

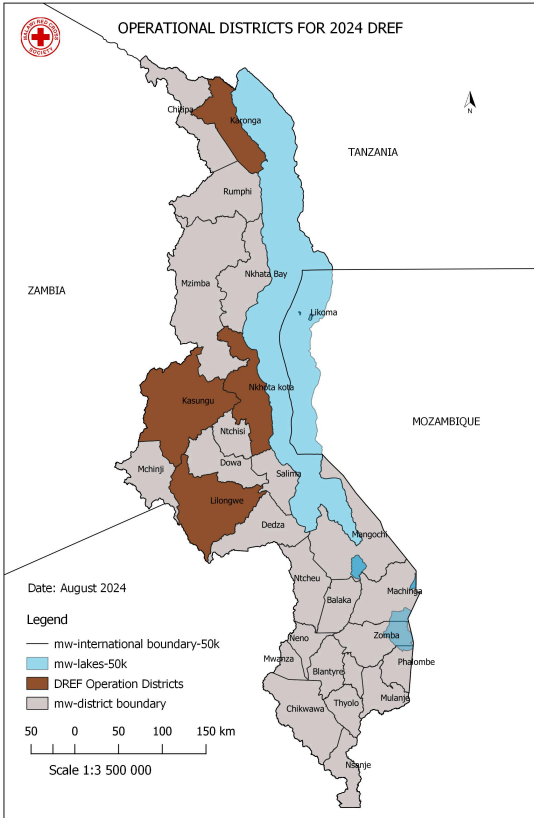


Drone footage of the some affected areas in Nkhosha

Appeal: <b>MDRMW020</b>	Total DREF Allocation: <b>CHF 499,820</b>	Crisis Category: <b>Yellow</b>	Hazard: <b>Flood</b>
Glide Number: <b>-</b>	People Affected: <b>12,375 people</b>	People Targeted: <b>49,445 people</b>	People Assisted: <b>49,445 people</b>
Event Onset: <b>Sudden</b>	Operation Start Date: <b>11-03-2024</b>	Operational End Date: <b>31-08-2024</b>	Total Operating Timeframe: <b>5 months</b>
Targeted Regions: <b>Central Region, Northern Region</b>			

*The major donors and partners of the IFRC-DREF include the Red Cross Societies and governments of Australia, Austria, Belgium, Britain, China, Czech, Canada, Denmark, German, Ireland, Italy, Japan, Luxembourg, Liechtenstein, Malta, Norway, Spain, Sweden, Switzerland, Thailand, and the Netherlands, as well as DG ECHO, Mondelez Foundation, and other corporate and private donors. The IFRC, on behalf of the National Society, would like to extend thanks to all for their generous contributions.*

# Description of the Event



Operational Districts for DREF

## Date of event

28-02-2024

## What happened, where and when?

Since the onset of the 2023/2024 rainy season, Malawi experienced multiple episodes of flooding, both fluvial and pluvial, particularly in the southern and central regions. On February 26 and 27, 2024, heavy rains hit the central and northern regions, triggering severe flooding. This resulted in extensive damage to homes, roads, bridges, and crops, as well as the loss of food and non-food items. The flooding also led to widespread displacement, particularly in the districts of Karonga, Nkhosha, Lilongwe, and Kasungu. In some areas, houses were submerged, while others were completely destroyed or severely damaged. Because the flooding occurred during the day, many families were separated, as people were in their fields and unable to return home.

The initial assessment by the district councils conducted in February 2024 revealed that over 12 000 people were affected. However, the joint assessment conducted by DoDMA and partners including MRCS in March revealed that over 26 000 people were affected in all the 4 districts with 15,000 people displaced in Nkhosha and Karonga districts. The assessments confirmed that all four districts experienced heavy rains that damaged critical infrastructure, including roads, bridges, and houses, making it difficult for affected communities to access essential services. Housing damage was more severe in Karonga and Nkhosha compared to Lilongwe and Kasungu. Consequently, the IFRC-DREF allocation to Malawi RC supported the assistance in Lilongwe and Kasungu focusing on livelihoods support, while shelter reconstruction interventions were prioritized in the more severely affected districts of Karonga and Nkhosha.







District Coordinator Mr Meckson Kaferapanjira addressing the communities before the distribution at Nkhunga Distribution Point in Nkhotakota District



A beneficiary receiving Cash from an LTS cashier

## Scope and Scale

Malawi experienced prolonged heavy rains that led to riverine floods and flash floods. The data were gradually collected to inform priorities based on actual impact and extend of the disaster.

An initial report from the Department of Disaster Management Affairs (DoDMA) estimated that the floods in Nkhotakota, Karonga, Lilongwe, and Kasungu had affected over 12,375 people and 2,475 households. The report took into account the joint assessment conducted by the Malawi Red Cross Society (MRCS), partners and district councils in the early stage of the disaster. A second assessment conducted by Malawi Red Cross during this operation revealed that more than 15,000 people were impacted and in urgent need of support. The people affected included elderly, children, people with disabilities, and internally displaced persons (IDPs). The assessments consolidation of both assessments and final verification by the MRCS informed on the following scale of the situation:

- All four districts experienced heavy rains with floods. Namely: Nkhotakota, Karonga, Lilongwe, and Kasungu. However, the most critical impact was in Nkhotakota and Karonga districts, especially on housing damage.
- More than 15,000 individuals were initially displaced by the floods, of which over 12,000 were accommodated in camps across the 2 districts of Karonga and Nkhotakota. Over 15 camps were established, many of which were schools and churches. This disrupted learning, and would potentially impact the performance of students in examination classes. Therefore, the need for alternative shelters were critical and came as a priority for Government, MRCS and partners.
- In Nkhotakota, prolonged heavy rainfall displaced over 3,000 households, with Traditional Authority (TA) Mphonde recording more than 3,000 displaced individuals and TA Kanyenda over 4,000 people. Many households lost their homes, leaving families homeless, while farmlands were destroyed, severely impacting livelihoods. The majority of those displaced sought refuge in schools and churches.
- In Karonga, flooding caused by the swelling of the North Rukuru River displaced more than 8,000 people, damaging homes, crops, and essential household items.

Similarly, in Lilongwe, heavy rains on February 27 and 28 partially damaged over 200 houses in TA Kalolo and more than 250 houses in TA Chiseka. In Kasungu North, severe flooding on January 28 and 29 resulted in the partial destruction of over 600 houses. Therefore, shelter support was prioritised in Karonga and Nkhotakota districts while in Lilongwe and Kasungu, the beneficiaries were considered with multipurpose cash grants only.

The floods also caused significant infrastructure damage, particularly in Nkhotakota, where road destruction hindered access to essential services such as hospitals and markets. MRCS volunteers assisted in transporting relief items across difficult-to-reach areas to ensure affected communities received aid. In Karonga, Nkhotakota, Lilongwe, and Kasungu, approximately 60% of the population relies on subsistence farming for their livelihoods. The floods submerged farmlands and destroyed crops, worsening food insecurity. As a result, both shelter and livelihood support were prioritized during the DREF response.

The most affected groups included the elderly, children, people with disabilities, and internally displaced persons (IDPs). Many IDPs faced heightened challenges such as food insecurity, poor sanitation, and inadequate healthcare, making them even more vulnerable to the secondary effects of the floods.

Historically, Karonga and Nkhotakota have experienced recurrent flooding. In 2023, Karonga recorded floods that affected 182 households, and in 2015, nearly the entire district suffered extensive damage. Nkhotakota has also experienced frequent flooding in recent years, but the February 2024 event was more severe due to the larger affected area. In Kasungu and Lilongwe, stormy rains accompanied by strong winds caused widespread damage to homes and household essentials, further exacerbating the crisis for affected communities.

# National Society Actions

Have the National Society conducted any intervention additionally to those part of this DREF Operation?	Yes
Please provide a brief description of those additional activities	<p>The Malawi Red Cross Society (MRCS) complemented its DREF response by providing additional support to displaced households in Nkhosakota and Karonga districts. In Nkhosakota, 250 households from TAs Kanyenda and Mphonde received essential non-food items (NFIs) such as kitchen sets, dignity kits, and sleeping mats which were pre stocked in readiness for disasters. In Karonga, 100 vulnerable households were supported with solar lamps, blankets, buckets, and sleeping mats. Furthermore, MRCS volunteers conducted hygiene promotion activities to reduce the risk of health epidemics like cholera.</p> <p>Before the start of the DREF, the Malawi Red Cross Society (MRCS) collaborated with district councils to and provided search and rescue operations to save the trapped and missing persons. Following these efforts, during the DREF implementation period, MRCS carried out a post-mortem of the search and rescue activities and revitalized the search and rescue cluster in Nkhosakota district. This included a comprehensive capacity assessment of human resources and equipment to identify gaps and provide recommendations for further support and strengthening at the district level. MRCS supported flood survivors with 8 pieces of 72m2 tents to Nkhosakota. MRCS volunteers are assisting the district councils with tent mounting, construction of temporal latrines in camp sites as well as camp management in collaboration with IOM.</p> <p>Additionally, The Malawi Red Cross Society (MRCS) also provided Mental Health and Psychosocial Support (MHPSS) to flood survivors, ensuring their emotional well-being and resilience. Through trained volunteers, MRCS conducted psychosocial first aid sessions, addressing both the immediate and long-term psychological impact of the disaster.</p>

# IFRC Network Actions Related To The Current Event

Secretariat	<p>The International Federation of Red Cross and Red Crescent Societies (IFRC) has a country delegation office in Malawi. In addition to providing technical support for DREF implementation, IFRC played a crucial role in mobilizing additional funding to assist the affected populations. This support primarily focused on financial assistance, logistics, and Planning, Monitoring, Evaluation, and Reporting (PMER).</p>
Participating National Societies	<p>The Malawi Red Cross Society (MRCS) engaged extensively with Movement partners, particularly the Danish Red Cross (DRC) and Swiss Red Cross, to enhance the DREF operation. During this period, the Danish Red Cross (DRC) provided cash assistance to 740 households in Nkhosakota District, with each household receiving MK 100,000.00 to support food and essential purchases. DRC also implemented capacity-building and community-based interventions, including a refresher training on cholera for 43 Community Health Workers, psychosocial support reaching 17,386 individuals, and the establishment of child-friendly spaces facilitated by 91 trained volunteers and health workers. Additionally, 40 awareness meetings on Mental Health and Psychosocial Support Services (MHPSS) were conducted, benefiting 3,575 people, and 337 individuals were referred to other service providers for further assistance.</p> <p>Beyond the DRC's contributions, the Kuwait Red Crescent supported 250 households with meat donations to improve nutritional status, reinforcing collective efforts to address both physical and psychosocial needs in flood-affected communities.</p>



# ICRC Actions Related To The Current Event

ICRC currently does not have a resident delegate in the country and was not part of this response.

## Other Actors Actions Related To The Current Event

Government has requested international assistance	Yes
National authorities	The Department of Disaster Management Affairs (DoDMA), through the District Disaster Risk Management Committee (DDRMC), provided support to 391 displaced households in four camps in Karonga, distributing maize flour, beans, pails, and plastic sheets to address their immediate needs. Additionally, 400 households in Nkhotakota received maize flour and beans as part of the relief efforts.
UN or other actors	In Karonga, affected individuals have received relief items from various humanitarian agencies, including UNICEF and UNFPA. The assistance provided includes 88 bags of 25kg maize flour, 400kg of maize, 80 pails, 11kg of beans, and 500 dignity kits. Additionally, in Nkhotakota, the International Organization for Migration (IOM) supplied tents for constructing temporary shelters and latrines in the camps, while CARE Malawi provided shelter tool kits to support displaced households.

### Are there major coordination mechanism in place?

At the national level, the disaster response was coordinated by the Department of Disaster Management Affairs (DoDMA), while at the district level, coordination was led by the District Councils through the District Disaster Risk Management Committee (DDRMC). All partners, including the Malawi Red Cross Society (MRCS), provided support through these established structures.

The coordination mechanisms functioned effectively, with MRCS playing a key role as a co-lead in the Shelter and Search and Rescue clusters. However, potential gaps in coordination included the slow support from Education cluster to support the learning for students who were in camps far away from schools. This could have enhanced the comprehensiveness of the response. Additionally, overlaps in resource distribution among multiple partners was well monitored by the district council to ensure equitable support across affected areas.

## Needs (Gaps) Identified



### Shelter Housing And Settlements

Floods also resulted in severe damages of infrastructure, including roads, bridges, and houses, making it difficult for affected communities to access essential services. With the improvement of access, the flood assessment and verification exercise revealed that over 3,000 houses had been damaged in the four districts of Lilongwe, Kasungu, Karonga, and Nkhotakota, leading to the displacement of over 12,000 people in relocation sites. Most of the affected houses had been constructed near the lakeshore, and the affected families needed to be relocated to upland areas.

Initially, the displaced populations were sheltered in schools, churches, and other temporary locations. Over 15 camps were established across the two affected districts, accommodating the 12,000 displaced individuals. Some of the shelters were at Lunga, Katimbira, and Nsenjere schools for TA Mphonde, and at Dwangwa Anglican Church, Dwangwa Primary School, Kanyenda Primary School, and NKhunga CCAP for the T/A NKhunga displaced population. With the school ongoing, the use of schools as emergency shelters disrupted learning, particularly for students preparing for examinations. The relocation solutions became an important issue to solve for safety, dignity and protection of the displaced families but also maintaining social cohesion with the surrounding communities.

In response, MRCS, in collaboration with the government and partners such as CARE Malawi and the International Organization for Migration (IOM), provided temporary tents and identified alternative spaces, including unused buildings, for relocation. This intervention aimed to ensure the safety and dignity of displaced persons.



The key priorities for shelter included an emergency shelter solution for the displaced and additional support to ensure decongestion of the relocation sites and support on restoring families shelters. The needs in the affected districts included:

- Identifying upper areas where displaced families can be relocated and ensure urgent set-up of tents to accommodate internally displaced persons (IDPs) to relieve congestion in schools and allow students to continue learning.
- Engage more resources in the protection and safe construction awareness for the communities that were originally from flood prone areas around the lakeshore. Considering that they were the main affected.
- Providing materials for the construction of temporary shelters.
- Providing cash for shelter rehabilitation.



## Livelihoods And Basic Needs

The heavy rains and subsequent flooding severely impacted people's livelihoods, damaging crops, livestock, shops, and small businesses. This devastation further worsened the hardships faced by communities already struggling with food shortages, deepening their vulnerability and exacerbating the crisis.

With the pre-disaster vulnerabilities, this impact on the local production and means of subsistence left more vulnerabilities in these districts.



## Health

The floods severely impacted healthcare services especially in Nkhotakota and Karonga districts. In Nkhotakota district two health facilities including health workers houses were damaged leading to health service delivery disruptions. Additionally, washed-out roads hindered patient transportation, including ambulance services.

Displaced individuals in camps lacked access to essential healthcare, including sexual and reproductive health services. The continuity of care for individuals with chronic conditions such as HIV (antiretroviral therapy), tuberculosis, and non-communicable diseases were disrupted. Immunizations for children under five and pregnant women were affected due to cold chain disruptions in some health facilities.

Furthermore, the loss of property and livelihoods would contribute to mental health challenges, including distress and anxiety among affected populations.



## Water, Sanitation And Hygiene

The heavy flooding caused extensive damage to water and sanitation infrastructure, leading to the contamination of community water points and the destruction of household latrines. As a result, vulnerable communities faced severe shortages of safe water for domestic use. The displaced population was at high risk of waterborne and vector-borne diseases due to stagnant water and widespread contamination.

The lack of adequate water also compromised hygiene practices, increasing the likelihood of disease outbreaks. Women and girls of childbearing age were particularly affected due to limited or no access to menstrual hygiene supplies.

The assessment also revealed an urgent need for safe drinking water, sanitation facilities, and hygiene materials. Essential supplies such as soap, water treatment chemicals, buckets for water collection, dignity kits, and mobile toilets were critically needed to prevent outbreaks of diseases such as cholera.



## Protection, Gender And Inclusion

In both the camps and the broader community, women and children face heightened risks of domestic violence, sexual and gender-based violence (SGBV), abuse, and exploitation due to overcrowded temporary settlements. Additionally, accessing water and sanitation facilities at night exposes them to significant security risks.

Ongoing detailed assessments highlighted critical challenges, including insufficient space for camp residents and inadequate support for people with disabilities, pregnant women, and other individuals with special needs. The assessment revealed for the need to conduct capacity building of the volunteers and camp management committees on sexual and gender-based violence (SGBV) who would cascade the message to the whole community affected by the flooding disaster.







## Education

Many schools were used as evacuation centers, disrupting the learning process for students. Identifying alternative shelters was essential to ensure education continued without interruption during the floods. Additionally, some families lost all their assets and were unable to send their children to school due to a lack of food, clothing, and other basic necessities. Damage to school infrastructure and learning materials further hindered access to education, leaving many students without a conducive learning environment. Urgent interventions were needed to restore education services and support affected families in keeping their children in school.



## Risk Reduction, Climate Adaptation And Recovery

The floods destroyed the early warning systems established in the communities (Karonga and Nkhosakota), making it difficult to alert people of impending disasters, especially as the rains continued in the affected districts and areas. This disruption hindered climate adaptation activities, as people could no longer focus on them.

There were also potential environmental risks in the area that needed to be addressed. Risk reduction and adaptation measures had to be considered during project implementation to ensure that significant efforts were directed towards addressing immediate disaster needs, minimizing environmental risks, and tackling key social issues such as gender equality and community engagement. Capacity building in disaster preparedness of the affected communities was crucial for a better recovery.



## Community Engagement And Accountability

Some of the CEA gaps that had been identified before the implementation of the DREF included the need for effective communication with flood survivors through suitable media channels. The affected communities had required information on Water, Sanitation, and Hygiene (WASH), Shelter, Health, Protection, and Livelihoods, as well as an understanding of selection criteria. There had also been capacity gaps among volunteers in effectively collecting and sharing feedback with the community on the response.

# Operational Strategy

## Overall objective of the operation

This DREF allocation aimed to support the most vulnerable people affected by flooding disasters by providing direct support to 9600 people and indirect support was scaled-up to 49,445 people in Nkhosakota, Karonga, Kasungu, and Lilongwe Districts, aiming to reach the families in the camps and surrounding areas. Implementation was ensured for five months.

## Operation strategy rationale

The Malawi Red Cross Society (MRCS) strategy was specifically designed to balance immediate humanitarian relief with a support to sustainable outcomes for the livelihood and shelter approach for the affected populations.

To provide direct relief to the most vulnerable and severely affected 1,000 households, MRCS distributed critical supplies, including:

- 2,000 sleeping mats (2 per household),
- 2,000 blankets (2 per household),
- 1,000 kitchen kits (1 per household),
- 1,000 solar lamps (1 per household), and
- 2,000 treated mosquito nets (2 per household).

The above direct relief distributions ensured families have access to minimum living conditions in the relocation sites, reducing exposure and contributing to their dignity and protection.

The relief distributions also included the cash assistance of MK300,000 (equivalent to 154 CHF) to support shelter rehabilitation efforts. In addition of meeting basic needs, the inclusion of cash aimed to safeguard livelihoods through multipurpose cash grants, enabling households to address urgent expenses while alleviating financial pressure during the crisis. Essential WASH (Water, Sanitation, and Hygiene) and health materials were also provided to ensure access to vital services.

Another important element of the response was fostering strong coordination among partners to enhance the overall effectiveness of aid.



delivery. MRCS prioritized the capacity building of volunteers across relevant sectors to improve service delivery and ensure sustainable impact. The response incorporated Community Engagement and Accountability (CEA) minimum standards, promoting transparency and active involvement of affected communities, while integrating Protection, Gender, and Inclusion (PGI) considerations to address diverse needs and vulnerabilities.

## Targeting Strategy

### Who was targeted by this operation?

The operation targeted four districts—Karonga and Nkhonkhotakota, which were the most affected by floods, and Kasungu and Lilongwe. These areas were prioritized due to the significant damage to homes and livelihoods as they experienced severe stormy rains. Informed by the finding of the assessment and committees consultations for harmonization of priorities, the targeting for shelter focused on two districts of Nkhonkhotakota and Karonga (15,000) while Lilongwe and Kasungu flood victims were targeted for Multipurpose cash grants only. Communities reached under this intervention are:

- In Karonga, the DREF intervention targeted Mwirangombe and Kilipula Traditional Authorities (TA) .
- In Nkhonkhotakota, assistance was provided in TA Mphonde and TA Kanyenda.
- In Lilongwe, the response was implemented in TA Chiseka and TA Kalolo,
- In Kasungu, it covered TA Chisinga, TA Wimbe, TA Chisemphere, and TA Kaluluma.

The impact of this intervention has two layers, the relief assistance that was oriented to most vulnerable as per defined and harmonized criteria and the indirect reach that was extended to a wider target through the mass communication and outreach.

#### 1) Direct reach

After the disaster, MRCS, in collaboration with district disaster management committees, conducted joint beneficiary identification, registration, and verification to assess the damage to affected households and harmonized the targeting and selection approach. The overall verification process showed that over 3,000 households were impacted across the four districts. 9600 direct beneficiaries (1600HHs) were selected from those impacted families, based on the vulnerabilities. Includes 400 in Nkhonkhotakota, 724 in Karonga, 88 in Lilongwe, and 388 in Kasungu. Vulnerability was evaluate based on specific criteria, prioritizing those having lost their shelter or means of livelihood due to the disaster. Following engagement with the district councils through the respective Disaster and Executive Committees, a harmonized targeting approach was adopted for the cash based on the evolving needs across districts. In Kasungu and Lilongwe where 388 households and 88 households were respectively selected, consultations revealed that by May 2024 many affected families had already rehabilitated their shelters using their own means. As the cash transfers were disbursed around May—well after initial damage. As a result, shelter rehabilitation support was prioritized for Karonga and Nkhonkhotakota districts, where a significant number of people were identified as still residing in camps. In Karonga, the district council advised MRCS to adapt the intervention strategy to reach a wider group of affected households, 740 Households instead of the initially planned 124HH.

In total 1600HHs were reached by this DREF. Details as follows:

- 1000 households reached with cash for shelter rehabilitation in karonga (600hh) and Nkhonkhotakota(400hhs) because these two districts were heavily impacted as people were displaced and in camps. Based on extended targetet harmonised with districts councils, 600 households received cash for shelter rehabilitation, while an additional 124 households were supported with multipurpose cash only in Karonga. In Nkhonkhotakota, all 400 targeted households received both cash for shelter rehabilitation and multipurpose cash.
- 1000hhs reached with MPC in karonga (124hh different from the one receiving the cash for shelter); Nkhonkhotakota (400hhs that also benefited from cash for shelter); Lilongwe (88), and in Kasungu (388hh). Reached with a total cash value of MK150,000. MPC Cash distribution in Karonga met the need of 600 HHs instead of initially targeted 124HH as advised by district councils.

These adjustments, as they were well coordinated and agreed with district councils and committees allowed for greater responsiveness to local contexts and enabled the inclusion of an additional 600 households based on district-level recommendations and observed needs on the ground.

#### 2) Indirect reach

For the humanitarian services, messages and protection, MRCS reached 49,445 people. Scaling-up the awareness and volunteers deployment for GBV messages in the camps and surrounding communities. This was beyond the initial 12375 indirect target planned that intended to cover people displaced only. This scale-up was required as it was more relevant as the sheltering solutions were within public spaces and the displaced families were leaving in cohesion with host communities.

### Explain the selection criteria for the targeted population

The following selection criteria were used to identify direct beneficiaries:

- Vulnerability and impact criteria prioritized first the families that have lost their shelter or means of livelihood due to the disaster.





- Households with vulnerable individuals, including pregnant or lactating women, children under five, elderly individuals, and people with disabilities. These groups were prioritized due to their heightened health, nutritional, and mobility challenges, which made recovery more difficult.
- Child-headed households, as children lacked the financial resources and social support to rebuild their lives after the disaster.
- Elderly-headed households, since older individuals struggled with physical labor and accessing essential services needed for recovery.
- Female-headed households, as women, particularly those without financial support, often faced economic and social barriers that made recovery more challenging.
- The key to targeting were those households whose houses were greatly damaged by the floods because MRCS co-leads the shelter cluster and other interventions were implemented in collaboration with other partners.

## Total Targeted Population

Women	24,977	Rural	100%
Girls (under 18)	-	Urban	-
Men	24,468	People with disabilities (estimated)	6%
Boys (under 18)	-		
Total targeted population	49,445		

## 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?
 

No

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

Risk	Mitigation action
Water borne disease outbreaks such as Cholera in affected areas. This risk was among the most important considering the history of cholera in Malawi with the worst outbreak of 2022 and the	MRCS conducted intensive community sensitization meetings on hygiene and sanitation to promote safe practices and reduce the spread of waterborne diseases. Additionally, pot-to-pot water



resurgence observed in September 2024. The resurfacing of the disease included the Northern districts such as Chitipa (accounting for the majority of cases ~79% as of August 2024), Karonga and other districts bordering Mozambique.	chlorination was carried out by MRCS volunteers in collaboration with community health workers (Health Surveillance Assistants) to ensure safe drinking water for affected households. To improve sanitation conditions in temporary camps, MRCS facilitated the pitching of temporary pit latrines (tents provided by IOM), providing safe and accessible sanitation facilities for displaced populations.
Impassable roads especially in some affected areas in Nkhotakota	MRCS volunteers assisted in transporting NFIs across inaccessible sections, ensuring beneficiaries could receive essential supplies. Additionally, MRCS collaborated with the relevant government ministry, which mobilized contractors to swiftly repair the damaged roads, facilitating easier humanitarian access and support.

**Please indicate any security and safety concerns for this operation**

There were no security or safety concerns that affected the operation. Well-organized community structures, such as Area And Village Civil Protection Committees provided security for the flood survivors especially in camps.

Has the child safeguarding risk analysis assessment been completed?

Yes

# Implementation



Shelter Housing And Settlements

**Budget:** CHF 206,003  
**Targeted Persons:** 6,000  
**Assisted Persons:** 6,000

## Indicators

Title	Target	Actual
# of households receiving cash for shelter rehabilitation	1,000	1,000
# of households who receive Essential Households Items	1,000	1,000

## Narrative description of achievements

Shelter intervention reached 1000 Households, 6000 people.

- MRCS prioritized support to restore basic shelter & living conditions of the affected households in Karonga and Nkhotakota districts. Some of the initial activities which MRCS did included the provision of tents for the construction of temporary shelters for displaced households, provision of solar lamps for their movement and safety, provision of 50-litres buckets for immediate water management, liquid soap for general cleaning & hygiene, black plastic sheets to cover and protect what they managed to save.
- Furthermore, in the camps, MRCS also provided megaphones, and batteries to the community committees and NS branches for their communications in the camps and surroundings. After the camps were closed, reusable items such as tents and megaphones were returned to MRCS for future emergency use.
- The Malawi Red Cross Society (MRCS) provided essential Non-Food Items to 1,000 households affected by floods in the Nkhotakota and Karonga districts. In total, 730 households in Nkhotakota and 270 in Karonga received assistance aimed at addressing basic hygiene and



temporary shelter needs. Each household received two sleeping mats, two tarpaulins, two blankets, two 20 litres buckets, one kitchen kit, and one solar lamp, amounting to 2,000 sleeping mats, 2,000 blankets, 1,000 kitchen kits, and 1,000 solar lamps distributed across the two districts.

- In addition to the distribution of Non-Food Items, MRCS targeted 1,000 households with cash for shelter support, prioritizing those most severely affected. Of those targeted for cash-for-shelter support, 600 were from Karonga and 400 from Nkhosakota districts where the shelter needs were the most critical. This cash value provided intended for shelter rehabilitation. Each household received MK 250,000, helping them rebuild and restore their homes following the flood damage. This cash support was essential in empowering affected families to address their specific shelter needs and begin the recovery process with greater flexibility and control. The target and revision of shelter activities were harmonized with the district councils. See targeting section. It should be noted that the 600hhs that were reached with shelter support in Karonga, did not get multipurpose cash grants, unlike the 400hhs in Nkhosakota.

This intervention provided critical relief and support to flood-affected communities, helping to restore essential living conditions and improve hygiene and shelter standards before they returned home. While the remaining beneficiaries received livelihood support.

## Lessons Learnt

- Strong coordination among the MRCS team, financial service providers, community structures, and the District Council was essential to the project's success, ensuring efficient support delivery and smooth operations.
- Conducting detailed assessments proved invaluable in identifying and selecting the most vulnerable households, allowing for targeted and impactful assistance.

## Challenges

- Transport and logistics posed significant challenges in Nkhosakota, especially during assessments and distribution, as road damage made many areas difficult to be accessed. We had to use manpower to cross the items from one side of the river to the other since the cars could not cross with the NFIs.
- The need scale exceeded available resources, meaning some eligible households could not be supported, highlighting the demand for additional resources in future responses.



## Multi Purpose Cash

**Budget:** CHF 131,935

**Targeted Persons:** 6,000

**Assisted Persons:** 6,000

## Indicators

Title	Target	Actual
# of households receiving unconditional cash for 3 months	1,000	1,000

## Narrative description of achievements

- Beneficiary identification, registration and verification was an harmonized process done by branches with the technical support of NDRTs mobilised for this intervention. The MRCS, in partnership with district disaster management committees, conducted joint beneficiary identification, registration, and verification across the four targeted districts. Based on harmonized criteria, MRCS assistance gave priority to those who lost shelter or livelihoods, including female-headed, child-headed, and elderly-headed households, as well as individuals with heightened health and mobility challenges. MRCS identification and registration process ensured inclusive participation of communities through the community committee, local representatives and local authorities. Clear communication was then done on the harmonized criteria, fostering transparency throughout the selection process.

- 1,000 beneficiaries received MPC support, distributed as follows: (Karonga=124HH, Nkhosakota=400HHs, Kasungu=388HHs and Lilongwe = 88HHs).

Following the cash distribution, a post-distribution monitoring (PDM) survey was conducted to confirm that beneficiaries received the



correct cash amounts, to verify accessibility for all eligible recipients, and to gather detailed feedback on cash use and program appropriateness. The survey revealed that, while some households needing support were not registered due to project limits, those registered were genuine and confirmed receiving the correct cash amounts. Most used the cash to renovate their homes and support household livelihoods.

Key recommendations from the PDM included: enhancing coordination between MRCS, DODMA, and local leaders to prevent sharing of support packages; strengthening feedback mechanisms to improve service delivery and enable prompt responses; and addressing delays in post-disaster assistance to ensure timely support.

## Lessons Learnt

- The door-to-door approach has proven to be the most effective method for verifying and accurately registering the intended beneficiaries. This system ensures a higher level of precision and reliability in the registration process.

## Challenges

- Inaccessibility of some places delayed registration and distribution especially in Nkhotakota.



## Health

**Budget:** CHF 28,378

**Targeted Persons:** 12,375

**Assisted Persons:** 49,445

## Indicators

Title	Target	Actual
# of people reached with health promotion activities.	12,375	49,445

## Narrative description of achievements

- All activities were successfully implemented with 2000 treated mosquito nets being distributed to 1000 households and each household got two.
- With the support of MoH outreach clinic was conducted in cut off communities and campsites.

## Lessons Learnt

- Community members often become less attentive to important health behaviours when extended periods pass without reinforcement. Regular reminders and follow-ups are essential to sustain healthy practices over time.
- Van publicity, while effective in attracting attention, was also seen as a source of entertainment through music. This helped engage a wider population, indicating that such activities would further amplify outreach and impact.
- Some community members are willing to change their risk behaviours if they receive the right messages on the same

## Challenges

- In some communities, moving from one house to another proved challenging due to the scattered nature of settlements, making it difficult to reach all households.
- Limited visibility of MRCS volunteers due to lack of visibility materials



## Water, Sanitation And Hygiene

**Budget:** CHF 44,013

**Targeted Persons:** 12,375





## Indicators

Title	Target	Actual
# of people reached with sanitation promotion services	12,375	49,446
# of girls and women of child-bearing age reached with hygiene kits	2,000	1,460

## Narrative description of achievements

As part of its Water, Sanitation, and Hygiene (WASH) efforts, the Malawi Red Cross Society (MRCS) supported the procurement and distribution of essential health supplies, including buckets, hand-washing soap and hygiene kits for women. These supplies were distributed to 1,000 beneficiaries to promote hygiene practices and prevent the spread of community diseases, enhancing the overall health and well-being of the targeted populations. Each of the 1000 households received 2 buckets (2000 buckets) who also received 2 hand washing soap. In the camps, MRCS provided 100L common buckets (two per camp) and five bottles of liquid soap for handwashing to promote hygiene and prevent the spread of diseases.

Additionally, MRCS facilitated post-distribution monitoring to assess how beneficiaries felt about the WASH supplies they received and to evaluate how effectively the supplies were being used in the communities. This feedback helped to further improve future interventions and ensure the sustainability of hygiene practices. MRCS through its volunteers also supported District Health Offices in the distribution of chlorine to communities for water treatment. Over 2500 households were provided with chlorine for water treatment.

Furthermore, the operation supported the targeted districts with logistical support especially the health office to enable it to deliver essential WASH items to hard-to-reach areas. This was done in all four districts of Karonga, Nkhosakota, Lilongwe and Kasungu, items like buckets, chlorine, soap and other related supplies were delivered and the district councils praised MRCS and IFRC for this kind gesture.

Some of the key findings from the post-distribution monitoring (PDM) of the WASH supplies included:

- **High Utilization of WASH Supplies:** Most beneficiaries reported using the distributed items effectively, particularly mosquito nets and water treatment supplies, contributing to improved hygiene and disease prevention in the community.
- **Positive Feedback on Handwashing Support:** Beneficiaries appreciated the provision of liquid soap and communal handwashing stations, which encouraged regular handwashing and improved overall hygiene in the camps.
- **Limited Availability of Sanitation Facilities:** Beneficiaries appreciated the pitching of the temporary pit latrines at camps but were requesting for more as they were deemed not enough for some camps especially in Nkhosakota district
- **Satisfaction with Mosquito Nets Distribution:** Households with pregnant women and children under five expressed satisfactions with the mosquito nets, though some indicated a need for additional nets to cover all family members.
- **Request for More Frequent Soap Distribution:** Some beneficiaries highlighted that the quantity of liquid soap provided was insufficient for sustained use, particularly in larger camps like Ngala in Nkhosakota.

The underachievement in the distribution of hygiene kits was due to the involvement of other organizations, such as CARE Malawi, which also provided similar NFIs to the affected communities. This overlap in assistance reduced the overall demand for MRCS-distributed hygiene kits.

## Lessons Learnt

- Women's hygiene is greatly compromised in times of crisis such as floods and the provision of hygiene kits was greatly appreciated by the communities
- Coordination with stakeholders implementing similar action is paramount in any response as it reduces duplication of efforts and enhances synergies.

## Challenges

- The demand for WASH supplies was more than enough since many people were affected by the floods, especially in Nkhosakota and Karonga.



## Protection, Gender And Inclusion

**Budget:** CHF 14,242

**Targeted Persons:** 12,375

**Assisted Persons:** 49,445

## Indicators

Title	Target	Actual
# of volunteers trained to in Gender based violence, referral pathways and PSS support	200	120
% of staff trained on Protection of Sexual Exploitation and Abuse (PSEA)	100	120
% FSP staff briefed on and signed the MRCS PSEA policy, child safeguarding policy	100	120
# people reached with safeguarding messages and PGI services	12,375	49,445

## Narrative description of achievements

- The Malawi Red Cross Society (MRCS) provided comprehensive support to enhance protection and safety in displacement sites through targeted training and community sensitization. The project facilitated training of staff and volunteers in Protection of Sexual Exploitation and Abuse (PSEA), Child safeguarding and the Code of Conduct. Furthermore, the Financial Service Provider was also oriented on the same before engaging the communities to ensure compliance to issues protection of affected communities.
- Again, at field level, volunteers and camp management committees were oriented on key protection topics, including Gender-Based Violence (GBV), referral pathways, psychosocial support (PSS), Protection from Sexual Exploitation and Abuse (PSEA), child safeguarding, and the Code of Conduct. MRCS staff also participated in protection cluster meetings to coordinate efforts with other stakeholders, strengthening the support network for affected communities.
- In addition, trained volunteers and committee members led community sensitization campaigns on gender-based violence (GBV) prevention, reporting pathways, and protection measures. These campaigns were integrated into hygiene promotion sessions, extending their reach and impact. Through these efforts, MRCS reached a total of 49,445 people (24,977 males and 24,468 females), ensuring widespread awareness and reinforcing safety practices within vulnerable communities.
- Training details:  
Karonga: 40 members (24 males, 16 females) trained  
Lilongwe: 60 members (23 males, 37 females) trained  
Nkhhotakota: 20 members (13 males, 7 females) trained  
These initiatives equipped committee members to effectively manage camps, and bolster resilience in communities by making them understand the protection issues happening in the communities and how they can be addressed. Fewer volunteers were trained because some affected areas had newly established branches with a limited number of registered volunteers. To address this, the training sessions in certain locations included community health volunteers and civil protection committee members to strengthen the response capacity.
- In the evaluation of this operation, the PGI intervention was greatly discussed and learnings emphasizes the insights gained and actionable improvements that need to be consider for future operations.

## Lessons Learnt

- Some cases of Gender-Based Violence (GBV) were not reported due to unclear reporting pathways. This highlights the need for establishing and enhancing accessible, clear, and reliable reporting mechanisms.
- District staff play a critical role in addressing GBV concerns. Regular monitoring in targeted areas is essential to ensure timely interventions and support for affected individuals.
- Training sessions have resulted in enhanced communication among the Village Disaster Risk Management Committees (VDRMC), Area Disaster Risk Management Committees (ADRM), and camp management teams. This improvement strengthens coordination and decision-making during emergencies.
- The strong working relationships established among partners during the flooding response of the past season significantly contributed to successful implementation. Effective collaboration should continue to be prioritized in future responses.

## Challenges

- Lack of protective equipment and gadgets such as torches to use during assessments since some of the disasters took place at night and members needed to “operate” carefully.





## Community Engagement And Accountability

**Budget:** CHF 14,682

**Targeted Persons:** 12,375

**Assisted Persons:** 49,445

### Indicators

Title	Target	Actual
% of feedbacks that were responded to	100	101
# people reached with RCCE and hygiene promotion around cholera, water-borne diseases and available health services.	6,000	49,445
# CEA approaches used to communicate with communities about their needs, the assistance available and determine the most vulnerable households	2	2

### Narrative description of achievements

- MRCS through the various activities implemented and ensured that communities were provided with a platform to give feedback to MRCS on the activities taking place in the community. This included the beneficiary selection criteria of the beneficiaries, the prioritization of the activities to take place in their community, their feel about the distributions and others services provided by MRCS.
- The feedback channels provided include the suggestion boxes and the use of community committees. During the implementation period, MRCS received 101 feedback and responded to all. Some of the feedback received includes how to report violence in the camps, reports on and question about cash sharing, reports on community hygiene for water treatment. These feedback were responded to and also informed the awareness and discussions with communities committees.
- The camp management committees and volunteers were empowered to provide feedback about the issues happening in the camps that required the society's attention. The committees understood the importance of CEA and complaint and feedback mechanisms. Based on feedback collected from the committees, communities were aware of the feedback mechanisms in place. For instance, the community members commended MRCS on several things. One of the things was the systematic assessment and registration of beneficiaries. They reported that unlike other organizations MRCS had to register people in their homes and because of this only those that were affected were targeted. They also commended MRCS for being the first organization to reach people soon after the floods happened and being the last to leave and MRCS was still organizing meetings to listen to people to ensure that their welfare was considered even more months after the floods..

### Lessons Learnt

- Community feedback is key in any project implementation to have a buy-in of the community for smooth implementation of the activities.

### Challenges

- Limited tools and systems to capture feedback digitally. which slow-down the feedback treatment.



## Secretariat Services

**Budget:** CHF 12,326

**Targeted Persons:** 4

**Assisted Persons:** 4



## Indicators

Title	Target	Actual
#of monitoring visits by IFRC	4	3
Coordination meetings - at least monthly	100	100

## Narrative description of achievements

3 Joint monitoring of NFI and cash distributions was conducted in partnership with DoDMA and the Department of Housing. Monthly coordination meetings were held at both national and district levels to keep district councils informed about ongoing activities, ensuring transparency and alignment. These meetings also facilitated technical guidance and supervisory support to enhance the effectiveness of implementation efforts. The operation supported 4 managers in providing technical support through monitoring visits

## Lessons Learnt

- Good coordination with the council ensures smooth project implementations and necessitates easy project handover to the council after phase-out
- Good coordination helps in project sustainability

## Challenges

- No specific challenges were registered.



## National Society Strengthening

**Budget:** CHF 49,629

**Targeted Persons:** 230

**Assisted Persons:** 250

## Indicators

Title	Target	Actual
Lessons learnt workshop	1	1
# of Volunteers and staff working on Karonga, Kasungu, Nkhotakota, Lilongwe, Kasungu the project with health, accident and death compensation	230	250

## Narrative description of achievements

MRCS staff and volunteers involved in the DREF implementation received orientation on the project activities and implementation design and were provided with health compensation. Following the disaster, trained National Disaster Response Team (NDRT) members conducted assessments to register the households most severely affected. These assessments involved verifying households and classifying the extent of damage to their houses. This approach ensured that support was tailored to the level of impact experienced, enabling MRCS to group beneficiaries effectively for both shelter and livelihood assistance, thereby providing the appropriate support to those in greatest need.

Furthermore, the operation also supported 250 volunteers through Procurement and distribution of visibility materials such as golf /T-shirts, Caps and Bibs to ensure that they are visible during their day-to-day voluntary work in the districts.

MRCS conducted the lessons learnt in each of the implementation districts with the district councils before the exit meetings to evaluate what went on well and what did not go well.

a. Effectiveness of NFI and Cash Distribution

Most beneficiaries successfully used the cash and NFIs to meet their immediate needs, particularly for shelter and household essentials.





However, there were notable delays in initial distributions due to logistical challenges, such as impassable roads.

Proposed Solution: Strengthen pre-positioning of NFIs in disaster-prone areas for through collaboration with district councils.

b. Gaps in WASH Interventions

The provision of hygiene supplies, chlorine, and sanitation facilities significantly improved hygiene practices. However, some camps faced shortages of hand washing soap, and maintaining temporary pit latrines was challenging.

Proposed Solution: Through the district council engage with other partners providing similar mandates to complement on the limited resources

c. Challenges in Volunteer Capacity

Some newly established MRCS branches had a limited number of trained volunteers, affecting the efficiency of activities especially hygiene promotion. In response, community health volunteers and civil protection committee members were engaged to support activities.

Proposed Solution: Develop a structured volunteer recruitment and training plan, ensuring new branches have adequate personnel trained in emergency response and community engagement.

d. Utilization and Impact of Health and WASH Supplies

Most beneficiaries used the distributed mosquito nets and hygiene kits effectively, but some communities still struggled with access to clean water, affecting water treatment efforts.

Proposed Solution: Increase awareness campaigns on water treatment methods

e. Community Engagement and Feedback Mechanism

The post-distribution monitoring (PDM) was effective in capturing beneficiary feedback, but some communities requested more regular engagement to voice their needs and challenges.

Proposed Solution: Establish continuous feedback mechanisms, such as suggestion boxes, community meetings, and hotline services, to ensure ongoing dialogue with affected populations.

## Lessons Learnt

- House-to-house verification and registration helped to target the right beneficiaries for shelter support

## Challenges

- Inaccessibility of some communities delayed beneficiary registration and verification due to road damage



# Financial Report

## Please explain variances (if any)

The Malawi Red Cross Society (MRCS) received an allocation of CHF 499,820 from the Disaster Response Emergency Fund (DREF) of the International Federation of Red Cross and Red Crescent Societies (IFRC). This funding enabled the provision of direct relief to 12,375 individuals through essential items and cash assistance, while also reaching an additional 49,445 individuals with awareness messages and other critical services.

Over the five-month intervention period, a total of CHF 480,891 was utilized to deliver this assistance. At the conclusion of the DREF operation, a balance of CHF 18,929 remained. This balance will be returned to the DREF fund upon the formal closure of the operation.



# Contact Information

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[Click here for reference](#)



# DREF Operation

## FINAL FINANCIAL REPORT

### MDRMW020 - Malawi - Floods

Operating Timeframe: 11 Mar 2024 to 31 Aug 2024

Selected Parameters			
Reporting Timeframe	2024/03-2025/3	Operation	MDRMW020
Budget Timeframe	2024/03-2024/08	Budget	APPROVED

Prepared on 08/May/2025  
All figures are in Swiss Francs (CHF)

### I. Summary

Opening Balance	0
<b>Funds &amp; Other Income</b>	<b>499,820</b>
DREF Response Pillar	499,820
<b>Expenditure</b>	<b>-480,891</b>
Closing Balance	18,929

### II. Expenditure by area of focus / strategies for implementation

Description	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	65,967		65,967
AOF2 - Shelter	206,003	206,003	0
AOF3 - Livelihoods and basic needs	65,967	131,934	-65,967
AOF4 - Health	26,186	26,186	0
AOF5 - Water, sanitation and hygiene	44,813	44,813	0
AOF6 - Protection, Gender & Inclusion	14,243	14,243	0
AOF7 - Migration			0
<b>Area of focus Total</b>	<b>423,180</b>	<b>423,180</b>	<b>0</b>
SFI1 - Strengthen National Societies	64,311	54,090	10,221
SFI2 - Effective international disaster management			0
SFI3 - Influence others as leading strategic partners			0
SFI4 - Ensure a strong IFRC	12,329	3,621	8,709
<b>Strategy for implementation Total</b>	<b>76,640</b>	<b>57,711</b>	<b>18,929</b>
<b>Grand Total</b>	<b>499,820</b>	<b>480,891</b>	<b>18,929</b>



# DREF Operation

## FINAL FINANCIAL REPORT

### MDRMW020 - Malawi - Floods

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Selected Parameters			
Reporting Timeframe	2024/03-2025/3	Operation	MDRMW020
Budget Timeframe	2024/03-2024/08	Budget	APPROVED

Prepared on 08/May/2025

All figures are in Swiss Francs (CHF)

### III. Expenditure by budget category & group

Description	Budget	Expenditure	Variance
<b>Logistics, Transport &amp; Storage</b>		<b>678</b>	<b>-678</b>
Transport & Vehicles Costs		678	-678
<b>General Expenditure</b>	<b>11,577</b>	<b>2,721</b>	<b>8,855</b>
Travel	8,000	2,279	5,721
Office Costs	2,327	66	2,261
Communications	450	345	105
Financial Charges	800	32	768
<b>Contributions &amp; Transfers</b>	<b>457,738</b>	<b>448,141</b>	<b>9,597</b>
Cash Transfers National Societies	457,738	448,141	9,597
<b>Indirect Costs</b>	<b>30,505</b>	<b>29,350</b>	<b>1,155</b>
Programme & Services Support Recover	30,505	29,350	1,155
<b>Grand Total</b>	<b>499,820</b>	<b>480,891</b>	<b>18,929</b>