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# Emergency Plan of Action Operation Update

## Malawi: Floods



<b>Emergency Appeal: n° MDRMW014</b>		<b>GLIDE n° <a href="#">FL-2019-000014-MWI</a></b>	
<b>EPoA update n° 1: 08 November 2019</b>		<b>Timeframe covered by this update: 2 February – 15 October 2019</b>	
<b>Operation start date: 07 February 2019</b>		<b>Operation timeframe: 18 months</b>	
<b>Overall operation budget: CHF 3.3 mil</b>	<b>DREF second allocation: CHF 299,678</b>	<b>DREF amount initially allocated: CHF 182,088</b>	
<b>N° of people being assisted: 69,713 people (14,000 households)</b>			
<b>Red Cross Red Crescent Movement partners currently actively involved in the operation:</b> Danish Red Cross, Belgian Red Cross, Icelandic RC, Turkish RC, Netherlands RC, Swiss RC, IFRC Southern Africa Cluster Office			
<b>Other partner organizations actively involved in the operation:</b> The Department of Disaster Management Affairs (DoDMA), WFP, UNICEF, FAO, IOM, WHO, UN Women, World Vision Malawi, Eagle Relief, Ministry of Health, Agriculture, Education, Gender and disability, CRS, Catholic Development Commission (CADECOM), Goal Malawi, District Councils through the District Civil Protection Committees (DCPC).			

### Summary Update:

The Malawi Red Cross Society has completed the implementation of the response phase in June 2019, and this has reached in total 14,251 households in five target districts. The National Society has begun the implementation of recovery interventions, which was preceded by a baseline assessment conducted in mid-August 2019. The assessment informed the design of the recovery programme in terms of target areas identification, engagement with the government to ensure alignment with national guidelines and establishing coordination and identifying synergies with external partners. The recovery phase is focusing on Shelter; Livelihoods and Basic needs; WASH and Health. During the recovery phase IFRC support will go towards livelihoods interventions, while the Consortium of Partners National Societies (Danish, Belgian, Finnish, Icelandic, Netherlands, and Swiss Red Cross Societies) is supporting the rest of the sectors including livelihoods and basic needs. The Emergency Plan of Action is being revised to reflect among others, IFRC detailed support towards livelihoods and basic needs during the recovery phase.

## SITUATION ANALYSIS

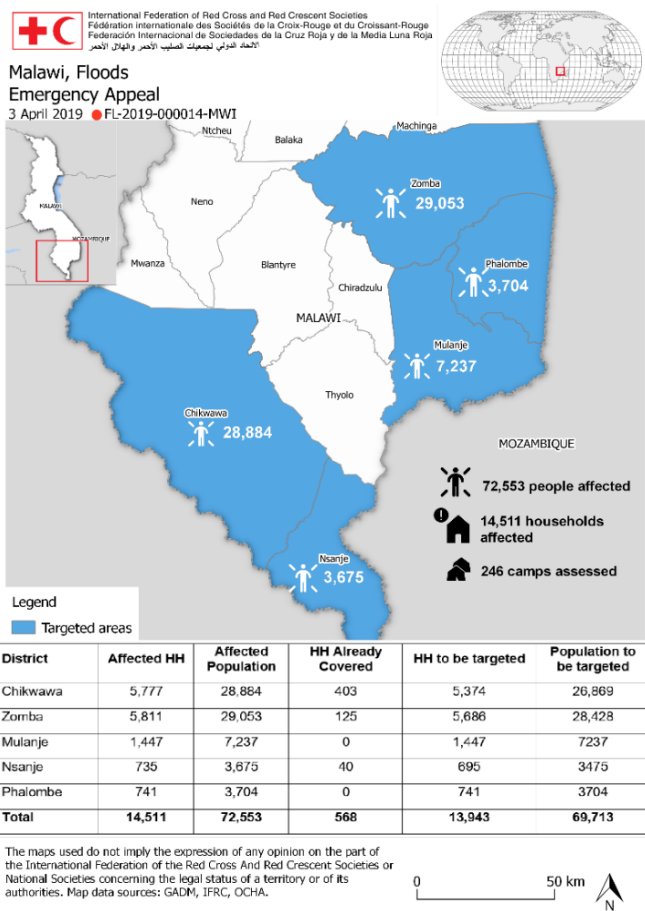
### Description of the disaster

Towards the end of the rainy season, Malawi experienced one of the worst strong winds, heavy rains and floods induced by tropical cyclone that formed in the Mozambican channel. Before the beginning of the rainy season, the Department of Climate Change and Meteorological Services (DCCMS) released the seasonal forecast indicating that the southern region would receive normal to below normal rainfall amounts whilst the Central and Northern Regions forecasts indicated normal to above normal rainfall. Early March 2019, the country received heavy rains (highest recording of 255.5mm at Mpemba Met Station) accompanied by strong winds in the Southern Region Districts which resulted into flooding in 15 out of the 28 districts and 2 cities of the country. The heavy rains were the result of a severe weather system (Tropical Depression 11) that formed offshore central Mozambique and hit Malawi before looping and tracking back and converting into Intense Tropical Cyclone Idai (TC Idai). Around 12:00 UTC on 11 March, TC Idai reached its initial peak intensity with estimated maximum winds of 195km/h (120mph), primarily affecting Mozambique and Zimbabwe.

Accordingly, the President of the Republic of Malawi, declared a state of disaster in all flood affected geographical areas and appealed for international assistance on the 8th March 2019. Floods affected 15 districts and 2 cities, namely

Balaka, Blantyre, Chikwawa, Chiradzulu, Machinga, Mulanje, Mwanza, Neno, Nsanje, Phalombe, Thyolo, Zomba, Zomba City and Blantyre City in the Southern region and Dedza as well as Ntcheu in the Central region.

The Government led interagency assessment reported that 975,588 people was affected; 99,728 people displaced, 731,879 people were in immediate need and 60 people lost their lives. The floods damaged 295,074 houses including household property and affected water supply systems, hydrological monitoring stations, farms and other community infrastructure such as bridges, roads, schools and health centres. Furthermore, floods washed away standing crops in the field and animals were injured and lost.



**Summary of the current response**

**Overview of Host National Society**

Malawi Red Cross Society has 33 Divisions (Branches) and a network of more than 76,000 volunteers countrywide. It is present in all the 28 districts of Malawi.

In Chikwawa and Zomba Districts, MRCS has active Branch Disaster Response teams, staff members and an overall 177 volunteers implementing a number of projects including the Community Resilience Project supported by a Consortium of Danish, Finnish, Icelandic and Italian Red Cross Societies, the Enhancing Community Resilience Project funded by ECHO and implemented with technical support from Belgium Red Cross Society and the Scaling Up Nutrition Project funded by UNICEF, which is being implemented in Mulanje district.

The MRCS together with the Department of Climate Change and Meteorological Services (DCCMS) disseminated early warning messages regarding tropical cyclones informing the public on anticipated floods in affected districts around 5- 8 March 2019.

**Map of Affected Areas, IFRC**

MRCS responded by initially providing essential life-saving support such as search and rescue and first aid, food and non-food items and WASH services in Nsanje, Chikwawa, Mulanje, Phalombe, Mangochi and Zomba. The second phase of the response comprised three elements.

- The project provided shelter relief items, including tarpaulins, communal tents, and 170 transitional shelters (100, 50 and 20 in Chikwawa, Nsanje and Phalombe respectively) among other necessities. It also provided essential WASH relief items, such as soap, chlorine tablets, and buckets, in addition to implementing hygiene promotion activities.
- The third component was cross-cutting issues of project monitoring including Community Engagement and Accountability. The response was spread across 93 camps in the five targeted districts. The Restoration of Family Links (RFL) services provided enabled 89 people to successfully contact their relatives using the free telephone service to inform them that they are safe and well.

By the end of the response phase, a total of 14,251 households received support in different response areas.

During late April 2019, MRCS and the Department of Disaster Management Affairs (DoDMA) jointly agreed on the return package to be given to families returning to their villages. The Government of Malawi contributed food items to the package: Maize (50kg bag), beans (10Kgs), 2 blankets, 2 mosquito nets and 2 litres cooking oil; while MRCS provides non-food items: 2 buckets, 30 stripes of chlorine, 3 and 5 washing and bathing soap respectively, 2 sleeping mats, 2 tarpaulins, 1 kitchen set and 1 shelter tool kit to every household.

The table below summarizes Malawi Red Cross' overall response actions to the floods.

Intervention focus	Male beneficiaries reached during the reporting period	Female beneficiaries reached during the reporting period	Total beneficiaries reached during reporting period
Shelter	34,202	37,053	71,225
Health in Emergencies	34,202	37,053	71,255
Reproductive, Maternal, New born and Child Health (RMNCH)	34,202	37,053	71,225
Water, Sanitation and Hygiene (WASH)	34,202	37,053	71,225
Dignity kits	5,000	8,010	13,010
NFIs	34,202	37,053	71,522

**Shelter:** The national society has constructed 170 temporary shelters for the displaced families for use while they are rebuilding their permanent houses. In the meanwhile, the national society has developed bills of quantities for both full standard house construction and an enhanced shelter which is an improvement of transitional shelters. Unlike a



*Construction of Shelter in Chikwawa District*



*Completed Temporary Shelter*

transitional shelter, an enhanced shelter will have the exterior walls raised to window level. The plan is to enhance 130 houses out of the 170 temporary shelters that have been completed. Community consultations were used to identify families who were not able to finish the houses. The design for resilient houses was approved by the Ministry of Lands, Housing, and Urban Development.

The MRCS has finalized the discussions on land ownership, approval process, beneficiary selection and pre - selection of artisans with local leadership in targeted districts. Each district managed to construct one sample house as part of training for the artisans in Nsanje, Chikwawa and Phalombe. In addition, the national society has rolled out the construction of 15 houses in Chikwawa and Nsanje and 10 in Phalombe.

In the meantime, volunteers continue to raise awareness on **building back better** among the affected population to ensure communities are aware of safety building standards that could guarantee stronger new houses will be able to withstand future similar events. Shelter experts from IFRC and Movement Partners were deployed to support the National Society with the technical aspects on shelter.

**Health:** Volunteers mobilised communities on different health issues during the response phase using approaches such as community meetings, house to house visits and distribution of IEC materials. The intervention reached 100% of targeted population.

**WASH:** MRCS staff and volunteers reached in total 71,255 people with hygiene and sanitation promotion messages in targeted districts.

## Recovery Phase

The Malawi government declared July 1st, 2019 a transition from emergency response to a recovery phase. Evacuation centres and camps have been vacated by the displaced persons. MRCS started the implementation of the Recovery Phase in August 2019. The design of the recovery phase was guided by the needs as identified through the PDNA assessment, community consultations as well as the baseline assessment that MRCS carried out in August/September 2019.

The baseline focused on establishing recovery project indicators and understanding the community recovery needs. A few findings from the study:

On cash feasibility assessment, surveyed communities indicated that they preferred cash for work as it provided them with an opportunity to contribute to the development of their areas. On the cash delivery mode, they prefer the direct cash delivery through such companies as G4S as opposed to payments through mobile money platforms. The community members considered direct cash deliveries to be easily accessible (by everyone including the elderly and physically challenged; not affected by mobile service network challenges which are common in most rural areas); transparent (it was easy for the spouses to know how much money the household was getting); time saving and secure (because the agencies delivered cash right in the communities. Mapping of the cash transfer actors in the target communities was also done to prevent duplication of support to beneficiaries. Communities indicated that they have good access to markets which supplied most of their needs. These include food, seeds, livestock, and basic school needs for children.

In term of livestock management, communities understand and appreciate the value of keeping livestock. To ensure effective management of livestock they recommended that: Agricultural Extension workers be supported with transport to be able to do outreach; Recruitment/deployment of more veterinary staff to areas where there are deficits; alternatively, training of more paravets; and training of communities in livestock management and animal welfare; establishment of livestock farmer clubs to ease provision of vet services and drugs by extension workers/vet officers/paravets.

In agreement with MRCS, IFRC support during the recovery phase is going towards livelihood and basic needs, as other areas are covered by Danish RC led consortium. The MRCS has just concluded the process of consultation on livelihoods with its stakeholders including the government. The livelihood plan is focusing on cash transfer for basic food needs, support with agricultural inputs and small livestock and formation and capacity building of village savings loan groups. The livelihood delegate was recruited through the Consortium, to support the implementation of different components of this area. The MRCS has started the process of procuring agricultural inputs and plans are underway to train farmers in conservation agriculture as well as vegetable gardening, as some of the first set of activities.

## **Overview of Red Cross Red Crescent Movement in country**

The Response Plan of the Malawi Red Cross Society has been supported by the Movement Partners. Partner National Societies formed a Consortium led by Danish Red Cross (Danish, Belgian, Finnish, Icelandic Red Cross, Netherlands, and Swiss Red Cross).

The IFRC Southern Africa Cluster Office has been providing technical support to MRCS during response phase. A Shelter delegate, Operations Coordinator from the Regional Office in Nairobi were among IFRC technical team that supported the NS during the early phase of the response. A coordination structure was designed, including coordination of RCRC Movement interventions at the country level, joint coordination of the operation, monitoring, sharing of updates on the progress made, challenges etc. ICRC offered operational support the MRCS on the Restoration of Family Links.

## **Overview of non-RCRC actors in country**

In Malawi, the Government leads the overall coordination of disaster response through its department of Disaster Management Affairs (DoDMA) under the Office of the President. MRCS takes part in coordination meetings held at DoDMA at national level. MRCS is also a member of the District Civil Protection Committee and participates in all coordination meetings as well as assessments and monitoring. The Humanitarian Country Team is the coordination platform for partner institutions (UN agencies, WFP, INGO's, NGOs) and is mandated to build common strategies related to humanitarian response and policy issues. This forum is well established and is chaired by UNDP. The floods response in Chikwawa, Zomba and other districts used a Cluster System of Flood Response and MRCS participated in Shelter and camp management, Search and Rescue, Food Security and WASH clusters among many others.

**Response:** The Government of Malawi activated and deployed search and rescue teams including MRCS staff to support operations in Chikwawa and Nsanje District. The most notable partners are MRCS, GOAL Malawi, Eagle Relief,

Care Malawi, World Vision and CADECOM who are supporting the response with tents, hygiene kits, food items; UNICEF is providing technical support to the Ministry of Health on WASH related interventions and particularly on hygiene promotion within the affected community and provision of plastic sheets to some affected households. MSF supported with mobile health clinics and WASH; WFP led the food and nutrition management while Ministry of Health championed all health-related elements. Habitat for Humanity International and ShelterBox provided emergency shelter in Chikwawa.

**Recovery:** During the baseline study carried out by MRCS in August 2019, it has been noted that there are a number of agencies either running long-term programs or small recovery operations in southern Malawi. Unfortunately, because of limited funding, targeting is scattered and spotty as agencies seek to find relatively small groups of extremely vulnerable families to cater for. Without regular discussions, it is possible for two agencies to target the same group while other groups are overlooked. The MRCS assessment included stakeholder mapping to mitigate duplication of services as much as possible.

## Needs analysis, targeting, scenario planning and risk assessment

### Needs analysis

In February 2019, the Government of Malawi (GoM) conducted an interagency Assessment and its findings highlighted that most houses in the affected villages were damaged or washed away by water. After being submerged with the continuous rainfall, most of the houses collapsed. Following DoDMA initial assessment and national interagency findings, the main needs identified include:

- Inadequate access to basic hygiene
- Inadequate access to latrines
- Inadequate access to safe shelter
- Loss of essentials basics HHs items
- Lack of food in most camps
- Crowded conditions in camps
- Lack of information about response activities
- Villages houses and crops damaged or destroyed
- Some areas are inaccessible due to the floods

Beginning the week of the 09<sup>th</sup> March 2019, the Department of Disaster Management Affairs (DoDMA) deployed Interagency Assessment teams various affected districts. Assessment reports highlighted urgent needs such as; food, shelter, non-food items, and WASH for the affected communities. The assessment missions also verified the extent of damage and provided clear recommendations to government, international community and humanitarian decision-makers on appropriate response interventions.

In Zomba, displacement camps were mainly in schools and churches. While some schools have adequate toilet facilities to cover the pupils and IDPs, there were some schools that critically needed additional toilets.

Standing water resulting from the floods heightens exposure of the population to water related disease outbreaks as well as malaria. For prevention, awareness messaging on malaria transmission and the importance of using mosquito nets were disseminated, followed by the distribution of mosquito nets. To ensure that the WASH and health issues are addressed, MRCS together with the government continued supporting the groundwork by conducting hygiene promotion and sensitizing the community on the risks of using contaminated water.

**Post Disaster Needs Assessment (PDNA):** On 19 March 2019, the Government of Malawi, initiated the process of carrying out the PDNA, to conduct a systematic impact and needs assessment to understand the economic impact of the floods. The PDNA was designed to leverage systems and experiences from the 2015 flood response to develop a more comprehensive picture of the impacts; determine and quantify the corresponding multi-sectoral needs; and build multi-stakeholder consensus allowing for more systematic recovery and resilience building.

In August 2019, MRC commissioned a baseline study for the recovery interventions with the aim of baselining and refining the programme indicators. The baseline also included an element of assessing the specific needs of the project, as well as getting community input into proposed approaches that will be utilized during the implementation.

Below is the summary from the MRCS, inter-agency and districts assessments as well as the PDNA:

The 2019 flood disasters have left deeper and wider implications on various aspects of human and social development. 1,569 schools including school meal feeding programmes affected, and 129 bridges and road network of 1,841km was destroyed. 86,976 people were displaced and 8,038 relocated in makeshift camps.

**Shelter:** In all the assessed sites the displaced populations were accommodated in schools, spontaneous/makeshift arrangements, or lived with host families. The PDNA estimated that in total 288,371 houses were damaged. It was observed during the assessment that those households living close to their homes were living and sleeping in the open and were experiencing extreme weather conditions. All the camps have been dismantled as families have returned to their villages.

**WASH:** During the floods many people took shelter in mostly public schools. Though many of the schools used as evacuation sites have some basic sanitation, none of the known sites in the affected districts have the facilities to care for the basic needs of water and sanitation for the influx of affected people. The latrines present were in most cases in very bad state and small in numbers, together with a variety of run-down old latrines structures, putting the health situation of these locations at risk.

Sanitation in the schools that were turned into relocation camps were not left in a good state after people IDPs returned to their homes. Most of the sanitation facilities were overused because of congestion as most of the latrines that were shared amongst the people and school learners got full or half-full. Some water points and hand washing facilities that were used by the IDPs got broken and need rehabilitation and replacement.

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 could have increased incidences of malaria and waterborne diseases such as cholera or diarrhea. The consistent awareness creation by the volunteers, access to basic health through Ministry of Health helped to mitigate outbreak of serious public health diseases.

**Livelihoods and Basic Needs** 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. The livelihoods of thousands of households were harshly affected by the death of 47,504 livestock and damage to 91,638 ha of productive agricultural land. Flood water passed through many houses, soaking grain stocks of maize and flour kept by households, thereby further decreasing food availability at household level. Crops such as maize, pulses, sorghum and rice, which are key to household food and income sources were seriously affected, indicating outright crop failure and immediate food insecurity for 2,300,363 farming households. Although markets are functioning and food stocks are available, commodity prices have increased by close to 50%, further hampering access to food, especially for the poorer households. Winter replanting is ongoing but has a short window of opportunity as the dry conditions will soon manifest. However, robust plans to grow food crops in the coming rainfall season will contribute to averting hunger in 2020.

**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. There was disruption of continuum of care for people with chronic illnesses such as HIV (people on ART) and TB, etc. There was high likelihood of disease outbreak such as cholera, measles, post-traumatic distress and health problems such as anxiety amongst the affected population etc. 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, although this was corrected at a later stage. Ongoing health education by the volunteers on various health matters has been appreciated and volunteers will continue their routine awareness raising in communities during the recovery phase.

**Protection, Gender and Inclusion:** Several protection issues were reported and visible. Most women had lost their livelihood (e.g. farming, ganyu<sup>1</sup>, etc.) and most of them are single-headed families; and are at high risk of SGBV. Adolescents were at high risk of sexual exploitation and violence considering that there was no separation between sexes in some camps. There is generally a huge population of adolescents who are idle, and the displacement environment could have led to risky sexual unions that could result in exploitation, pregnancy and STIs.

Generally, there was poor or no lighting facilities in all the camps, and this posed 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 increased 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. 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. Malawi RC ensured that people with special needs were supported accordingly and that information was disseminated where different services could be accessed by different categories of people.

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<sup>1</sup> Short-term rural labour

## Targeting

The Emergency Appeal is targeting 14,000 households (69,713 people). 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.

The following broad criteria for selection of most vulnerable households were followed:

- Households affected by the event of continuous floods since January, which was exacerbated by TC 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.

Target beneficiary numbers were calculated by collating numbers of households that had moved to evacuation camps where they were registered by Malawi Red Cross Society Volunteers. MEGA V and KoBo software were used in beneficiary registration and verification processes and in the setting up of a beneficiary registration. The beneficiaries were verified at camp and community level for eligibility.

MRCS staff and volunteers are collecting feedback and complaints of beneficiaries during the selection and through the course of the operation. Feedback is shared and analyzed at MRCS headquarters in order to refine the selection process and criteria if necessary.

### Targeted 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
	<b>14,511</b>	<b>72,553</b>	<b>568</b>	<b>14,000</b>	<b>69,713</b>

## Scenario planning

Out of the three scenarios developed, the best-case scenario unfolded, so the national society operated within the scope of initially designed interventions.

<b>Best case scenario</b>
The rains stopped, no additional people were affected, and no secondary effects were suffered e.g. outbreak of diseases in the current affected areas or other parts of the country.
<b>MRCS Response:</b> Limited to the current operation.

Since schools were used as camps, appealed to its partners for family and communal tents to reduce congestion in the camps. MRCS provided tents in some camps though not enough to support every person in targeted communities.

Some families in camps were drinking water from boreholes which were submerged, exposing them to water borne diseases, MRCS intensified its hygiene and sanitation interventions to mitigate outbreak of water borne and hygiene related illnesses.

Due to the long-term and nature of the needs of affected population, the DREF operation was transitioned into an 18 months Emergency Appeal to ensure the recovery needs are effectively addressed.

## Risk assessment

The risk mitigation measures put in place by the MRCS, helped minimise challenges experienced during the operation. During the rapid and inter agency assessment conducted by the District Civil Protection Committees (DCPCs) and National level agencies, some areas were not accessible, and MRCS had to deploy its engine boats to support with the assessment process.

MRCS is promoting the **Building Back Better** concept to ensure the rebuilding process especially housing structures is safer.

The country held its Presidential and Parliamentary elections on 21st May 2019 and there are reports of continued protests in various parts of the country by the parties contesting elections results. The post-election violence affected project implementation especially NFI distributions and T-Shelter construction in all the impact areas. It was difficult to continue with implementation of activities due to high tension in some hot spot areas. The project requested for 2 weeks no extension which was granted.

MRCS has already put in place an Election Preparedness Plan which is helping to lessen the impact of any eventual effects of elections on this operation. In the targeted communities, there are Community Police forums ensuring that the affected communities, especially women and children, were safe. These Community Police forums work hand in hand with the Malawi Police services to ensure maximum security is provided to all the IDPs. Floods response operation in affected areas can put volunteers at risk (difficult access, vehicle accident) therefore, to ensure their safety, operation has insured the 150 volunteers deployed.

## B. OPERATIONAL STRATEGY

### Overall Operational objective:

The primary objective of the operation is to meet immediate and early recovery needs of 14,000 households in five priority districts of Chikwawa, Zomba, Mulanje, Nsanje and Phalombe in shelter and non-food items, livelihoods and basic needs, health, WASH, PGI and National Society capacity strengthening for 18 months.

### Proposed Strategy

The overall strategy is to ensure that immediate and recovery needs are met in a dignified manner and affected communities have adopted the “building back better” approach. The provision of services is guided by the needs as identified through Interagency Assessments of which the Malawi RC has been part of and validated through community consultations. The Government of Malawi and its partners carried out the Post Disaster Needs Assessment (PDNA) that guides the recovery programming of the Malawi Red Cross operation, MRCS complemented this with the Baseline study specifically that focused on its recovery programming.

The response phase focused on the provision of immediate needs across shelter and basic needs, health, WASH and protection, gender and inclusion; with recovery interventions to overlap focusing on strengthening livelihoods, WASH, health, DRR, and capacity strengthening of the national society. The interventions are integrated and aligned with existing projects of the NS where applicable and are all aimed at building the resilience of the affected people. Malawi RC together with its Movement partners jointly implemented the response phase of the operation which has been concluded in June 2019.

The implementation of different sectors of recovery has been divided among Movement partners as indicated in the table below.

Area of Focus	Implementing Partner
Shelter	Danish RC led Consortium
Livelihood and basic needs	IFRC
Health	Danish RC led Consortium
Water, Sanitation, and Hygiene	Danish RC led Consortium
Protection, Gender and Inclusion	All partners
Disaster Risk Reduction	Danish RC led Consortium

Established coordination mechanisms (used for reviewing and planning) by MRCS and its partners through monthly meetings will ensure maximization of available resources and avoidance of efforts duplication.

**Disaster Risk Reduction:** This will entail developing and strengthening of people-centered 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 are being 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, lessons learned from the project will be used as basis for operation implementation especially in Nsanje district.

**Shelter:** Emergency shelter focused on provision of immediate needs such as shelter kits to the displaced families in the camps. This has benefited 14,000 families with shelter basic materials and 170 temporary shelters. A further 130 families will benefit from permanent resilient houses during the recovery phase. MRCS is promoting the *Building Back Better* approach, ensuring volunteers are capacitated to raise safe shelter awareness in the communities and training local artisans on safe construction.


**Livelihood and basic needs:** The proposed livelihood intervention is designed to focus on cash transfers to meet immediate food needs, provision of agricultural seeds and tools, livestock restocking and support to establish Village Savings and Loans Groups (VSLGs), to support affected households restore livelihoods and resume normal agricultural production activities. In total 2,461 households are benefitting from this intervention, and technical support is being provided through the IFRC office. The MRCS and its partners including the Malawi Government has finalized its livelihood support consultations and has a plan in place that is being rolled out.

**Health:** The MRCS has focused on building the capacity of the volunteers in communicable diseases and epidemic control. There is established referral system between the volunteers and health facilities. Volunteers are continuing to carry out awareness raising on prevalent diseases such as malaria and cholera and do community disease surveillance concurrently, in their own communities.

**Water, Sanitation and Hygiene:** The response phase concentrated on the immediate supply of water which is of good quality and quantity at evacuation sites/schools. Other activities included distribution of dignity/hygiene kits for women, adolescent girls to practice menstrual hygiene. Mosquito nets were also distributed among floods affected households to prevent them from risk of vector borne disease.

During the recovery phase the MRCS is making safe water accessible to the affected communities by rehabilitating boreholes, drilling new ones, installing solar water systems at health centers and installing chlorine dispensers at waterpoints. The MRCS is rolling out Participatory Hygiene and Sanitation Transformation (PHAST) / Urban Community Led Total Sanitation (UCLTS) activities to work towards creating a sustainable sanitation market in the communities and construct latrines that are more resilient to flooding.

## C. DETAILED OPERATIONAL PLAN

	<p><b>Disaster Risk Reduction</b></p> <p>People reached<sup>2</sup>: In progress</p> <p>Male:</p> <p>Female:</p>
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<b>Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
Community DRR Plans in place	5 Communities	0

<b>Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of communities with active DRR committees	5	0
<b>Progress towards outcomes</b>		
The implementation of this focus area has not yet started as the National Society has no resources yet towards this specific area of focus.		

<sup>2</sup> Reference to the counting people reached guidance



## Shelter

People reached: 71,225 people (14,251 households)

Male: 34,202

Female: 37,053

### 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

Indicators:	Target	Actual
# of households assisted that receive emergency shelter kits and awareness on safe shelter and good construction practices	14,000	14,251

#### Output 1.1: Short-term shelter and settlement assistance is provided to affected households

Indicators:	Target	Actual
# of families provided with shelter emergency kits, which meet the agreed standard for operational context	14,000 families	14,251
Support 170 vulnerable with finalisation of Temporary shelters	170 houses	170 houses
Support construction of 300 enhanced Temporary shelters to those unable to return home to a safe place (criteria)	300	0

#### 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

Indicator:	Target	Actual
% of pop presented with awareness orientation who can build a safe shelter and practice build better.	14,000 families	14,000
# of staff and & stakeholders in ToT PASSA	35 people trained	
# of Volunteers trained in PASSA and safe construction	120 volunteers	176
# of PASSA groups formed	15 PASSA Groups	0

#### Progress towards outcomes

Specific capacity building interventions included training of Community Development Facilitators in camp shelter construction and training of 176 volunteers on emergency shelter construction using the Build Back Better approach.



## Livelihoods and basic needs

People reached: 12,305 (In progress)

Male:5,906

Female:6,398


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

Indicators:	Target	Actual
10,000 HH of targeted population are supported by livelihoods interventions	10,000HH	In progress

#### Output 1.1: Skills development and/or productive assets and/or financial inclusion to improve income sources are provided to target population (off-farm livelihoods)

Indicators:	Target	Actual
% of targeted households that apply new acquired skills promoted by the project to strengthen or diversify their livelihoods	80%	In progress
# of Village Savings Groups established	20	In progress
# of Village and Saving Loan groups trained	20	In progress

# of VSLG provided with seed grants	20	In progress
<b>Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of target households that have enough sources of food and income to meet their survival threshold (including cash, voucher)	80%	In progress
# of beneficiaries who received cash transfers for food assistance	2,000 beneficiaries	In progress
<b>Livelihoods and basic needs Output 1.3: Household livelihoods security is enhanced through food production increased productivity and post-harvest management (agriculture-based livelihoods)</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of target households that restore their production to pre-disaster level	80%	In progress
# of households provided with agricultural inputs (seeds and tools)	1,080 HH	In progress
# of trainings for farmers in good agronomic practices	1,080	In progress
10 groups trained on livestock management	10	In progress
# of groups provided with 50 goats each	10	In progress
# of groups provided with treatment vouchers)	10	In progress
<b>Progress towards outcomes</b>		
MRC has just started with the rolling out of livelihoods interventions, after concluding the recovery baseline assessments; community and stakeholder consultations.		


	<p><b>Health</b></p> <p><b>People reached: 71,225 people (14,251 households)</b></p> <p>Male: 34,202</p> <p>Female: 37,053</p>
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<b>Health Outcome 1: The immediate risks to the health of affected populations are reduced</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
80% of the targeted pop demonstrate improved health care (decline in mortality rate, increased access to health services etc.	80%	Not measured yet
<b>Output 1.1: The health situation and immediate risks are assessed using agreed guidelines</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of assessments conducted based on standard IFRC and / or WHO assessment guidelines	1	1

<b>Output 1.2: Target population is provided with rapid medical management of injuries and diseases</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# patients provided with first aid services Target: 100% of all emergency cases in target communities	100%	100%
<b>Progress towards outcomes</b>		
MRCS volunteers through community mobilization gave health education on health issues in all relocation camps. Health was one of the components that was included in the baseline assessment carried out by MRCS. Volunteers with first aid skills were attended to minor injuries in the relocation camps, no new first aid training was carried out.		

<b>Output 1.4: Epidemic prevention and control measures carried out.</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people reached with epidemic control activities	100%	100%

<b>Output 1.5: Psychosocial support provided to the target population</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
% of people reached reporting satisfaction in PSS activities, including life skills Self-help	30%	Not yet measured
# of support groups are established	0	0
# of volunteers trained in PSS	0	206
<b>Progress towards outcomes</b>		
Approaches used in health and hygiene promotion (community sensitization meetings, distribution of IEC materials) resulted in more people benefiting from the intervention than initially projected.		

 <p><b>Water, sanitation and hygiene</b>            People reached: 71,225 people (14,251 households)            Male: 34,202            Female: 37,053</p>		
<b>Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
% of target population that has access to sufficient safe water	80%	100%
<b>Output 1.1: Continuous assessment of water, sanitation, and hygiene situation is carried out in targeted communities</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# and type of assessments carried out	1	1
<b>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</b>		
<b>Indicators:</b>	<b>Target</b>	<b>Actual</b>
# of people provided with safe water (according to WHO standards / Target: 15,000	15,000	71,255
% of people practicing good water handling practices which includes use of sufficient water storage container Target: 80%	80%	Not yet measured
# of households supported with various sanitation materials including chlorine, buckets and soap	14,000	14,251
<b>Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population</b>		
<b>Indicator</b>		
# of people reached by hygiene promotion activities	100%	71,255
# of people practising hygiene promotion	100%	Not yet measured
<b>Progress towards outcomes</b>		
To reinforce hygiene and ensure beneficiaries are not exposed to hygiene related diseases, the distribution of soaps and dignity kits was accompanied by awareness raising by the volunteers in the relocation camps.		

**Outcome 2: Immediate reduction in risk of waterborne and water related diseases in targeted communities**

Indicators:	Target	Actual
% of target population that both has access to and uses sustainable water supply % of target population using sanitation facilities Target: 50%	50%	Not yet measured
<b>WASH Output 2.2: Community managed water sources giving access to safe water is provided to target population</b>		
Indicators:	Target	Actual
# of people with access to safe water through borehole construction and rehabilitation	15,000HH	Not yet started
<b>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</b>		
Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards / Target: 15.000	15,000	71,255
% of people practicing good water handling practices which includes use of sufficient water storage container	80%	Not yet measured
<b>Progress towards outcomes</b>		
The project developed and disseminated Health and WASH related messages for behaviour change. Dissemination was done through MRCS volunteers. Chlorine to purify the water as well as buckets to store water were distributed to minimise contamination and ensure guarantee water safety.		



**Protection, Gender and Inclusion**

People reached: 71,225 people (14,251 households)

Male: 34,202

Female: 37,053

**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**

Indicators:	Target	Actual
% of people receiving services that include PGI considerations	100%	100%
<b>Inclusion and Protection Output 1.2: Emergency response operations prevent and respond to sexual- and gender-based violence and all forms of violence against children.</b>		
Indicators:	Target	Actual

# of people that receive awareness sessions or messages on PGI considerations, including SGBV	100%	100%

## Strengthen National Society

**S1.1: National Society capacity building and organizational development objectives are facilitated to ensure that National Societies have the necessary legal, ethical and financial foundations, systems and structures, competences and capacities to plan and perform**

Indicators:	Target	Actual
# of new volunteers recruited during the operation	150	177

**Output S1.1.4: National Societies have effective and motivated volunteers who are protected**

Indicators:	Target	Actual
# of key volunteering management guidelines revised/developed	30 staff, 150 volunteers	Not yet started

**Outcome 4: Effective and coordinated international disaster response is ensured**

Indicators:	Target	Actual
Aligned interventions between RC Movement partners	2	2

**Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained**

Indicators:	Target	Actual
# of coordination meetings	15	8

**Outcome S3.1: The IFRC secretariat, together with National Societies uses their unique position to influence decisions at local, national and international levels that affect the most vulnerable.**

Indicators:	Target	Actual
	2	0

**Output S3.1.1: IFRC and NS are visible, trusted and effective advocates on humanitarian issues**

Indicators:	Target	Actual
# press releases / joint statements on the operations	5	5

**Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.**

Indicators:	Target	Actual
# of community consultations held with affected communities		>20, ongoing consultations

**Output S3.2.1: Resource generation and related accountability models are developed and improved**

Indicators:	Target	Actual
# of feedback mechanisms put in place in all districts	5	5

**Output S4.1.3: Financial resources are safeguarded; quality financial and administrative support is provided contributing to efficient operations and ensuring effective use of assets; timely quality financial reporting to stakeholders**

Indicators:	Target	Actual
# of support missions by the Cluster Finance and Administration team to the operation	4	1
Quality and timeliness of reports generated	2	1

**Output S4.1.4: Staff security is prioritised in all IFRC activities**

<b>Indicators:</b>		
Awareness of security procedures by all staff involved in the operation	100%	100%
<b>Progress towards outcomes</b>		
The MRCS Communications department has been profiling the operation, facilitating field visit with different media houses, and sharing operations news through social media accounts.		

## D. BUDGET

The interim financial report is annexed to this report.

Reference documents

Click here for:

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

**For Malawi Red Cross National Society**

- Secretary General: Mcbain Kanongodza email: [mkanongodza@redcross.mw](mailto:mkanongodza@redcross.mw)

- Previous Appeals and updates
- [Emergency Plan of Action \(EPoA\)](#)

- Disaster Response and Recovery Specialist: Chisomo Teputepu, email: [cteputepu@redcross.mw](mailto:cteputepu@redcross.mw)

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

**For IFRC Resource Mobilization and Pledges support:**

**IFRC Africa Regional Office for Resource Mobilization and Pledge:**

- Franciscah Cherotich Kilel, Partnership and Resource Development, phone: +254 202 835 155; email: [franciscah.cherotich@ifrc.org](mailto:franciscah.cherotich@ifrc.org);

**For In-Kind donations and Mobilization table support:**

**IFRC Africa Regional Office for Logistics Unit:**

- Rishi Ramrakha, Head of Africa Regional Logistics Unit; phone: +254 733 888 022; email: [rishi.ramrakha@ifrc.org](mailto:rishi.ramrakha@ifrc.org) ;

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

**IFRC Africa Regional Office:**

- Illah Ouma, acting PMER Coordinator; email: [illah.ouma@ifrc.org](mailto:illah.ouma@ifrc.org); phone: +254 780 771 139

## 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.**



# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2019/9	Operation	MDRMW014
Budget Timeframe	2019/2-2020/9	Budget	APPROVED

Prepared on 01 Nov 2019

All figures are in Swiss Francs (CHF)

## MDRMW014 - Malawi - Floods

Operating Timeframe: 07 Feb 2019 to 30 Sep 2020; appeal launch date: 24 Apr 2019

### I. Emergency Appeal Funding Requirements

Thematic Area Code	Requirements CHF
AOF1 - Disaster risk reduction	100,000
AOF2 - Shelter	1,500,000
AOF3 - Livelihoods and basic needs	500,000
AOF4 - Health	100,000
AOF5 - Water, sanitation and hygiene	200,000
AOF6 - Protection, Gender & Inclusion	25,000
AOF7 - Migration	0
SFI1 - Strengthen National Societies	500,000
SFI2 - Effective international disaster management	375,000
SFI3 - Influence others as leading strategic partners	0
SFI4 - Ensure a strong IFRC	0
<b>Total Funding Requirements</b>	<b>3,300,000</b>
<b>Donor Response* as per 01 Nov 2019</b>	<b>372,529</b>
<b>Appeal Coverage</b>	<b>11.29%</b>

### II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	0	0	0
AOF2 - Shelter	82,532	97,925	-15,393
AOF3 - Livelihoods and basic needs	0	0	0
AOF4 - Health	0	-68	68
AOF5 - Water, sanitation and hygiene	22,694	2,469	20,225
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	52,820	23,228	29,592
SFI2 - Effective international disaster management	24,042	23,644	398
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	0	0	0
<b>Grand Total</b>	<b>182,088</b>	<b>147,198</b>	<b>34,890</b>

### III. Operating Movement & Closing Balance per 2019/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	843,268
Expenditure	-147,198
<b>Closing Balance</b>	<b>696,070</b>
Deferred Income	0
Funds Available	696,070

### IV. DREF Loan

* not included in Donor Response	Loan :	481,766	Reimbursed :	0	<b>Outstanding :</b>	<b>481,766</b>
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# Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2019/9	Operation	MDRMW014
Budget Timeframe	2019/2-2020/9	Budget	APPROVED

Prepared on 01 Nov 2019

All figures are in Swiss Francs (CHF)

## MDRMW014 - Malawi - Floods

Operating Timeframe: 07 Feb 2019 to 30 Sep 2020; appeal launch date: 24 Apr 2019

### V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	185,049				185,049		
China Red Cross, Hong Kong branch	25,707				25,707		
DREF Allocations				481,766	481,766		
Japanese Red Cross Society	91,222				91,222		
Singapore Red Cross Society	29,767				29,767		
The Canadian Red Cross Society (from Canadian Gov	29,757				29,757		
<b>Total Contributions and Other Income</b>	<b>361,502</b>	<b>0</b>	<b>0</b>	<b>481,766</b>	<b>843,268</b>	<b>0</b>	
<b>Total Income and Deferred Income</b>					<b>843,268</b>	<b>0</b>	