led response has contributed to preventing a further deterioration of food security outcomes, but the situation remains fragile. Malawi is now in a critical transition phase where sustained support is required to consolidate gains achieved during the lean season response and to prevent a relapse into crisis conditions, particularly in the most affected southern districts.

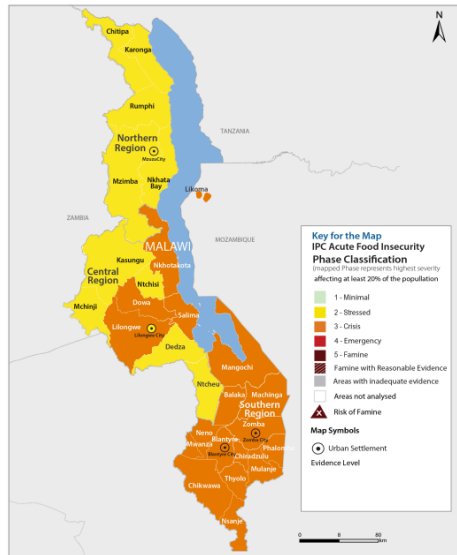


Population table for the projected period: October 2025 – March 2026

District	Total population analysed ¹	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		Population	%	Population	%	Population	%	Population	%	Population	%		Population	%
Balaka	531,748	212,699	40	212,699	40	106,350	20	0	0	0	0	1	106,350	20
Blantyre City	532,697	186,444	35	186,444	35	193,659	36	0	0	0	0	1	193,659	36
Blantyre City	133,866	73,626	55	73,626	55	33,667	25	0	0	0	0	1	33,667	25
Chikwawa	653,240	298,524	46	288,868	44	179,979	28	0	0	0	0	1	179,979	28
Chitadzulu	402,359	201,180	50	150,708	38	63,472	16	0	0	0	0	1	63,472	16
Chitipa	264,965	198,224	75	152,991	58	113,441	43	0	0	0	0	2	113,441	43
Dedza	907,614	532,188	59	290,284	32	145,142	16	0	0	0	0	2	145,142	16
Dowa	923,901	415,755	45	323,360	35	184,786	20	0	0	0	0	2	184,786	20
Karonga	423,699	232,483	55	168,869	39	74,821	18	0	0	0	0	2	61,403	15
Katungu	994,304	596,582	60	296,291	30	148,146	15	0	0	0	0	2	93,430	10
Likoma	16,609	5,813	35	7,478	45	3,522	21	0	0	0	0	2	3,322	20
Lilongwe	1,908,826	763,330	40	666,089	35	477,207	25	0	0	0	0	2	477,207	25
Lilongwe City	190,072	106,190	56	57,922	30	29,991	16	0	0	0	0	2	28,961	15
Machinga	934,448	420,502	45	327,957	35	159,803	17	0	0	0	0	2	186,890	20
Mangochi	1,431,046	715,523	50	425,314	30	282,359	20	0	0	0	0	2	282,359	20
Mchinji	686,764	274,706	40	309,044	45	150,615	22	0	0	0	0	2	183,015	27
Mulanje	781,841	294,552	38	294,552	38	312,736	40	0	0	0	0	2	312,736	40
Mwanza	161,500	56,525	35	48,849	30	24,225	15	0	0	0	0	2	24,225	15
Mzimba	1,049,193	396,895	38	353,278	34	162,812	15	0	0	0	0	2	104,919	10
Mzuzu City	34,172	20,503	60	8,543	25	5,336	15	0	0	0	0	2	5,126	15
Neno	154,898	39,725	25	47,668	31	23,059	15	0	0	0	0	2	21,504	14
Nkhata Bay	319,934	191,960	60	29,984	9	47,990	15	0	0	0	0	2	47,990	15
Nkhosato	454,870	113,718	25	227,448	50	112,421	25	0	0	0	0	2	113,718	25
Noanje	332,295	67,459	20	151,783	46	118,893	36	0	0	0	0	2	118,893	36
Ntcheu	796,177	318,471	40	358,280	45	118,827	15	0	0	0	0	2	119,427	15
Ntchou	387,513	155,005	40	174,381	45	183,127	47	0	0	0	0	2	58,127	15
Phalombe	515,353	206,141	40	154,600	30	124,676	24	0	0	0	0	2	154,600	30
Rumphi	264,624	198,506	75	132,901	50	124,414	47	0	0	0	0	2	124,414	47
Salima	581,801	203,630	35	203,630	35	174,940	30	0	0	0	0	2	174,940	30
Thyolo	804,868	241,460	30	241,460	30	321,693	40	0	0	0	0	2	321,693	40
Zomba	864,110	475,261	55	216,020	25	122,822	14	0	0	0	0	2	172,822	20
Zomba City	15,791	7,376	46	5,271	33	2,971	19	0	0	0	0	2	2,776	18
Grand Total	18,267,946	8,483,766	46	4,231,446	23	4,000,592	22	7,945	0	0	0	2	4,000,517	22

¹Based on population in Phase 1. Data not represented after the full population is in a state of emergency. This includes one household that is in Phase 2 or even 1 but only because of a merger of households. Therefore they may be treated as continued Phase 1. ²Based on one household that is in Phase 2 or even 1 but only because of a merger of households. Therefore they may be treated as continued Phase 1. ³Based on one household that is in Phase 2 or even 1 but only because of a merger of households. Therefore they may be treated as continued Phase 1.

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



Map showing the impact of the food insecurity



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

Malawi IPC Population Table Oct to Mar 2026



Source: Department of Disaster Management Affairs (DoDMA)

Scope and Scale

Malawi facing its worst food insecurity crisis in seven years, with over 4 million people projected to experience acute food insecurity during the 2025/2026 consumption year, according to the Malawi Vulnerability Assessment Committee (MVAC). The crisis affects all districts, particularly households classified under IPC Phase 3 (Crisis) and IPC Phase 4 (Emergency). The most vulnerable groups include rural farming households, female-headed households, children under five, pregnant and lactating women, elderly persons, and people



living with disabilities.

The crisis has been driven by consecutive climate shocks, including erratic rainfall, prolonged dry spells linked to the 2024/2025 La Niña weather pattern, and fall armyworm infestations, which significantly reduced crop production. Rising food prices, inflation, and currency devaluation have further weakened household purchasing power and access to food.

As of May 2026, the scale of acute food insecurity has reduced following the lean season and onset of the harvest period, with estimates indicating that approximately 2.0 to 2.49 million people required humanitarian food assistance during the peak of early 2026, and needs are now declining further with improved food access. This reduction reflects both seasonal improvements linked to the availability of the harvest and the cumulative impact of humanitarian assistance delivered during the lean season. Despite this progress, needs remain significant, particularly among vulnerable households that have not fully recovered from consecutive shocks and continue to face livelihood constraints. The DREF support through cash and livelihood assistance in targeted areas also played a role in a limited scale to the improvement of conditions for the IPC 3+ families.

In line with this evolving context, MRCS has maintained its strategic focus of its geographical targeting, in priority districts such as Nsanje and Blantyre, where vulnerability remains most acute. This reflects evidence from food security analyses showing that southern Malawi including Lower Shire districts continues to experience Stressed (IPC Phase 2) outcomes with localized Crisis pockets, driven by below-average production, persistent poverty, and limited recovery capacity. By concentrating resources in these high-burden districts, MRCS has aimed to maximize the effectiveness and impact of its assistance, particularly through targeted cash-based interventions to the most at-risk households.

While this targeted approach has enabled a more efficient use of limited resources, unmet needs persist in other parts of the country, especially southern districts that were initially covered under the national response like Zomba, Machinga, Balaka, Neno, Thyolo, Mulanje Chikwawa, Nsanje and Blantyre. Although many of these areas have transitioned to Stressed (IPC Phase 2) or even Minimal (IPC Phase 1) outcomes with the harvest, a proportion of households remain vulnerable due to other compounding factors like reduced purchasing power, and limited livelihood recovery opportunities. This highlights a continuing gap between needs and available assistance, particularly in the context of constrained funding during the 2025/2026 response.

Source Information

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=AE3TifOsr7nlih2J5MgGWRwSy10lgm2yJg%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.

Summary of Changes

Are you changing the timeframe of the operation	No
Are you changing the operational strategy	No



Are you changing the target population of the operation	No
Are you changing the geographical location	Yes
Are you making changes to the budget	No
Are you requesting an additional allocation?	No

Please explain the summary of changes and justification:

The operational update reflects a context-driven shift in implementation, shaped by seasonal dynamics, agricultural outcomes, and evolving household needs as Malawi transitions from the lean season (January–March 2026) into the post-harvest and early recovery period for sustained gains while transitioning out of the DREF scope.

At the onset, the response was appropriately designed to address acute food consumption gaps during the peak lean season, with Multi-Purpose Cash (MPC) as the primary modality, complemented by livelihoods support, nutrition services, outreach, and community-based interventions. Six months into implementation, the intervention has delivered strong and measurable results, contributing to both immediate relief and early recovery:

- 3,500 households supported with cash, with 73% improving food consumption and coping, protecting food security during the lean season.
- 60,000+ people reached with health and hygiene promotion, addressing public health risks and malnutrition drivers. Beyond initial targets.
- 2,250+ households received agricultural inputs, improving food availability and dietary diversity.
- Strong CEA systems, with all feedback resolved and high beneficiary satisfaction. Linkages also established with community and government systems (health, extension, VSL), supporting recovery beyond the operation.
- Geographical focus and complementarity approach was ensured. Following some initial government coordination, the Department of Disaster Management Affairs (DoDMA) assigned Nsanje and Blantyre to MRCS, avoiding overlap with WFP in Mulanje. This allowed concentration of resources in high-need areas, improving efficiency, reducing costs, and enhancing the depth and quality of assistance.

With the arrival of the green and main harvest (April–June), food availability has improved at national level. However, localized production deficits, erratic rainfall, and reduced yields in southern districts, particularly Nsanje and Blantyre, have resulted in uneven recovery in IPC3+ communities. As a result, a proportion of vulnerable households remains unable to fully meet essential needs or rebuild livelihoods. In response, the operation has adapted its implementation focus without changing its overall objective, transitioning toward early recovery and resilience-building. Priorities for the remaining implementation period include:

- Maintaining targeted support in high-burden areas, with continued geographic focus on Nsanje and Blantyre to maximize impact.
- Strengthening sustainability and transition pathways, including:
 - Expansion of Village Savings and Loans (VSL) for financial resilience
 - Reinforcement of linkages to government services and extension systems
 - Continued coordination with partners supporting disaster risk reduction and climate adaptation
- Sustaining essential service delivery, including outreach clinics, malnutrition screening and referrals, hygiene promotion, and continued integration of CEA and PGI approaches
- Finalisation of cash assistance, aligned with the post-harvest period, combined with community sensitisation to support productive use of resources and livelihood recovery
- Consolidation of livelihood gains, including support to household productive capacity and income generation through community-based systems such as lead farmers
- Post-distribution monitoring (PDM) and post-harvest assessments, aligned with the agricultural calendar, to measure outcomes, inform learning, and guide transition and closure

Overall, the operation demonstrates a clear and adaptive transition from emergency response to early recovery, ensuring that initial life-saving achievements are sustained and translated into longer-term resilience outcomes, while preparing communities for gradual exit and post-DREF continuity.



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 came at a pivotal point when the country was facing a significant reduction of funding as occasioned by the global cuts early this year. The cluster will continue supporting 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, the NS shared their planning priorities and information with partners such as the Danish Red Cross and ICRC. 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 supported MRCS in responding to different emergencies over the years. During this response, the Danish Red Cross is supporting 800 households with cash in the Chikwawa district for a period of 4 months from December 2025 to March 2026.</p> <p>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

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 declared a state of Emergency on 25th October 2025, identifying through the Department for Disaster Management Affairs (DoDMA) the priority areas</p>



	<p>for humanitarian actors' support. (see attachments under Need section).</p> <p>The Response is being coordinated by the Department of Disaster Management Affairs. It acts as a link between the government and other humanitarian actors. A number of clusters have also been activated to support sector-specific coordination of the response.</p> <p>The following activities have been done by the government entity so far;</p> <ol style="list-style-type: none"> Activated clusters to support the response Coordinating the development of the response plan Mobilising resources by engaging different humanitarian and other agencies Provision of a technical guide to different organization of their response design and alignment with the National Response plan Activated the cash technical working group and is guiding how cash interventions are managed and coordinated. <p>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 in responding to various disasters.</p>
<p>UN or other actors</p>	<p>A number of UN agencies, particularly OCHA, WFP and UNICEF, are actively participating in the response. Some of the notable activities done include: -</p> <ol style="list-style-type: none"> Resource mobilisation Support DoDMA to undertake Inter Cluster Coordination Group meetings Conduct multi-sectoral needs assessments with national governments and humanitarian partners to guide response planning Facilitate cash transfers and social protection programs to stabilise household incomes. Support with nutritional awareness and the 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 actively worked together to develop a comprehensive plan. By pooling resources, expertise, and knowledge, the aim was to minimise the potential impact of this event on the communities. The collective focus was on implementing a robust preparedness and response plan that encompassed various sectors.

The following Coordination mechanisms were activated:

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

Needs (Gaps) Identified



Livelihoods And Basic Needs

With regard to household food access through subsistence agriculture and small-scale local production and markets, there was a clear need to invest in measures that could empower households to acquire productive assets, recover from livestock and crop losses, and build long-term resilience. The injection of cash into household resources was identified as an undeniable priority, alongside complementary interventions such as support for winter cropping. A joint approach integrating cash assistance and agricultural support was recognised as a key pillar for increasing crop production and strengthening household food security.

The preamble highlighted that the food insecurity crisis in Malawi was primarily driven by significant disruptions in crop production. Maize, the national staple crop, was severely affected, with the 2025 national harvest estimated to be 22 per cent below the five-year average due to poor rainfall patterns and reduced availability of agricultural inputs. Production of other cereals and legumes also



declined, particularly in southern districts, as a result of El Niño-induced drought conditions and pest infestations.

These production shortfalls resulted in widespread food consumption gaps, with over four million people classified in IPC Phase 3 or 4 (Crisis or Emergency), indicating significant food shortages and an inability to meet daily nutritional requirements. The situation also contributed to a sharp increase in acute malnutrition, especially among children under five years of age, with UNICEF reporting a 21 percent rise in severe acute malnutrition cases between February 2024 and February 2025. In addition, crop failures and livestock losses disrupted livelihoods, particularly for rural households dependent on agriculture as their primary source of income. Food insecurity further contributes to increased school absenteeism and dropouts, as children are affected by hunger or required to support household income-generating activities.

The drought has a profound impact on livelihoods, given that over 80 per cent of Malawians depend on agriculture for their survival. Reduced agricultural production and constrained market functioning led to widespread income losses. As a result, affected households increasingly resort to negative coping strategies, including the sale of productive assets and the reduction of meal frequency and dietary diversity

With the actions engaged during this DREF, Post Distribution Monitoring (PDM) activities, indicates that beneficiaries have improved food consumption and absorption as a result of the cash assistance received. The cash support has enabled households to purchase complementary food items such as meat and other nutritious foods, thereby improving household nutritional status and contributing to a reduction in malnutrition levels. These findings confirm the continued relevance and positive impact of the cash assistance beyond the six-month intervention period. In addition, the cash assistance has contributed to improving the functionality of local markets, as beneficiaries are purchasing goods and services from local traders. This has supported local economic activity while also enhancing household access to essential commodities.



Multi purpose cash grants

MRCS is currently using multi-purpose cash assistance to address food security challenges in the targeted areas. The Malawi Vulnerability Assessment Committee (MVAC) report has identified districts suitable for cash-based interventions, and MRCS has prioritised selected districts from this assessment with the support of DoDMA. The use of cash assistance upholds beneficiary dignity by enabling households to meet their priority needs while also allowing MRCS to reach a larger number of beneficiaries, as administrative and logistical costs associated with the response are minimised.



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 the 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) were 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 is supporting the government of Malawi through the integration of nutrition activities, such as awareness messages, but will also support conducting mass screening of children and mothers, especially during cash distributions in collaboration with the district health office. Furthermore, MRCS is also supporting the Ministry of Health at the 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 provide essential healthcare, including treatment of common illnesses, immunisation services, antenatal care, and management of malnutrition among children and pregnant/lactating women by bringing services 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 agricultural 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 is promoting household-level rainwater collection to reduce reliance on unsafe sources and support cholera prevention. This is integrated into its WASH strategy through community sensitisation 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 timely to providing support to the communities ahead of upcoming seasons and based on the 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 the 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 rely on irrigation facilities. Where they are available/used, farmers can extend cultivation into the drier season. This particular type of culture enables year-round production and improved household food security and income stability.

MRCS direct observation has confirmed, as well as the irrigation practice in both targeted districts of Nsanje and Blantyre. There are farming areas where irrigation can be done without waiting for wintertime but can be started within this rainy season. Irrigation is 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 of 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 cope with seasonal projections.

The actions under this DREF have considered the above calendar for the rainy planting season (Oct/Nov–March) for livelihood support VS lean season (Jan–March 2026) for cash relevance. The support to communities with flexible cash interventions from December 2025 to March 2026 is timed to bridge both the lean period and support access to food and/or inputs during the planting/growth season.

Operational Strategy

Overall objective of the operation

The Overall Objective remains the same as Malawi Red Cross Society (MRCS) aims to directly support 15,750 people (3,500 households) facing Crisis levels of food insecurity (IPC Phase 3+) through integrated assistance that addresses immediate consumption needs while strengthening early recovery capacities. So far, all planned community-based interventions are reaching over 45,000 people (10,000 households) in Blantyre and Nsanje districts between since roll out of interventions in December 2025.

At the core of the response is a commitment to protection, gender and inclusion (PGI), accountability to affected populations, and resilience-building, ensuring that assistance not only meets urgent needs but also supports households in regaining stability beyond the DREF timeframe.

Operation strategy rationale

Six months into implementation, the operation is transitioning from an emergency response focused on immediate life-saving assistance during the peak of drought (nov-march2026) to a sustainable and resilience-oriented approach that will safeguard gains from the intervention and strengthening household resilience.



While immediate food consumption gaps have reduced for some households following the current seasonal conditions and as we progress toward the harvesting - post harvesting period (from June 2026), this update maintain actions pillars to continue to tackle the persisting underlying vulnerabilities persist, including limited livelihood recovery, continued exposure to health risks, and protection concerns. As such, the strategy has maintained its main output but recalibrated some actions, coordination and monitoring to ensure that assistance remains targeted, time-bound, and aligned with the transition to more resilience building. This translate into the following details by sector:

1. Multi-Purpose Cash Grants (MPC) – 3,500 households

At the onset of the crisis, the strategy appropriately prioritised Multi-Purpose Cash (MPC) targeting households in IPC Phase 3 and 4, effectively addressing acute food consumption gaps during the peak lean season (Nov-april2026). Implementation results confirm the effectiveness of this approach: all 3,500 targeted households received 2-round of cash assistance (MWK 90,000 per household per month, aligned with Cash Working Group standards), with 73% reporting improved food consumption and reduced reliance on negative coping mechanisms. Implementation evidence confirms that cash transfers were effectively utilised for food consumption, essential services, and limited livelihood inputs, validating the continued appropriateness of the modality. These results demonstrate that the intervention successfully stabilised vulnerable households, prevented further deterioration into severe food insecurity, and protected livelihoods during the most critical period.

While access to food has improved for many, a significant proportion of vulnerable households continue to face reduced purchasing power, limited asset recovery, and exposure to climatic and economic shocks, underscoring the need for continued, targeted support. Therefore, six months into implementation, MPC remains highly relevant. However, as the operation transitions beyond the lean season, the last round of cash planned for this post harvesting season will shift from consumption support to livelihood stabilisation and early recovery, while maintaining focused assistance for the most at-risk. The remaining MPC transfers are therefore time-bound and strategically aligned with the post-harvest period, enabling households to:

- Protect limited harvests and avoid distress sales
- Meet essential non-food needs
- Invest in recovery activities such as winter cropping and small-scale income generation

The planned PDM and monitoring of post harvesting and cash will ensure to measure these outcome and impact.

2. Livelihoods Support – 1,500 households

Complementing MPC, livelihood interventions have already generated early recovery outcomes, contributing to household food availability and is becoming increasingly central to the transition to recovery. The timely distribution of early-maturing crops (such as sweet potato vines) during the rainy season ensured optimal planting conditions and high survival rates, reaching over 2,250 households across the 2 targeted districts. Early results indicate improved access to nutritious food sources, including consumption of sweet potato leaves from the supported production, contributing to enhanced dietary diversity and reduced risk of malnutrition. The households are utilizing the sweet potato leaves (kholowa) which is a highly nutritious and low-cost food source, rich in essential micronutrients including Vitamin A (critical for immunity and vision), Vitamins C and K, as well as iron, calcium, magnesium, dietary fibre, and protein. They also contain important antioxidant and anti-inflammatory compounds, which contribute to improved dietary diversity, reduced risk of malnutrition, and better overall health outcomes among vulnerable households. This is one of areas reinforcing the gains achieved through MPC. This was a game changer for families in IPC3+ also witnessing malnutrition cases.

In parallel, farmer training in climate-smart agriculture, post-harvest management, and market engagement is strengthening household productive capacity and income opportunities. The integration of government extension workers and community-based lead farmers into the co-lead of these training programs further reinforces sustainability and local ownership, ensuring continuity of support beyond the operation period. Government extension workers are taking a leading role in providing continued technical support and linking farmers to national programmes, while Red Cross volunteers facilitate peer learning, community mobilisation, and feedback collection. This dual system strengthens local ownership and ensures continuity beyond the DREF timeframe.

3. Health, WASH, and nutrition interventions - target of 45,000 people.

Health, WASH, and nutrition interventions have also delivered significant results while evolving strategically to support recovery. To date, over 60,000 people have been reached through hygiene promotion and health outreach activities, alongside nutrition screening and referral of vulnerable groups. Integrated mobile health outreach clinics, implemented in coordination with the Ministry of Health, have successfully extended essential services including immunisation, nutrition screening, and maternal health services to underserved and food-insecure populations. These services were critical during the peak of the crisis, when access to health services was constrained. NS has also contributed contained the spread of the cholera outbreak in Blantyre. These interventions were critical during the peak crisis and now play an essential role in protecting recovery gains by reducing risks of malnutrition driven by underlying health and WASH vulnerabilities, including cholera.

In the last months, the plan is to increasingly shift from direct service provision toward preventive approaches, behaviour change, and strengthened linkages with Ministry of Health systems, ensuring sustainability and continuity beyond the DREF. This include prioritising:

- Integrated messaging across health, nutrition, and WASH ensures that households adopt practices that protect both health outcomes and recovery gains. This approach is critical in reducing the risk of disease outbreaks that could reverse progress made in food security and livelihoods recovery. Greater emphasis is now placed on:



- Early detection and referral of malnutrition
 - Infant and young child feeding (IYCF) practices
 - Preventive health behaviours and service uptake
 - WASH practices easily replicated at households and community level.
- Support and engage through CEA strategies for community led sanitation, hygiene and safe water practices.

4. Protection, Gender and Inclusion (PGI) – 45,000 people

PGI remains a cross-cutting priority and strategic enabler throughout the operation, with continued relevance as vulnerabilities persist beyond the acute crisis phase. Six months into implementation, protection risks particularly for women, children, persons with disabilities, and elderly-headed households remain significant. Economic stress continues to expose vulnerable groups to risks such as exploitation, exclusion, and gender-based violence.

MRCS continues to integrate PGI across all sectors, ensuring:

- Safe, dignified, and inclusive access to assistance
- Targeted support to vulnerable and marginalised groups
- Strengthened referral pathways for protection services

The focus is now increasingly on institutionalising safe programming practices and strengthening linkages with district-level systems (social welfare, health, and protection actors), ensuring that support mechanisms remain functional beyond the DREF period.

5. Community Engagement and Accountability (CEA)

CEA has proven critical to maintaining programme relevance and effectiveness over the past six months and continues to underpin the transition to recovery. Through established feedback channels including help desks, hotlines, community meetings, and household engagement MRCS has been able to continuously adapt interventions in response to community priorities and emerging needs.

At this stage, the role of CEA is evolving toward:

- Supporting community ownership of interventions
- Reinforcing behaviour change and local accountability structures
- Strengthening trust between communities, MRCS, and partners

Volunteer-led Risk Communication and Community Engagement (RCCE) activities remain central, ensuring that communities are empowered with accurate information and are actively engaged in decision-making processes.

6. Coordination

Coordination remains essential to ensuring complementarity, efficiency, and sustainability. MRCS continues to actively participate in district-level coordination platforms, technical working groups, and national structures, ensuring alignment with government-led responses and partner interventions. Information sharing across MRCS programmes further strengthens targeting, avoids duplication, and identifies gaps.

As the response transitions, coordination efforts increasingly focus on:

- Linking beneficiaries to ongoing government and partner programmes. MRCS is institutionalising sustainability through structured handover mechanisms. Especially for livelihood.
- Aligning exit strategies and recovery pathways
- Ensuring continuity of support beyond DREF

7. Response Documentation

Documentation continues to play an important role in capturing learning, demonstrating impact, and supporting accountability.

At this stage, documentation efforts are increasingly focused on:

- Capturing impact stories at household and community levels
- Documenting lessons learned and best practices
- Supporting evidence-based transition planning

These outputs will inform future programming, strengthen donor engagement, and enhance institutional learning within MRCS.

8. Sustainability of the value gained under this DREF & Exit Strategy:

The operation has already initiated and operationalised its transition and sustainability pathway and this will continue to be a key priority for the remaining 3 months. This includes:

- Strengthening local capacities and promoting community ownership with initiatives such as VSL already implemented. MRCS is supporting Integration of beneficiaries into Village Savings and Loans (VSL) groups to strengthen financial resilience. This is one of the community-led measure that can be sustained to encourage them to save part of the cash assistance received for future recovery interventions, including the purchase of productive assets to better respond to future shocks.
- Adoption of climate-smart agriculture practices to improve long-term productivity. By combining the initiatives of VSL with technical skills for farmers, beneficiaries trained in climate-smart agriculture practices are expected to be improving food productivity. market skills and reducing future food insecurity. In addition, recipients of the distributed sweet potato vines are encouraged to share planting materials with other community members who did not benefit during this phase, in order to promote wider community access and increase vine multiplication within the targeted areas.
- The Strong community knowledge transfer systems is established through trained volunteers and lead farmers.



- Strengthened linkages with government health services, including the designation of permanent outreach service points. Regular coordination with local authorities and community leaders will continue to facilitate 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.
- Coordination with external partners supporting disaster risk reduction and climate adaptation initiatives
- Furthermore, communities have been linked to health authorities conducting outreach clinics, and one of the areas in Nsanje District has now been fully designated as a permanent outreach clinic site to ensure continued access to essential health services. The committees working with the National Society have also been connected to other partners implementing disaster risk reduction initiatives within the communities. These partners are supporting efforts to reduce the impacts of climate change while promoting climate-smart agriculture practices to strengthen food security and community resilience.

Beyond the already implemented transition activities above that will be sustained beyond the DREF, the operation is now firmly transitioning toward early recovery and exit, with a strong emphasis on sustainability and handover.

Key elements include:

- Strengthening community structures and volunteer networks
- Linking households to government services and longer-term partner programmes
- Embedding behaviour change interventions within communities
- Ensuring remaining activities focus on stabilization and protecting recovery gains; especially for the remaining cash, livelihood.
- Conducting lessons learned and community feedback sessions. Community consultations & feedbacks conducted from the onset toward the end of the DREF and lessons learned workshops are expected to gather feedback, which will be included to improve future responses. Volunteers will continue to work closely with local health volunteers and community-based health workers to transfer knowledge and ensure continued care after the operation ends.

The strategy ensures that beneficiaries are not left with a sudden withdrawal of support, but rather supported through a gradual transition pathway that builds resilience and reduces future vulnerability. Overall, the operation demonstrates a clear shift from emergency response toward recovery-oriented programming, aligned with MRCS's broader resilience agenda and the national recovery framework.

Targeting Strategy

Who will be targeted through this operation?

The operation is targeting in total 45,000 people in Nsanje, and Blantyre through integrated health, WASH, and protection activities. This included 3,500 households (15,750 people) direct target for relief assistance in Blantyre and Nsanje, using a community-based, government-validated approach through JEFAP and open community verification to ensure transparency, accuracy, and inclusion.

The 3500hhs direct relief beneficiaries were focused on IPC Phase 3 and 4 households and prioritised those with multiple vulnerabilities, including female-headed households, persons with disabilities, elderly, child-headed households, and those with limited food access or lost livelihoods. This approach proved effective, with all households reached, high satisfaction levels, and 73% reporting improved food consumption.

Initially, the Food Insecurity DREF was supposed to be implemented in Mulanje, Nsanje, and Blantyre. However, during a meeting with DODMA, it was indicated that Mulanje had already been allocated to WFP and its partner. This led to the focus on two districts instead of three enabling the National Society to optimize operational efficiency, reduce logistical and operational costs, and avoid duplication of efforts. Resources were consequently concentrated in the most affected areas, allowing for increased depth and quality of assistance to the most vulnerable households.

Six months down the line and shifting to the end of the intervention, targeting will now shift to:

- Focusing on areas with slower recovery (especially Nsanje and Blantyre)
- Refining the existing caseload to focus on households still facing food gaps post-harvest
- Support family's beneficiaries of cash and Vines support for the activities linked to post-harvesting and with high need to sustain the gains from initial assistance.
- Prioritising labour-constrained and low-recovery households
- Using PDM and community feedback for adaptive targeting
- Strengthening links to livelihoods, VSL, and government services

Overall, targeting is evolving from emergency response to recovery-focused prioritisation, supporting a gradual transition to resilience and reduced dependency.



Explain the selection criteria for the targeted population

The geographical districts' selection remains linked to the IPC classifications and persisting vulnerabilities provided under the scope section. The targeting also aligns with the priority districts identified by the DoDMA based on an IPC situation but also mapping of existing assistance/partners and coverage gaps. The guidance from DoDMA led MECS to target Blantyre and Nsanje only, and left out Mulanje district, which was targeted by WFP.

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

Beneficiary identification and selection processes initially prioritised the use of the Unified Beneficiary Register (UBR) as advised by the government, but after consultation with the district authorities, Joint Emergency Food Assistance Programme (JEFAP) was used, which has more community trust than the UBR. The process ensured the use of selection criteria that are inclusive and only the most vulnerable and deserving communities are reached.

MRCS will continue to 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
<p>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.</p> <p>Mitigation</p>	<p>MRCS prioritized transparent resource planning and continue to engage with stakeholders for scale-up. especially for this exit strategy to ensure gains from this DREF are sustained. IFRC support on that process has been essential and will need to be scaled up with strong Humanitarian diplomacy and impact stories to showcase NS intervention and positioning.</p>
<p>Sharing of cash to non-registered households that could weaken the beneficiaries of the cash support to the targeted families.</p>	<ol style="list-style-type: none"> 1. Engage with communities' leaders to facilitate the awareness on the targeting and purpose of the cash intervention 2. Intensify awareness raining of the purpose of the support
<p>Continuous rising prices of food stuff</p>	<p>MRCS has been proactively engaging with market suppliers/stakeholders alongside Government representatives to maintain the price and try mitigating the peak of prices during lean season and during cash distribution as usually witnessed.</p>
<p>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.</p>	<p>MRCS conducted regular assessments of context and vulnerabilities and maintained flexible response plans to adapt to changing conditions. Pre-positioning of supplies and coordination with local authorities and partners ensured timely scale-up when needed.</p>
<p>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.</p>	<p>MRCS worked closely with Health Surveillance Assistants to distribute chlorine and promoted water treatment practices. Hygiene promotion campaigns and coordination with the Ministry of Health strengthened early detection and response to outbreaks.</p>
<p>Flooding and Disruption of Access to Affected Communities: Floods during the rainy season may damage infrastructure, displace communities, and hinder access to remote areas, delaying delivery of aid and services.</p>	<p>MRCS identified flood-prone zones and developed contingency plans, including alternative delivery routes and mobile response teams. Coordination with local disaster management committees supported early warning and evacuation efforts.</p>

Please indicate any security and safety concerns for this operation:

As analysed from the onset of planning, there have been no significant security concerns related to this project in the targeted areas.

<p>Has the child safeguarding risk analysis assessment been completed?</p>	<p>Yes</p>
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Planned Intervention



Livelihoods And Basic Needs

Budget: CHF 18,691

Targeted Persons: 6,750

Targeted Male: 3,308

Targeted Female: 3,442

Indicators

Title	Target	Actual
# of households supported with agriculture inputs including vines and vegetables	1,500	2,250
# of lead farmers trained in good agriculture practices(CSA etc)	150	110
% of targeted households reporting increased income/production from rainy planting season	70	0

Progress Towards Outcome

Progress

The project made significant progress during the reporting period, beginning with the initiation of procurement processes for agricultural inputs needed to support targeted households. Suppliers delivered the sweet potato vines which were inspected by the agriculture office before the distribution. Working in close collaboration with agriculture offices in Blantyre and Nsanje districts, a participatory farmer selection exercise was conducted, resulting in the identification of 750 farmers, (412 men and 338 women) in Blantyre district. In Nsanje district through the community feedback, the vines were distributed to all the 1,500 (814males, 686 females) food insecurity beneficiaries because everyone demanded the vines to plant in their gardens. Thus, in Blantyre each of the 750 households received 5 bundles of the vines while in Nsanje, each of the 1500 households received 3 bundles of the vines. In both districts the vines were distributed in the month of March while the districts were still receiving the rains to improve survival rate of the vines. Complementing this effort, the project facilitated the selection of 150 Lead Farmers, comprising 89 men and 61 women, who will play a key role in strengthening community-level agricultural extension. 110 (73M and 37F) Lead farmers have been trained so far. Furthermore, monitoring activities to determine % of targeted households reporting increased income/production from the rainy planting season will be carried out through subsequent Post Distribution Monitoring (PDM) exercises after planting of the farm inputs. The PDM will be conducted with the upcoming funding considering that the households have just started harvesting in the months of May/June.

Alignment between intervention and seasonal/agricultural calendar has contributed to maximise the value of MRCS intervention. For instance, farm input distribution planned for the rainy season (Nov-March) was effectively completed within that calendar with the complementary trainings to farmers to manage their production and enhance their market skills. In both districts the vines were distributed in the month of March while the districts were still receiving the rains to improve survival rate of the vines.

Priorities for remaining timeframe

Key priorities in the coming months include the following:

- Capacity building efforts will be completed through the finalization of training for the remaining 40 Lead Farmers, alongside the provision of refresher sessions and continued technical follow-up to ensure effective knowledge transfer and sustained application of improved practices at community level.
- In parallel, the project will strengthen monitoring and outcome measurement by conducting Post-Distribution Monitoring (PDM) exercises to assess changes in production levels, household income, and the adoption of improved agricultural practices, with findings used to guide adaptive programming decisions. The PDM will be conducted following the harvesting that is ongoing (May/June), ensuring to capture real time value and impact.
- Both the livelihood and Cash PDM tool to be reviewed by IFRC technical Livelihood focal person of the CCD or region + PMER RO



ensuring adequate integration of quality and impact measurements to our tools.

- Furthermore, extension support and follow-up will be enhanced by empowering Lead Farmers to provide ongoing technical guidance to beneficiary households, while reinforcing collaboration with district agriculture offices to support routine field monitoring and supervision.
- Finally, the project will focus on linking results to broader impact and future scale-up by analyzing PDM and field data to demonstrate how the distribution of inputs and capacity-building interventions contribute to improved household food security and increased resilience during the lean season. The evidence generated will inform the design of the next phase, including the scaling up of successful approaches and interventions.

Overall priorities will also ensure outcome and impact level measurement but also sustainable strategy thinking based on the PDM and post harvesting monitoring.



Multi Purpose Cash

Budget: CHF 689,641

Targeted Persons: 15,750

Targeted Male: 7,718

Targeted Female: 8,032

Indicators

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

Progress Towards Outcome

Progress

The project targets 3500 households with three (3) rounds of cash distribution support. The project has successfully distributed the cash to the 3500 households for 2 rounds awaiting a final round of the cash distribution. The 10 households who did not report for the first cash distribution also received double rations during the second disbursement.

Before the cash distribution exercise all 3,500 targeted beneficiaries underwent verification through a robust, transparent, and community centered approach. The process involved open community meetings held at neutral locations, allowing all community members to participate in validating the final beneficiary list through the Joint Emergency Food Assistance Programme (JEFAP) approach. District council representatives including social protection and welfare officers were also present throughout the exercise, providing oversight and reinforcing transparency, accountability, and fairness in the verification process. The registered beneficiaries for the operation were from the IPC phase 3 + 4 categories.

The initial Post Distribution Monitoring (PDM) findings further demonstrate the positive outcomes of this support. The first PDM exercise revealed that 73% of households reported improved food consumption following the assistance provided. Households also indicated a reduction in negative coping strategies during this critical lean season period, underscoring the effectiveness of the intervention in strengthening household food security and resilience.

Finally, the operation continued to strengthen quality assurance, accountability, and visibility through a combination of technical monitoring and documentation efforts. Throughout the reporting period, the district project team conducted 6 technical monitoring visits across targeted sites to assess progress, verify the quality of implementation, and provide timely guidance to volunteers and community structures. These visits also offered an opportunity to collect direct feedback from beneficiaries and local authorities, ensuring that activities remained aligned with established standards and community needs. In parallel, the operation facilitated the



production of documentaries designed to capture key achievements, community experiences, and lessons learned. The documentation process involved close coordination of media teams from print, TV and electronic outlets, but also through field teams and district authorities to ensure awareness beyond impact areas. A final PDM will be done 2 weeks after distribution of the final rounds of the cash support.

The National Society will ensure that all remaining cash transfers are delivered in a single instalment to enable targeted households to promptly meet their immediate food and essential household needs. However, it is important to note the variations in outstanding entitlements across locations. In Nsanje, 1,500 households are pending one remaining round of cash transfer. In Blantyre, 1,000 households have one outstanding round, while an additional 1,000 households are yet to receive two rounds, which will be disbursed as a one-off consolidated payment. This approach is intended to streamline implementation, reduce operational delays, and ensure timely support to all beneficiaries.

Considering the target for cash was IPC phase 3 + 4 beneficiaries, the PDM efforts will be assessing the quality, improvement and impact of the cash to reduce on seasonal basis at least the food insecurity scale for the targeted families.



Budget: CHF 22,141
Targeted Persons: 45,000
Targeted Male: 22,050
Targeted Female: 22,950

Indicators

Title	Target	Actual
# of people reached through the integrated health and nutrition outreaches	45,000	60,000
# of volunteers supported to conduct hygiene promotion	300	300
# of volunteers trained in community-based nutrition and health	60	110
% of target population (45,000) demonstrating or confirming improved knowledge and practices on health, hygiene, or nutrition following volunteer-led awareness sessions	50	20
# of functional outreach clinics with established coordination and reporting mechanisms jointly implemented by MRCS and the Ministry of Health	2	0
# 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	86
% of targeted households reporting improved access to health services due to outreach activities or screening	15	31



Progress Towards Outcome

To date, over 60,000 people have been reached with hygiene promotion activities across Nsanje and Blantyre districts, largely due to the strong engagement of community-based volunteers and government health workers who played a central role in mobilisation and delivery of key messages. A total of 300 volunteers (211 men and 89 women) were actively supported to conduct door to door hygiene promotion activities in all targeted areas. Despite challenging weather conditions, particularly heavy rains experienced during the December to March, these volunteers continued their outreach, ensuring households received consistent and accurate information on hygiene practices. In addition, the awareness sessions emphasized on the importance of preventing vaccine-preventable diseases, as well as infant and young child feeding (IYCF) practices, educating communities on maternal and child nutrition and appropriate hygiene practices and also encouraging the communities to seek medical support when they are not feeling well.

The health workers also conducted nutrition screening during the cash distribution exercises, and 385 children and 185 pregnant women (570 people) underwent nutrition screening. 3 severe cases identified in Blantyre were promptly referred to the district hospital for specialised treatment, demonstrating the effectiveness of the integrated health and protection screening approach. In addition, service delivery was further enhanced through the support of 4 outreach clinics in Blantyre and Nsanje Districts, established to address access gaps in isolated impact areas where community members normally walk long distances to reach health facilities. The clinics reached to 1230 people and these outreach sessions will continue for the duration of the operation to ensure sustained access to essential health services

In addition, 110 volunteers (67 men and 43 women) were trained in community-based health and nutrition, enabling them to cascade essential messages to wider communities. This training was jointly facilitated by government health authorities and the Malawi Red Cross Society, strengthening coordination and harmonization of messaging. The trained volunteers are conducting hygiene promotion activities through door to door and conducting community meetings. Through the PDM exercise, 31% of target population demonstrated or confirmed improved knowledge and practices on health, hygiene, or nutrition following volunteer-led awareness sessions.

During the remaining months the project will intensify community sensitizations around integrated health and nutrition outreaches but also assessments to determine ascertain levels of adoption improved knowledge and practices on health, hygiene, or nutrition following volunteer-led awareness sessions.



Water, Sanitation And Hygiene

Budget: CHF 9,166

Targeted Persons: 45,000

Targeted Male: 22,050

Targeted Female: 22,950

Indicators

Title	Target	Actual
# of volunteers supported to conduct hygiene and sanitation promotion activities and functional.	150	300
# of radio jingles aired under the operation	30	5
% of targeted households reporting using the water treatment as demonstrated	100	82

Progress Towards Outcome

A total of 300 trained volunteers played a crucial role in disseminating key hygiene and sanitation messages both during cash distributions and through door-to-door sensitisation, working alongside government health assistants from the same impact areas to ensure alignment with national guidelines. MRCS in collaboration with the health promotion office of the Ministry of Health aired out 5 radio jingles on hygiene promotion reaching to over 60,000 people in Blantyre and Nsanje districts. In addition, MRCS procured and distributed chlorine in collaboration with the MoH, strengthening household water treatment and safe storage practices in the targeted



communities. The chlorine was distributed by the volunteers and the Health Surveillance Assistants to over 20,000 households. The PDM results indicated that 82 percent of the beneficiaries reported using the different water treatment method such as boiling and use of chlorine

The lower achievement was mainly attributed to complementary efforts by the Ministry of Health (MoH) and other partners, who implemented parallel radio awareness campaigns in several of the initially targeted areas. Following coordination discussions, the MoH advised MRCS to re-align its support by focusing on the remaining radio sessions in underserved areas to avoid duplication of efforts. Consequently, MRCS will support the remaining radio jingles during May and June, with a stronger focus on areas that received limited coverage from other actors, as well as on cholera prevention and response messaging. This approach promotes efficient use of resources, strengthens coordination, and ensures that emerging public health priorities are adequately addressed.

The dissemination of radio jingles will continue during the next reporting period, particularly in response to the emerging cholera cases in Blantyre, where mass communication remains critical for public health awareness. The project will intensify the use of radio jingles to increase outreach and achieve the planned target of 30 broadcasts through both local and national radio stations, including coverage of hard-to-reach communities. The development and airing of the messages will continue to be undertaken in close collaboration with MoH personnel to ensure technical accuracy, consistency of messaging, and alignment with national risk communication strategies. This is expected to complement ongoing community-based interventions, strengthen message penetration, and promote sustained behaviour change across targeted districts.



Protection, Gender And Inclusion

Budget: CHF 16,534

Targeted Persons: 45,000

Targeted Male: 22,050

Targeted Female: 22,950

Indicators

Title	Target	Actual
# of volunteers and staff trained on PGI related components including gender and SGBV, Child protection and disability inclusion and relevant messages	150	300
# of people reached with PGI awareness Raising on risk of Violence, Discrimination and Exclusion	150	25,000
% of reported protection, GBV, or child safeguarding cases received by MRCS appropriately referred and managed through functional referral pathways in coordination with Social Welfare and Health Offices.	100	100
% of targeted communities reporting improved access to inclusive, safe, and confidential feedback and reporting channels, including for SEA and other protection concerns.	100	100

Progress Towards Outcome

Progress

A total of 300 volunteers (211 men and 89 women) were trained on Protection, Gender and Inclusion (PGI) components, including gender and SGBV prevention, child protection, and disability inclusion, equipping them with the skills to promote safer and more inclusive environments. Through their outreach efforts, over 25,000 people were reached with awareness-raising messages on the risks of violence, discrimination, and exclusion. The project also established multiple community-based reporting channels, strengthening safe and accessible mechanisms for community feedback and complaints. During the reporting period, all the feedback entries were received,



mostly expressions of appreciation alongside one isolated concern related to forced sharing by a local leader, which was promptly addressed and fully resolved through the established feedback and response system. Another major incident was reported in Nsanje district on money extortion by community leaders but was reported through toll free line and resolved immediately and money was handed back to the rightful beneficiaries. The feedback was resolved with the support of the district council Social Mobilisation Committee.

Priorities for remaining timeframe

In the remaining implementation period, the project will build on the progress made under PGI by strengthening follow-up actions and enhancing the effectiveness of community-based protection mechanisms. This will include continued support to trained volunteers to intensify sensitization on gender, SGBV prevention, child protection, and disability inclusion through targeted household visits and community dialogues, with a particular focus on high-risk groups



Community Engagement And Accountability

Budget: CHF 16,534

Targeted Persons: 45,000

Targeted Male: 22,050

Targeted Female: 22,950

Indicators

Title	Target	Actual
# of volunteers trained in Community Engagement and Accountability (CEA)	150	300
# of complaints managed under the project (handled, managed and closed)	100	36
% of direct targeted beneficiaries reporting improved living conditions compared to the start of MRCS intervention	100	100
% of targeted community integrated in the participation and post assistance survey who confirmed assistance was participative and satisfactory	80	100

Progress Towards Outcome

The project made strong progress across all Community Engagement and Accountability (CEA) indicators during the reporting period. A total of 300 volunteers (211 men and 89 women) were trained in CEA approaches, equipping them to effectively facilitate two-way communication, support community participation, and strengthen accountability mechanisms across targeted areas. Through the community-based feedback and reporting channels established by the project, all the 36 complaints and feedback cases were successfully received, handled, and closed, reflecting improved trust and accessibility of the system representing 100% case closed. Monitoring results further show that 100% of direct targeted beneficiaries reported improved living conditions compared to the start of the MRCS intervention, demonstrating the effectiveness and relevance of the assistance provided. In addition, 100% of the targeted community members who participated in post-assistance surveys for the first month confirmed that the support process was participatory and satisfactory, highlighting strong community ownership and positive perceptions of the intervention.

Furthermore, the project continued to strengthen community engagement structures by providing targeted support to social mobilization committees, enabling them to effectively coordinate awareness activities and promote community participation in the intervention. These committees played a central role in mobilizing households, disseminating key messages, and ensuring timely community action across the targeted areas. In addition, the project facilitated district and community-level meetings, bringing together local authorities, community leaders, volunteers, and sector representatives to create awareness and harmonise implementation approaches. These engagements helped reinforce collaboration, enhance transparency, and ensure that interventions remained aligned



with both community priorities and district-level plans. Some of the complaints received include some households sharing cash, and some chiefs requesting cash from some beneficiaries. These issues were addressed and resolved in collaboration with the district council through the social welfare committee.

The National Society will further strengthen feedback and complaints mechanisms by improving awareness of available reporting channels, ensuring confidentiality, and enhancing timely response to emerging issues. Regular monitoring and community consultations will be conducted to track recurring concerns and inform adaptive programming. In addition, closer collaboration with district-level protection actors and government partners will be maintained to ensure proper referral pathways are functional and accessible. These efforts will contribute to reinforcing safe, inclusive, and accountable service delivery while ensuring that any risks of exploitation, abuse, or exclusion are promptly identified and addressed.



Coordination And Partnerships

Budget: CHF 6,949

Targeted Persons: 50

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
% of coordination meetings where MRCS actively contributes to joint planning or reporting	60	100

Progress Towards Outcome

A total of 12 coordination meetings have been conducted at the national, district, and community levels during the reporting period. These meetings were convened through the established government structures at each level, ensuring alignment with existing coordination frameworks and promoting strong multisectoral collaboration. The engagements facilitated information sharing, progress reviews, and joint planning, thereby strengthening oversight and supporting the smooth implementation of project activities across all targeted areas. MRCS will continue its coordination mechanism with the district council and the partners working in the same impact areas of the project.



Secretariat Services

Budget: CHF 46,620

Targeted Persons: 10

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of Technical and support visits	4	3



Progress Towards Outcome

Progress

A total of three (3) high-level monitoring visits were conducted during the reporting period, involving senior members of the Senior Management Team (SMT) and officials from DoDMA. One of the visits was during the Launch of the Lean Season response, where senior government officials from the national and district levels were present, and these visits provided an opportunity to assess progress on the ground, engage directly with community structures, and review implementation challenges and successes. The joint presence of SMT and DoDMA strengthened coordination, enhanced oversight, and reinforced government humanitarian collaboration, ensuring that the intervention remains aligned with national priorities and operational standards. Another monitoring and supervision visit involved the ECHO delegation in Blantyre District, where the team witnessed cash distribution activities and visited an Oral Rehydration Point (ORP) established under the cholera response intervention. The visit provided the delegation with an opportunity to appreciate the implementation progress and impact of the interventions at community level. During the visit, the delegation interacted with beneficiaries, volunteers, and community structures to understand how the cash assistance and cholera response activities were supporting vulnerable households and strengthening community resilience. The visit also highlighted the important role played by Malawi Red Cross volunteers in supporting safe cash distributions, cholera prevention awareness, and management of ORP services within affected communities.

Priorities for remaining timeframe

- Continuous technical and operational support and oversight
- Monitoring calls and visits
- Reporting and accountability on the fund allocated



National Society Strengthening

Budget: CHF 173,634

Targeted Persons: 300

Targeted Male: -

Targeted Female: -

Indicators

Title	Target	Actual
# of monitoring visits conducted by government and MRCS technical staff	6	3
# of lessons learnt workshops conducted and report submitted to IFRC and partners	2	0
No of volunteers deployed after insurance and proper briefings	100	300

Progress Towards Outcome

A total of three (3) high-level monitoring visits were conducted during the reporting period, involving senior members of the Senior Management Team (SMT) and officials from DoDMA. One of the visits was during the Launch of the Lean Season response, where senior government officials from the national and district levels were present, and these visits provided an opportunity to assess progress on the ground, engage directly with community structures, and review implementation challenges and successes. The joint presence of SMT and DoDMA strengthened coordination, enhanced oversight, and reinforced government humanitarian collaboration, ensuring that the intervention remains aligned with national priorities and operational standards.

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important role played by Malawi Red Cross volunteers in supporting safe cash distributions, cholera prevention awareness, and management of ORP services within affected communities. In addition, 300 volunteers have been trained in various disciplines (such as RCCE, PGI, health) and support the activities on the ground.

About Support Services

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

The project is supported by 300 volunteers and 51 staff members. This includes a project coordination team based at the MRCS Headquarters, as well as district-level staff comprising a District Coordinator, a Project Officer, and two Community Development Facilitators responsible for the day-to-day implementation of project activities.

Additional support staff provided general office and administrative support. Furthermore, the Finance, Human Resources, Branch, Communications, and Logistics teams provide essential technical and operational support to facilitate the effective and timely 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 come from within their own communities. Volunteers for this project are 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 is put in place to ensure that most households have registered women as beneficiaries. This means that both men and women volunteers are supporting the operation.

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

MRCS will do the procurement of items 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 the MRCS Procurement Policy, which is guided by local laws and reflects the IFRC standards. The procurements are supported by the IFRC supply chain team at the Cluster level. MRCS took 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 for Cash in envelopes and TNM for Mobile cash

How will this operation be monitored?

MRCS has a PMER department responsible for the day-to-day monitoring and supervision of the response operation. A full-time PMER Coordinator is allocated to support this response. At the national level, the Head of DM, with support from the Director of Programmes, is responsible for technical and oversight monitoring of the project. Responsible government ministries and departments also support the undertaking of periodic monitoring to ensure that the response meets government minimum standards.

Community members were involved from this response design level to the implementation through the conducted needs assessment. A complaint and feedback mechanism has been put in place to allow the NS to get feedback from the beneficiaries and improve the quality of services in response. Furthermore, the National Society is always in contact with 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 that helps to profile the response. There are existing communication channels within the national and district staff, including external stakeholders. Furthermore, MRCS uses its community engagement and accountability approach to ensure that the affected communities are engaged and their voices are heard. The complaints and feedback mechanism has been introduced, including the use of toll-free lines to enhance communication, feedback and accountability to the affected people. IFRC communication and IM team is always reached out to provide communication and Information management support.



Contact Information

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

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