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Emergency appeal Malawi: Floods

 International Federation
of Red Cross and Red Crescent Societies

(Revised) Appeal n°
MDRMW014

69,713 people (13,943 households) to be assisted

Appeal launched April 2019

Glide n° XX-2014-123456-
XXX

481,766 Swiss francs DREF allocated

Appeal ends September 2020

3.3 million Swiss francs funding requirements

This Emergency Appeal seeks a total of some **3.3 million** Swiss francs to enable the International Federation of Red Cross and Red Crescent Societies (IFRC) to support the **Malawi Red Cross Society (MRCS)** to deliver assistance to 69,713 people (13,943 HH) for 18 months with a focus on following areas: **Shelter, Livelihoods and Basic Needs, Health, Water, Sanitation and Hygiene (WASH), Protection, Gender and Inclusion (PGI) and National Society Capacity Strengthening**. This Emergency Appeal forms part of a master plan launched by the Malawi Red Cross, seeking 6 million Swiss Francs to support 14,000 households for 18 months. The master plan is based on a consultative process with in-country Movement partners and follows the principle of one plan, one budget and one reporting process.

The disaster and the Red Cross Red Crescent response to date

January-February 2019: Received early rains which caused flooding in southern parts of the country.

11 February 2019: IFRC Disaster Relief Emergency Fund (DREF) allocated CHF 182,088 to support 10,000 people (2,000 HH).

5-6 March 2019: A Tropical Depression (which later became TC Idai) brought persistent heavy rains for three consecutive days resulting in flooding still in the southern part of the country. MRCS deployed search and rescue team to the floods affected areas.

8 March 2019: Malawi Government declared a State of National Disaster and deployed an inter-agency assessment team to affected districts. MRCS contributed with personnel to the assessment.

9- 28 March 2019: MRCS started interventions at scale and launched a coordinated master plan for response and recovery.

02 April 2019: IFRC released the second DREF allocation for CHF 299,678 bringing the total to CHF 481,766 for assisting 40,000 people.

April 2019: IFRC launches an Emergency Appeal for CHF 3.3 million to assist 69,713 people (13,943 households) for 18 months.



Photo: Malawi Floods, Malawi RC, 2019

The operational strategy

Needs Assessment

Malawi is a disaster-prone country and frequently faces disasters such as heavy rains resulting to floods, strong winds, earthquakes, and disease and pest outbreaks, among others. A Tropical Depression formed in the Mozambique Channel and drifted to Malawi on 5 March causing heavy rains accompanied by strong winds. The heavy and persistent rain led to severe flooding across some districts in southern Malawi. At least 840,330 people have been affected, including more than 94,000 displaced, 56 deaths and 577 injuries. United Nations Population Fund (UNFPA) estimates that among the total affected population, 30,000 are women and girls of reproductive age and about 12,000 deliveries are expected in the coming months.

The Southern Malawi already affected with early rainfall, which had increased since its onset in January 2019 until March 2019. These rainfalls were a result of the effects of Tropical Cyclone Desmond that was developing between Mozambique and Madagascar with forecast that it would affect Mozambique and southern parts of Malawi. Although the cyclone did not reach Malawi, its effects resulted in continuous rainfall in the southern part of the country from 22nd January until 26th January 2019. Malawi RC was actively responding to these floods when further flooding was experienced.

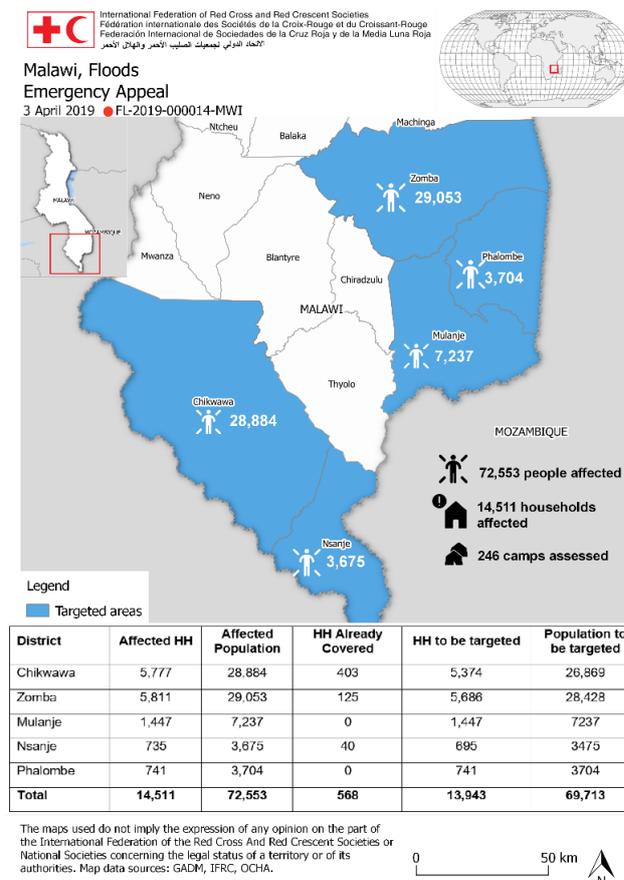
On 5th March, a tropical cyclone (TC Idai) formed in the Mozambique Channel and drifted to Malawi causing heavy rains accompanied with strong winds.

The heavy and persistent rain led to severe flooding across some districts in southern Malawi already affected by January floods and expanding to neighbouring districts.

The heavy rains have caused significant damage to infrastructure, including houses, roads, bridges, water and irrigation systems. Most of the displaced people have been living in temporary evacuation sites/camps such as schools, churches, community buildings and spontaneous settings. Some are hosted by relatives or neighbours. Some of the evacuation sites are overcrowded, with no or limited access to basic services such as water, sanitation and hygiene, in addition to lack of privacy and safety. In the absence of access to clean water and sanitation services, the likelihood of waterborne diseases remains high.

Registration in camps is not being regularly undertaken, raising protection issues particularly underreporting of the incidence of Sex and Gender Based Violence (SGBV), which is likely to exacerbate by the dire food and sanitary conditions as well as the lack of protection services. Additionally, there are increased vulnerabilities for people with disabilities and persons with albinism, as they could not be accounted for due to lack of registration at the campsites. About 12 schools and playgrounds were damaged affecting over 5,000 students (2,540 male, 2,460 female). Around 80% of the displaced people have been seeking shelter in schools. Academic activities in the affected areas remain suspended for 3 to 4 weeks. Students have lost their education kits and many of them are affected by psychosocial traumatism. While health services in the affected areas continue in limited scale, medical supplies to cope with the needs of the influx of displaced people are inadequate and shortage are expected.

An initial inter-agency rapid assessment led by the Department of Disaster Management Affairs (DoDMA) and the United Nations Resident Coordinator's Office (UNRCO) was conducted from 9th to 15th March 2019 in Nsanje and Phalombe districts. Currently, another interagency assessment is being undertaken in Balaka, Machinga, Mangochi and Zomba districts. The two assessments involved government, UN Agencies, humanitarian coordination team, MRCS and other national and international agencies and district councils. A drone assessment team was also deployed as part of the inter-agency assessment group in Nsanje district.



The drone team visited 10 different locations, it is evident from the drone imagery, and the aerial maps that buildings with grass thatched roofs have been submerged in flooding. Results from the inter-agency assessments show that a total of 63,444 hectares of crop land and approximately 23,000 livestock species belonging to 252,465 farming households were significantly affected by the floods. Furthermore, a lot of settlements or temporary structures that have been affected by floods have been built on lands that are prone to floods (e.g., marshes, wetlands). DoDMA has provided resources in other affected districts to undertake verification of the affected areas and people. The MRCS with support from Danish Red Cross and other in-country International Red Cross and Red Crescent Movement partners has carried out rapid and detailed assessments in the floods affected area to determine extent of damage and inform its caseload for response interventions.

In addition to the inter-agency assessments conducted, several parallel assessments were carried out by different agencies including MRCS and International Organization for Migration (IOM). At the beginning of the flooding crisis, MRCS conducted an initial rapid assessment during the first week of March in 6 districts (Nsanje, Chikwawa, Zomba, Mulanje, Phalombe and Mangochi) and this were followed by daily updates. The assessment report suggests that 76,831 people were displaced with 31,667 males, 45,164 females. Of these, 8,947 are children under 5 years old, 5,136 people living with HIV & AIDS and 139 people living with disabilities.

In addition, 80% of camps are set up in schools and need to be relocated to decongest the area and to enable classes to resume. It is clear from the numbers that the impact of the flooding has exposed women and children to serious protection as well as health risks in terms of psychological impact. It is however noted that there has been inconsistent/limited availability of disaggregated damage data. Efforts are currently ongoing at country level to institutionalize national disaster disaggregated data collection to inform targeted interventions to vulnerable groups.

The below are the overall findings from the MRCS, inter-agency and districts assessments:

Shelter: In all the assessed sites the displaced populations were being temporarily accommodated in schools, spontaneous/makeshift arrangements, or living with host families. It was observed during the assessment that those households living close to their homes were living and sleeping in the open and are experiencing extreme weather conditions. The assessments also observed that in most of the camps, when food was available, it was being cooked and served communally. However, large cooking pots were not available at most sites, so the women have to cook repeatedly to feed everyone in the camps. This has caused extra burden on women's usual household chores. number of people in camps is low and many have returned home to rebuild. Now that the number of people in camps is reducing as some have started returning home to rebuild, the operation will explore the possibility of implementing on cash-based early recovery shelter interventions in the owner-driven housing repairs and reconstruction. MRCS will capitalise on its experience of implementing cash-based interventions in emergency food security response operations as well as in other disaster operations using ECHO crisis modifier. The operation includes provision of cash-based intervention expertise to support MRCS design shelter interventions in line with shelter working group (similar to shelter Cluster) to ensure context specific standards.

The shelter component is associated with WASH, health and livelihoods to ensure mutual benefit of wellbeing, dignity and protection of people, particularly women, children and persons with disabilities.

WASH: With a generally low sanitation coverage in the affected districts and with the collapse of most toilets due to the floods, most people are sheltered in schools. Some water sources particularly those that are open were contaminated. There is a possibility of faecal contamination of the water points due to latrines that have collapsed and washed away into agriculture fields and waterways. While schools being used have latrines and handwashing facilities, these are not designed to accommodate the additional number of persons occupying the school as over 200 people on average are using a single latrine. As a result, some sites reported open defecation. The impact of inadequate supply of water is worse with women and girls, particularly female-headed households. In addition to the increased risk of cholera and other communicable diseases, it predisposes women and girls to the risk of rape and sexual assault in search for water.

Most districts had significant pools of stagnant waters after the heavy rains. The poor sanitation conditions in the sites and the presence of these stagnant pools of water provides conducive environment for mosquito breeding that might increase incidences of malaria and may also lead to other waterborne diseases such as cholera or diarrhoea. In addition, there is congestion in some camps that may facilitate transmission of infectious diseases which may culminate into disease outbreaks.

Livelihoods and Agriculture: After two consecutive poor production years, the 2017 harvest saw a much-needed return to normalcy (3.5 million tons of maize produced). However, the 2018 maize production was estimated to drop by 22% to 2.7 million tonnes, from 3.5 million. This was largely due to prolonged dry spells and infestation of fall army worms. Floods and heavy rains caused extensive damage to field crops (crops were washed away or submerged in water), pasture and water sources for livestock and access for fisheries. This will consequently lead to an increase in the food gap, loss of income and severe food and nutrition insecurity for the affected households. Water also passed through many houses; soaking grain stocks of maize and flour kept by households, thereby further decreasing food availability at household level. Crop destruction will have a negative impact on the food availability during the post-disaster recovery phase unless immediate replanting is done, and alternative sources of nutrition are accessible. Although markets are functioning and food stocks are available, commodity prices have increased by close to 50%.

Health: While health facilities remained generally functional, the floods destroyed equipment (fridges), vaccines, medicines and other supplies. During the actual floods however, the health services in 30% of the health facilities were disrupted when road networks were cut, preventing ambulances from collecting referral patients. Because of the damaged roads and bridges, displaced populations are lacking primary health care services as they are not able to access health facilities. There is disruption of continuum of care for people with chronic illnesses such as HIV (people on ART) and TB, etc. Immunizations for under five children and pregnant women are not being provided due to disrupted cold chain facilities in some health facilities due to power cut which has affected the cold chain for temperature-sensitive vaccines. There is high likelihood of disease outbreak such as cholera, measles, post-traumatic distress and health problems such as anxiety amongst the affected population etc. There were several pregnant women who are at risk of pregnancy complications, unattended deliveries (no skilled birth attendants). In addition to maternal risks and complications, inadequate supply of sanitary materials and separate toilets pose a huge health risk to women and girls of reproductive age. In some of the affected areas, village clinics run by the Health Surveillance Assistants in the communities also lost their consignments of medicines and medical supplies due to floods. Accommodation for health personnel were also destroyed. Some affected pregnant women and under-five children living in camps are not able to access growth monitoring and antenatal care services because some of them cannot manage to risk their lives by using private canoe. Some under-five children and women of child bearing age are missing their vaccination dates because their parents are busy moving up and down looking for food to feed their households.

Protection, Gender and Inclusion: Several protection issues were reported and visible. Most women had lost their livelihood (e.g. farming, ganyu¹, etc.) and most of them are single-headed families; and are at high risk of SGBV. Adolescents are at high risk of sexual exploitation and violence considering that there is no separation between sexes in some camps. There is a huge population of adolescents who are idle leading to risky sexual unions that could result in exploitation, pregnancy and STIs. Overall there is no privacy for those living in evacuation sites especially women and adolescent girls as toilets and bathrooms are inadequate. There are fears of possibility of human trafficking. In some camps there is evidence of growing hostility from the host community (name calling, discrimination, etc.). There are also reports in some sites that unaffected people are registering for assistance, which could potentially trigger violence.

Generally, there is poor or no lighting facilities in all the camps, posing a threat to security of women, girls and children and possibility of SGBV or assault is very high in these situations. The relatively insecure camp settings and shortage of basic needs such as food increase the risk of violence within and beyond families. In addition, food was not readily available, and most people were relying on piece work as source of income but due to flooding, piece work opportunities are very scarce. There is an increased risk that people may resort to negative coping practices as a way of meeting food and other needs. Three sites in southern Nsanje received close to 900 displaced individuals from Mozambique requiring assistance. Loss or destruction of legal documents is also putting vulnerable groups at risk. While no official reports of separated or unaccompanied minors or cases of violence have yet been recorded, there is high demand for psychosocial support and limited capacities to provide it.

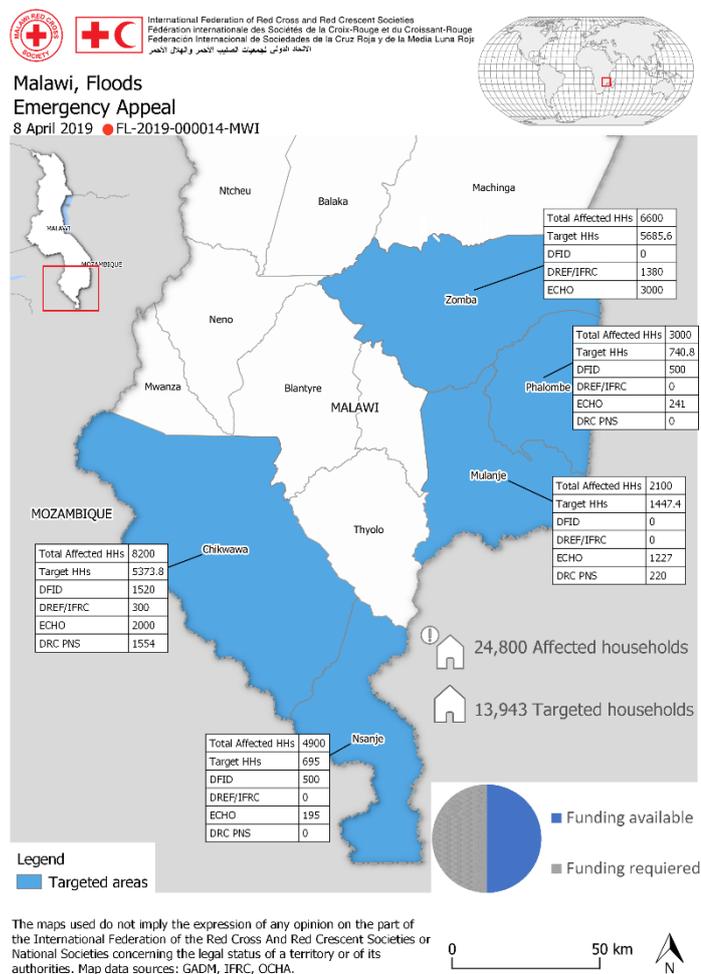
Movement response strategy

- The MRCS has developed a master plan for floods response for 18 months with an initial 3 months for relief response. The funding requirement of the master plan is equivalent to approximately CHF 6 Million. The anticipated funding coverage of the plan is approximately CHF 3 million mobilized through Danish Red Cross, most of this funding is earmarked to response activities for the first 3

¹ Short-term rural labour

months. The funding gap stands at CHF 3.3 Million, most of which to be mobilized for early recovery activities through this Emergency Appeal.

- The master plan is guided by principles and a cohesive response “One Window” approach which is coined as 1P1B1R (One Plan, One Budget and One Reporting) to ensure complementarities in approach in terms of geographical targeting, community selection, standardized intervention packages and operational coordination structure. The plan will align with the principles on Internal Displacement and the 10th Anniversary of the Kampala convention that identified three main areas of commitment, namely urban displacement outside of camps, protection from and during displacement and durable solution, and recommends a set of concrete measures to enhance the quality and coherence of the Movement’s response.
- This Emergency Appeal reflects global needs of response and early recovery. Thus, Emergency Appeal strategy articulates response gradually transitioning into a recovery phase. The phases overlap and they are not mutually exclusive. The Emergency Appeal operation reflects actions undertaken by resources mobilized through Danish Red Cross led consortia. The operation recognizes current funding and resources mobilized through the IFRC and Danish Red Cross led consortia of Belgian Red Cross, Finnish Red Cross, Icelandic Red Cross, Netherlands Red Cross, Swiss Red Cross and Turkish Red Crescent, Kuwait Red Crescent/government, Singapore RC, South Korean Government, other bilateral and domestic support.
- This will demonstrate linkage between response and early recovery and complementarities between different funding streams and partners. So, the Emergency Appeal is an integral part of one window approach. There is a bigger need than short-term relief and response activities and the national society should remain relevant in its efforts to address those needs beyond relief.
- The Emergency Appeal strategy is fully aligned with ongoing long-term resilience projects (community-based disaster risk reduction) in some of the operational districts to benefit and sustain impact of parallel interventions. The projects included Disaster risk reduction and Community resilience funding by ECHO and Danish Red Cross led consortium respectively who provided the initial funding to the current response. There are verifiable indicators to track how floods response and ongoing resilience projects are mutually contributing.
- The International Committee of the Red Cross (ICRC), together with MRCS, have launched a Restoring Family Links (RFL) website <https://familylinks.icrc.org/cyclone-ida/> to assist families separated by the floods to reconnect or register their loved ones as missing.
- Since deployment on 24th March 2019, the ICRC, together with MRCS, have carried out assessments in 5 affected districts and have prioritized RFL services in 2 (Nsanje and Chikwawa) out of the 5 most affected districts, due to increased needs.
- The RFL services offered thus far have provided 89 people to successfully contact their relatives using the free telephone service to inform them that they are safe and well. This brings the total number of successful calls to 124 to date. 59 people have registered the names of sought persons and registration of survivors as well as persons being looked for (traced) is ongoing.



Security: Road travel and criminal activity do not present a major concern in Malawi nevertheless there are pockets of criminality mostly in urban locations. All Red Cross and Red Crescent personnel actively involved in the operations should have completed the respective IFRC security e-learning courses (i.e. Stay Safe Personal Security, Security Management, or Volunteer Security).

Targeted communities

The DREF operation launched prior to the cyclone focused on assisting 2,000 most vulnerable households (10,000 people) requiring urgent humanitarian assistance. Following floods and the wider extent of damage, this figure is being increased to 13,943 households (69,713 people).

The criteria for selection of people to be assisted are global and standardized in nature to avoid possible duplication and ensure consistency for response and recovery phase. MRCS is covering a caseload of around 8% (69,713 people out of 840,330 people) of total affected people for response and recovery activities. This commitment has been communicated with Department of Disaster Management (Government) and other agencies including UNDP.

MRCS will further revisit its targeting based on evolving context after people returned to their homes and it is likely to be scaled down for recovery assistance.

Following broad criteria for selection of most vulnerable households are being followed.

- Households affected by the event of continuous floods since January, which was exacerbated by Cyclone Idai. Recognizing increased needs for the response and need for recovery support etc in the most critical areas (people living in camps/spontaneous settings, homes that suffered structural damage or were rendered uninhabitable with limited access to basic services, damage to the life and health of family members).
- Households with children under 5, single headed households, pregnant women, people living with disabilities and the elderly.

The selection criteria will be communicated to the community people and their stakeholders such as Traditional Authorities and leaders to bring transparency and accountability in the process. In parallel, MRCS will facilitate Focus Group Discussions with community members to determine ways and mechanism to deliver assistance to specific context in terms of distribution places, timing, seasons and local livelihood calendar. Subsequently, MRCS will conduct beneficiary verification to ensure that the criteria are respected and reinforce transparency on the selection process – and the finalized selection list to be communicated to the community. MRCS staff and volunteers will also collect feedback and complaints of beneficiaries during the selection and through the course of the operation. Feedback will be shared and analysed at MRCS HQ in order to refine the selection process and criteria if necessary.

In Nsanje District, MRCS is implementing the Global Framework for Climate Services (GFCS) project in 6 villages, all of which have been affected by flooding. Special efforts will be made to target these communities to enable quick recovery to facilitate continuation of GFCS project implementation.

Proposed target households:

District	Affected HH	Affected Population	HH Already Covered	HH to be targeted	Population to be targeted
Chikwawa	5,777	28,884	403	5,374	26,869
Zomba	5,811	29,053	125	5,686	28,428
Mulanje	1,447	7,237	0	1,447	7237
Nsanje	735	3,675	40	695	3475
Phalombe	741	3,704	0	741	3704
	14,511	72,553	568	13,943	69,713

Coordination and partnerships

International Red Cross and Red Crescent Movement coordination: MRCS is at the centre of Movement coordination of the flood's response. The MRCS, Danish Red Crescent led consortia of Finnish Red Cross, Icelandic Red Cross, Netherlands Red Cross and Swiss Red Cross, IFRC and ICRC formed one "basket approach" (commonly referred to shared leadership approach) to ensure alignment of all components and focused

intervention. The current coordination structure will continue and further grow through the operation period. The 18 months operation will create window of opportunities to further strengthen the level of cooperation, unique technical expertise and provide leadership role between Movement partners to make MRCS a better choice of partner in humanitarian affairs.

MRCS sits on the National Disaster Preparedness and Relief Committee (NDPRC) that comprises of Principal Secretaries of all line ministries and departments, the Malawi Red Cross Society, and three Non-Governmental Organizations (NGOs). United Nations (UN) agencies are co-opted when need arises. The committee provides policy directions in the implementation of disaster risk management programmes in the country and is chaired by the Chief Secretary to the Government.

The Humanitarian Country Team comprises of Heads of UN Agencies, international and local NGOs, Government, and the MRCS. This team is co-chaired by the Principal Secretary of DoDMA and the United Nations Resident Coordinator (UNRC). For coordination of the current response, donors and heads of Government Ministries and Departments have been invited to actively participate in the HCT. The UN Resident Coordinator in collaboration with DoDMA is convening weekly Humanitarian Country Team meetings to ensure coordinated response operation. The HCT met on 22nd March to review the drafted response plan. For information management, 4W and funding tracking Matrices and cluster leads contacts have been developed.

Cluster Coordination: Ten active clusters are operational; these are Food Security, Agriculture, Health, Nutrition, Education, Protection, Water and Sanitation and Hygiene, Transport and Logistics, Shelter and Camp Management and Coordination and Early Recovery. Considering the realities on the ground the UN does not have separate clusters but rather participates and jointly works within the government clusters. Besides developing the response plans, these clusters will oversee the implementation of the response under the leadership of the cluster leads and co-leads in-country. Coordination, implementation and monitoring of the response activities will be jointly undertaken through these clusters. Each cluster is led by a relevant government department. At the district level the clusters work with the line ministry represented at the district level. MRCS is a member of all clusters, which are mainly chaired by Government line ministries. MRCS co-chairs Shelter Cluster with Department of Housing (Government).

Proposed Areas for intervention

The overall objective of the operation is to meet immediate and early recovery needs of the most affected 13,943 households in five priority districts of Chikwawa, Zomba, Mulanje, Nsanje and Phalombe in shelter and non-food items, livelihoods and basic needs, health, WASH, protection, gender and inclusion (PGI), and national society capacity strengthening, for 18 months. The above-mentioned shelters are integrated and cross cutting as we aim to provide response services that meet the holistic needs of the affected population. MRCS will collaborate with Department of Disaster Management in the same operational districts who will complement mainly with food provision. The operation is a continuation of the DREF operation launched in February and revised in March, and in-country Movement partners contribution to support MRCS's scale-up strategy.

Areas of Focus



Disaster Risk Reduction

People targeted: 69713

Male: 34500

Female: 35213

Requirements (CHF): 125,000

Proposed intervention

This will entail developing and strengthening of a people-centred early warning system; promotion of a culture of safety, and adoption of resilience-enhancing interventions; reduction of underlying risks; and strengthening preparedness capacity for effective response and recovery.

Links will be made with the ongoing DRR projects in Nsanje, Chikwawa and Zomba to strengthen synergies to improve disaster risk reduction and community preparedness. The GFCS currently implemented only in Nsanje and Lilongwe (which is outside this operation), among others focuses on integrating climate services in DRR planning, dissemination of agro – meteorological and DRR products, support to school environment clubs, promote smart agro technics including rain water harvesting, tree planting as well as support to

community contingency plan development/revision based on seasonal forecasts. The trained GFCS project volunteers will support roll out of volunteer training in other affected areas within Nsanje.

DRR Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster.
DRR Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.

Activities

- Strengthen communities to have an active and well-equipped response team for Search and rescue and First Aid service during response
- Support communities to have contingency plans and identify, equip evacuation centres
- Provide early warning services to communities
- Replenishment and prepositioning stock
- Facilitate school based co - curricular activities

Shelter
People targeted: 69713
 Male: 34500
 Female: 35213
Requirements (CHF): 1,500,000

Proposed intervention

The impact of the floods and heavy rains caused significant damage to houses and household items. For all the affected areas assessed, suggests that the floods caused damage to houses and public buildings. In addition, other structures were submerged in the flooded waters. As a result, people sought refuge/shelter in schools, public buildings and higher grounds. Close to 80% of IDP sites in the affected districts are schools. In all the assessed the displaced populations camped in schools and using school classrooms for shelter as well as other school facilities including water and sanitation. In some locations, some households who were displaced are living close to their homes and in the process of rebuilding and constructing makeshift shelters. As a result, the number of those displaced and in camps sites is low as most preferred to return to their homes and salvage materials to either start rebuilding or building temporary shelters.

Shelter Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions.

Shelter Output 1.1: Short, medium and long-term shelter and settlement assistance is provided to affected households.

Activities:

- Shelter damage and needs assessment
- Identification of beneficiaries based on agreed upon selection criteria for both short and longer term shelter assistance
- Distribution of shelter kits and small cash for framing materials
- Distribution of HH items (kitchen sets, blankets, and sleeping mats)
- Market assessment to check feasibility and costs of construction materials and labour
- Design and implementation of shelter repairing/rehabilitation programme using cash-based assistance and technical support for building back safer
- Integration of other components such as wash and livelihoods (construction related skills and building of wash facilities)
- Post distribution monitoring and evaluation assistance

Shelter Output 1.2: Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households.

Activities planned to be carried out:

- Preparation of materials on safer shelter techniques and appropriate use of materials for the orientation session with HH
- Orientation of HHs on safer shelter techniques and appropriate use of shelter materials
- Training of volunteers on cash-based programming
- Disseminate technical guidelines for the construction of emergency shelter

- Safe shelter awareness sessions in the community (PASSA)
- Capacity building of staff, volunteers and stakeholders on shelter and Settlement including development of a MRCS shelter strategy



Livelihoods and basic needs

People targeted: 69713

Male: 34500

Female: 35213

Requirements (CHF): 500,000

Proposed intervention

The floods associated with heavy rains have caused widespread damages to standing crops, seeds, tools, and affected opportunities for agricultural labour for incomes. Large flood affected areas are still under water and it will take time to be cultivated for crop productions. The crop loss will contribute to quick depletion of already fragile food stocks, and the resulting food shortages and loss of livelihoods and income will lead to negative coping strategies and increased social vulnerabilities in terms of dropout of school-going children, early marriage, domestic violence and SGBV. The proposed livelihood intervention is designed to focus mainly on cash-based interventions to support affected households restore livelihoods and replace agricultural assets, provide agricultural seeds, establish small scale entrepreneurship opportunities, and provide training for livelihoods skills improvement. The intervention will in addition to give people cash (unconditional and conditional) also procure and distribute seeds to ensure better quality of seeds.

Livelihoods and basic needs Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods.

Livelihoods and basic needs Output 1.1: Vocational skills training and/or productive assets to improve income sources are provided to target population.

Livelihoods and basic needs Output 1.3: Household livelihoods security is enhanced through food production and income generating activities.

Livelihoods and basic needs Output 1.5: Households are provided with unconditional/multipurpose cash grants to address their basic needs.

- Provide farm inputs, seeds and technologies to affected households
- Provide training and extension services to farm families
- Provide unconditional and unfixed (for a number of months to be determined) cash grant for basic household needs and the value will be determined in consultation with Department of Disaster and Management (Government)
- Support small-scale irrigation in close collaboration with Government irrigation extension service.
- Provide conditional cash grant for small scale womens' entrepreneurship (handicraft, vocational training, etc.)
- Provide conditional cash grant for restocking of livestock (poultry, goats, etc.)
- Establishment or strengthening of Village Savings Groups, including provision of seed grants as capital to members of the Village Savings and Loan groups
- Livelihood skill diversification trainings
- Cash grant to meet non-food and other basic needs
- Cash for work (with focus on disaster risk reduction) to generate/restore livelihood activities. The scope will be determined in collaboration with respective district councils



Health

People targeted: 69713

Male: 34500

Female: 35213

Requirements (CHF): 100,000

Proposed intervention

During the floods, the health services were disrupted in some health facilities where the road was washed away and ambulances could not pass to pick referred cases. Displaced people in camps are lacking primary health care services including access to sexual and reproductive health services. There is disruption of continuum of care for people with chronic illnesses and on long term illnesses such as HIV (people on ART), TB and non-communicable diseases. Immunizations for under 5 children and pregnant women are not being provided due to disrupted cold chain in some health facilities. There is high likelihood of mental health problems such as distress, anxiety etc.

Health Outcome 1: The immediate risks to the health of affected populations are reduced.

Health Output 1.2: Target population is provided with rapid medical management of injuries and diseases.

Health Output 1.3: Community-based disease prevention and health promotion is provided to the target population.

Health Output 1.4: Epidemic prevention and control measures carried out.

Health Output 1.5: Psychosocial support provided to the target population.

Activities

- Training of volunteers on communicable diseases and epidemic control
- Establish or strengthen referral system to Health facilities
- Conduct health promotion activities in camps
- Conduct house-to-house sensitization on communicable diseases
- Supporting community outreach
- Training of volunteer in First Aid and Psychological First Aid services
- Procure and distribution of mosquito nets



Water, sanitation and hygiene

People targeted: 69713

Male: 34500

Female: 35213

Requirements (CHF): 200,000

Proposed intervention

Water points, sanitation infrastructure and hygiene practices in flood affected areas have been either destroyed or contaminated. People living in spontaneous settings and makeshift are in risk of water and vector borne diseases outbreak. Even cooking practices continue, the quality of food is highly compromised due to poor water and hygiene condition. Menstrual hygiene is not practiced due to limited supplies of hygiene and dignity kits. The operation includes provision of repairing, rehabilitation and construction of water points, household and communal latrines. RC volunteers will carry out hygiene promotion campaign in the affected communities. Other activities include distribution of dignity/hygiene kits for women, adolescent girls to practice menstrual hygiene. The mosquito nets will be distributed among floods affected households to prevent from risk of vector borne disease.

WASH Outcome1: Immediate reduction in risk of waterborne and water related diseases in targeted communities.

WASH Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities.

WASH Output 1.2: Daily access to safe water which meets Sphere and WHO standards in terms of quantity and quality is provided to target population.

WASH Output 1.3: Adequate sanitation which meets Sphere standards in terms of quantity and quality is provided to target population.

WASH Output 2.3: Improved access to and use of adequate sanitation by the target population. is provided to target population.

WASH Output 2.4: Hygiene promotion activities are provided to the entire affected population.

Activities

- Assess feasibility of drilling boreholes to increase access to safe water

- Increase access to sufficient safe water through drilling of boreholes
- Increase access to sufficient safe water through rehabilitation of boreholes
- Distribution of hygiene/dignity kits
- Support HSAs in pot to pot Chlorination
- Conduct hygiene promotion activities
- Increase coverage and usage of sanitation facilities in camps and communities.
- Provision of household/community water filters
- Facilitate vector control through provision of mosquito nets
- Repair/rehabilitate households/community latrines



Protection, Gender and Inclusion

People targeted: 61713

Children: 16500

Female: 35213

Male: 10,200

Requirements (CHF): 30,000

Proposed intervention

Women and children are living with sense of fear of domestic violence, SGBV and abuse of exploitation in congested environment of people in temporary settings, high exposure to insecurity in accessing night time water and sanitation facilities. In shortage of food and basic facilities women are being exploited in making meal for male counterparts. Drop out of school going children and early marriage is high as the affected households lost their means to afford education fees.

Inclusion and Protection Outcome 1: Communities identify the needs of the most vulnerable and particularly disadvantaged and marginalised groups, as a result of inequality, discrimination and other non-respect of their human rights and address their distinct needs.

Inclusion and Protection Output 1.1: NS programmes improve equitable access to basic services, considering different needs based on gender and other diversity factors.

Activities Planned

- Assessment and analysis of vulnerabilities, capacities and protection risks based on gender, age and disability
- Training field teams in protection, gender and inclusion issues
- Setting up referrals to protection services
- Awareness-raising to prevent violence and negative coping strategies

Strategies for Implementation

Response Structure:

The operation runs with structure separate from ongoing resilience projects to ensure business continuity and synergies for sustainable impact. MRCS has set up a response coordination unit headed by the Response and Recovery Coordinator who is being supported by the Preparedness and Mitigation Specialist, Logistics Manager, Finance Manager, Planning Quality and Learning Unit Team, Resource Mobilisation Specialist, the Communication & HD Specialist and the MRCS NDRT. The MRCS NDRT is comprised of the following expertise; Health, WASH, CEA, Administration, Logistics, Shelter, Camp Management, Data management, and Coordination.

The Director of Programs will provide response direction to be supported by the Director of Finance and Social Services. The in country PNSs will, in addition to financing, provide technical support. The operation has established hubs with key technical specialists in relief, shelter, WASH, health and livelihoods at Blantyre and districts level. In addition, the MRCS has recruited logistics, finance, MEL officer and complaints, feedback officer to handle operation support services.

Red Cross / Red Crescent Movement partners including Partner National Societies (pNSs -- Danish, Belgian, Netherlands, Swiss, Icelandic and Finnish), IFRC and ICRC are all working in close coordination to support MRCS's current response and scale up strategies.

National Society Capacity development:

The Danish led and IFRC surge who will be linked to local counterparts' support will develop human resource capacity of MRCS. Trainings including Cash based programming, Finance, Logistics, PMER and Shelter management etc. will significantly contribute to the capacity development. The prepositioning of stocks in the country will give advantage to the national society to timely respond to future disasters. The procuring new vehicles (in addition to hiring) and other equipment will assist in better positioning of the national society for future disaster.

Volunteering Review report of 2017 highlights "***lack of a clear volunteer management strategy with associated guidelines, training and requirements.***" Hence this initiative of 'Volunteer Management' in this Emergency operations in Malawi. Volunteer Management issues in the Region will begin to be effectively integrated within Emergency operations including this Floods operation. The Volunteer Development/Management will focus on 1) *Volunteer Recruitment, training and orientation*, 2) *Volunteer database development* 3) *Volunteer Insurance* 4) *Volunteer Motivation, Recognition and retention activities* 5) *Branch Coordination and Planning for sustainability*

Logistics support:

MRCS has a functional Logistics Unit with warehousing and some fleet of cars in both good and relatively good running condition in the affected districts. Its sole 7-ton truck needs serious major repairs including engine overhaul. When needed, MRCS has a list of prequalified transporters who can be engaged at short notice. A Logistics delegate has been provided by Danish RC to support MRCS with procurement and supply chain.

Available Emergency stocks: MRCS has two warehouses where stocks are prepositioned. Lilongwe Warehouse covers Central and Northern Regions while Blantyre covers Southern Region. In Blantyre, MRCS has a purpose-built warehouse while in Lilongwe it uses about 30 "forty-foot containers" as warehouses.

Procurement: MRCS has a procurement policy that guides in procurements and provides necessary waivers to expedite procurements in disaster response situations.

IFRC will provide technical logistics capacity to MRCS with focus on supply chain and procurement and this will include backstop visit missions. It will assess the procurement guidelines of MRCS to be used in this operation mostly for in country procurements.

IT:

VHF radios at Headquarters and all response units will always be up-to-date to provide means for effective communication, which is key to respond to the floods in timely manner. MRCS has reliable internet service and data collection and analysis equipment such as desktop and laptop computers, mobile data collection tablets, HD cameras and a drone. ICT officer will support staff and volunteers with IT needs in the disaster response operations.

Communications:

To raise awareness of the scale of needs, communication both in the media and social media, will be an essential pillar of the response and fundraising strategy. The Malawi Red Cross Society (MRCS) and IFRC global communications teams will work closely together to produce media messaging and content, audio-visual material and social media engagement to create a compelling narrative both at national and international level. Malawi Red Cross Society has a communications strategy in place, as well as guidelines to communicate effectively when disasters occur.

Members of the media will look to the Red Cross as one of the main authoritative sources of information as the situation evolves. A proactive approach to international media engagement should be maintained to ensure that the Red Cross response is well profiled and resource mobilisation efforts are supported. Communications multimedia will be actively promoted via IFRC and MRCS online and digital communications platforms and shared with member National Societies for their media engagement. MRCS communications team will coordinate and work closely with volunteers in the affected areas to gather first-hand information on the situation on the ground.

MRCS and IFRC communications efforts will focus on highlighting the humanitarian needs on the ground, while remaining flexible to raise awareness about developing situations. All communication aims to secure positive positioning for the Red Cross as a key actor in this response. Support and resources will be required to produce quality content and materials that could be proactively shared and promoted with media, Movement partners and external.

MRCS communications team will work closely with CEA and technical focal points in producing relevant IEC materials as part of future preparedness efforts.

Reputational risk management is a key component of communications. When issues arise, and working with management, key messages / reactive lines will be developed and shared with relevant parties, as needed.

Community Engagement and Accountability:

Community engagement in the response will be ensured through timely sharing clear information about response activities, selection criteria and distribution processes with communities through community meetings and door-to-door activities. Communities will be given opportunities to participate in the response through community meetings and ongoing surveys and assessments. Feedback and complaints will be collected through community volunteers, community meetings, focus group discussions and suggestion boxes and responses provided through community meetings. The IFRC's feedback starter kit with feedback database will be used to record and analyse all feedback received. This feedback will be used to guide and improve the response. To ensure this happens, training will be provided to community volunteers on good communication skills and complaints handling. A beneficiary satisfaction survey will be conducted at the end of the operation.

Planning, Monitoring, Evaluation and reporting (PMER):

The PMER team will ensure compliance with expected deliverables and reporting requirements. The unit will also work closely with IM to support the analysis of data and will support the planning process and the development of the EPOA and subsequent modifications, ensuring a smooth transition from the assessment data to a comprehensive and integrated plan. In addition to the PMER team in the field, the RO PMER unit will conduct regular missions to guide the field on monitoring systems and activities and supporting community satisfaction surveys and baseline surveys to inform future monitoring and changes to the operational plan. The RO PMER will facilitate any further reviews, lesson learning, Real Time Evaluations and final operational evaluations as required, to capture the performance, including the successes and challenges of the operation to inform future operational strategies. The PMER will contribute to maintain project memories by supporting data collection, analysis, storage and dissemination in collaboration with the operation manager. PMER in collaboration with IM will create a data management system to support data collection, analysis and reporting of project indicators.

Funding requirement- The operation seeks CHF 3.3 Million to cover funding gap in response and early recover/recovery activities.

EMERGENCY APPEAL*APPEAL CODE – Malawi floods**Funding requirements – summary*

DISASTER RISK REDUCTION	100,000
SHELTER	1,500,000
LIVELIHOODS AND BASIC NEEDS	500,000
HEALTH	100,000
WATER, SANITATION AND HYGIENE	200,000
PROTECTION, GENDER AND INCLUSION	25,000
STRENGTHEN NATIONAL SOCIETIES	500,000
EFFECTIVE INTERNATIONAL DISASTER MANAGEMENT	350,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	25,000
TOTAL FUNDING REQUIREMENTS	3,300,000

Elhadj As Sy
Secretary General

Contact information

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPoA)

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

For Malawi Red Cross

- McBain Kanongodza, email: mkanongodza@redcross.mw phone +265 999306960
- Prisca Chisala, Director of Programs, email: pchisala@redcross.mw phone: +265999258809

IFRC Country Cluster Office, Pretoria:

- Michael Charles Adekunle, Head of Cluster, IFRC Southern Africa Multi-Country Cluster Support Office for Southern Africa; phone: +27113039715; email: michael.charles@ifrc.org

IFRC office for Africa Region:

- Adesh Tripathee, Head of Disaster Crisis Prevention, Response and Recovery Department, Nairobi, Kenya; phone +254731067489; email: Adesh.tripathee@ifrc.org
Khaled Masud Ahmed, Regional Disaster Management Delegate, Tel +254 20 283 5270, Mob +254 (0) 731 067 286, email: khaled.masud@ifrc.org

In IFRC Geneva

Nicolas Boyrie, Senior Officer - Operations Coordinator (Africa); + 41 22 730 49 80
email: Nicolas.BOYRIE@ifrc.org

For IFRC Resource Mobilization and Pledges support:

Franciscah Cherotich – Lilech, Senior Partnership and Resource Development Officer, email: Franciscah.cherotich@ifrc.org; phone: +254 202 835 155

For In-Kind donations and Mobilization table support:

IFRC Africa Regional Office for Logistics Unit: RISHI Ramrakha, Head of Africa Regional Logistics Unit, email: rishi.ramrakha@ifrc.org phone: +254 733 888 022

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

IFRC Africa Regional Office: Fiona Gatere, PMER Coordinator, email: Fiona.gatere@ifrc.org

How we work

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

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace.**