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Final Report

Malawi: Floods

 International Federation
of Red Cross and Red Crescent Societies

Emergency Appeal	Operation n° MDRMW014
Date of Issue: 20 December 2020	Glide number: FL-2019-000014-MWI
Operation start date: 07 February 2019	Operation end date: 30 September 2020
Host National Society: Malawi Red Cross Society (MRCS)	Operation budget: 3.2 mil CHF
Number of people affected: 975,588 people	Number of people assisted: 71,225 people (14,251 households)
Red Cross Red Crescent Movement partners involved in the operation: Danish Red Cross, Belgian Red Cross, Icelandic RC, Turkish RC, Netherlands RC, Swiss RC, IFRC Southern Africa Cluster Office	
Other partner organizations actively involved in the operation: 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).	

As per the financial report attached, this operation closed with a balance of CHF 32,589. The International Federation seeks approval from its donors to reallocate this balance to the DREF. Partners/Donors who have any questions in regards to this balances are kindly requested to contact Rui Alberto Oliveira (rui.oliveira@ifrc.org) within 30 days of publication of this final report. Pass this date the reallocation will be processed as indicated.

<Click [here](#) for the final financial report and [here](#) for contacts>

SITUATION ANALYSIS

Description of the disaster

Towards the end of the 2019 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, 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 as a 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 8 March 2019. 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 assets 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.

The Southern Region, which is prone to annual floods experienced floods again during 2019/2020 rain season affecting districts such as Nsanje, Karonga, Nkhonkhotakota, Chikwawa, Mchinji, Zomba and Phalombe. This has negatively impacted livelihood activities including destruction of crop fields supported through this Emergency Appeal. However, majority of the families managed to have good harvest through access to farm inputs (seeds) for replanting and consistent extension service support despite the floods.

Summary of response

Overview of Host National Society:

Fulfilling its auxiliary role, MRCS with the support of IFRC and the Consortium of partner National Societies reached 71,225 people affected by floods. Malawi RC developed the 'One Response Plan' outlining its flood response interventions in the six affected districts (Nsanje, Zomba, Phalombe, Machinga, Balaka and Mangochi) which was supported through an Emergency Appeal and bilaterally by a consortium of partners led by Danish Red Cross. 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. The National Society participated in interagency assessments that took place during both the response and recovery phases. MRCS in collaboration with Department of Disaster Management Affairs (DoDMA) provided essential life-saving support such as search and rescue and first aid as well supporting relocation of affected families to evacuation centres in affected districts. Additional support rendered during the response phase included services such as provision of temporary shelter, household items (HHIs), health and psychosocial support (PSS), clean water for drinking and household use, sanitation and hygiene promotion.

The recovery phase of the Emergency Appeal covered interventions such as cash transfers for immediate food needs, construction of permanent shelters, WASH, provision of seeds and fertilisers, formation of village savings groups and loan scheme (VSLs) and livestock restocking. MRCS and (DoDMA) jointly agreed on the return package to be given to displaced families returning to their villages.

The table below summarizes MRCS overall response actions:

Intervention focus	Male reached during the reporting period	Female reached during the reporting period	Total people reached during reporting period
Shelter	34,188	37,037	71,225
Livelihoods and basic needs	5,400	5,850	11,250
Health	34,188	37,037	71,225
Water, Sanitation and Hygiene (WASH)	34,188	37,037	71,225
NFIs	34,188	37,037	71,225

Overview of Red Cross Red Crescent Movement in country

IFRC has made its contribution to the Malawi Red Cross' Response Plan through the launch of Emergency Appeal amounting to 3.2 million CHF. DREF contributed in total 481,766 CHF to the operation. IFRC Africa Regional and Southern Africa Cluster Offices provided technical support to MRCS throughout the operation. A Shelter delegate and Operations Coordinator from Africa Regional Office were among the technical team deployed to Malawi during the early phase of the response February/March 2019 to support the set-up of the operation.

The consortium of partners led by Danish Red Cross supported the National Society technically and financially. The Other partner National Societies who formed part of the consortium were the Belgian Red Cross, Swiss Red Cross, Netherlands Red Cross and Icelandic Red Cross. The consortium deployed technical experts to support MRCS in areas such as coordination, shelter, logistics and procurement, and finance.

The Danish RC Consortium Livelihoods Delegate together with the IFRC Regional Food Security rendered technical support to the National Society during the implementation of the recovery phase.

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 is a member of the Civil Protection Committee and participates in all coordination meetings at national and district levels. The Humanitarian Country Team is the coordination platform for humanitarian 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 in Malawi and is chaired by UNDP. MRCS participated in Shelter and camp management, search and rescue, Food Security and WASH Clusters among others. MRCS co-chairs the Shelter & camp management Cluster.

The Government of Malawi activated and deployed search and rescue teams including MRCS staff to support operations in affected districts. The most notable partners are MRCS, GOAL Malawi, Eagle Relief, Care Malawi, World Vision and

CADECOM who supported the response with various items such as tents, hygiene kits, food items. UNICEF provided 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 provided mobile health clinics and WASH; Habitat for Humanity International and ShelterBox provided emergency shelter. WFP led the food and nutrition management while Ministry of Health had overall responsibility of all health-related within the response.

Needs analysis and scenario planning

Needs analysis

Response Phase: The government of Malawi (GoM) carried out the interagency assessments during mid-February and 2019 in all affected districts. The assessment involved government, UN agencies, humanitarian coordination team, MRCS and other national and international agencies and district councils.

The heavy rains caused significant damage to infrastructure, including houses, roads, bridges, water and irrigation systems. Most of the displaced people were in temporary evacuation sites/camps such as schools, churches, community buildings and spontaneous settings. Some of the evacuation sites were 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. Due to overcrowding in some camps, risks related to Sex and Gender Based Violence (SGBV) were anticipated, which was likely to exacerbate by the dire food and sanitary conditions as well as the lack of protection services.

The immediate needs of affected people recorded from initial assessment were:

- 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 were inaccessible due overflooded roads

Close to 100,000 people were displaced and needed basic services to address the needs highlighted by the assessments. The needs of the affected people were further confirmed through the process of affected by Red Cross staff and volunteers.

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. Malawi Red Cross designed its response interventions to meet the needs of the affected people as per the findings of the assessment.

Recovery Phase: In March 2019, the Government of Malawi, initiated the process of carrying out the Post Disaster Needs Assessment (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.

To inform further the design of its recovery programme, MRC carried out 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 were utilized during the implementation.

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

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.

WASH: Although many of the schools used as evacuation sites have some basic sanitation, none of the sites in the affected districts had the facilities with adequate water and sanitation capacity for the IDPs hosted there. The latrines were in most cases in very bad state and small in numbers putting the health of affected people at risk. Most districts had significant pools of stagnant waters after the heavy rains, which presented as conducive environment for mosquito breeding that could have increased incidences of malaria and waterborne diseases such as cholera.

Livelihoods and Agriculture: 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. The outright crop failure and immediate food insecurity was recorded for 2,300,363 farming households.

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.

Protection, Gender and Inclusion: 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.

Three sites in southern Nsanje received close to 900 displaced individuals from Mozambique, who were integrated in the support given by Malawi RC.

Scenario planning

The rains stopped as projected in the best-case scenario of the Emergency Appeal. The National Society therefore continued its support to the target population as planned during the design of the Emergency Appeal and within the constraint of available resources.

Risk Analysis

Accessibility to some of the communities was not possible due to damaged roads, in the early days of the operation. During the rapid and inter agency assessments, MRCS had to deploy its engine boats to help access cut-off communities.

The outbreak of Covid-19 pandemic posed a risk to both staff and volunteers due to the spread mode of the disease. Malawi RC had to immediately adjust its operational strategies to ensure adherence to Covid-19 regulations and duty of care for its staff and volunteers.

The risk mitigation measures put in place by the MRCS, helped minimize challenges experienced during the operation

B. OPERATIONAL STRATEGY

Overall Operational objective:

The primary objective of the operation was to meet immediate and early recovery needs of 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, PGI and National Society capacity strengthening for 18 months.

Proposed Strategy

The overall strategy was to ensure that immediate and recovery needs were met in a dignified manner and affected communities have adopted the “building back safer” approach. The provision of services was guided by the needs as identified through Interagency Assessments of which the MRCS had been part of and validated through community consultations. The Government of Malawi and its partners carried out the Post Disaster Needs Assessment (PDNA) that guided 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 National Society where applicable and were all aimed at building the resilience of the affected people.

A relief package, which guided the distribution of relief items was agreed by Malawi RC and the Government. The package included: Maize (50kg bag), beans (10Kgs), 2 blankets, 2 mosquito nets and 2 litres cooking oil; 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 government provided food items while Malawi RC provided non-food items.


Community engagement and accountability was critical to the successful implementation of the entire operation. The operation incorporated principles of Community Engagement and Accountability (CEA) to ensure that communities were part of the interventions in all phases of implementation. The process assisted in identification of key problems, prioritization of activities, involvement of men and women including their roles and responsibilities, beneficiary identification, monitoring and reviewing the progress of the operation. Beneficiary Satisfaction Survey report carried out found that 94% of the beneficiaries expressed satisfaction with implementation of the recovery project.

The cash and seeds Post Distribution Monitoring (PDM) Report conducted in January 2020 revealed that cash was greatly needed by the beneficiaries and was used to meet not only immediate basic needs but also facilitated the strengthening of resilience of the households to future shocks. Most of the households prioritized spending on house improvements/reconstructions and this was followed by spending on food and agriculture inputs.

Central to the strategy was the MRCS District staff and volunteers. All five districts were engaged in the flood response, and at that time had been trained in key skills around assessment and open data kit (ODK) collection, cash transfer program (CTP) distribution systems and processes, monitoring and CEA. This enabled implementation to commence with staff and volunteers equipped to carry out the activities in competent manner.

Established coordination mechanisms (used for reviewing and planning) by MRCS and its partners through monthly meetings has ensured maximization of available resources and avoidance of efforts duplication with other actors.

C. DETAILED OPERATIONAL PLAN

	<p>Disaster Risk Reduction</p> <p>People reached¹: 71,225 people (14,251 households)</p> <p>Male:34,188</p> <p>Female: 37,037</p>
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Outcome 1: Communities in high risk areas are prepared for and able to respond to disaster

Indicators:	Target	Actual
Community DRR Plans in place	5 Communities	5

Output 1.1: Communities take active steps to strengthen their preparedness for timely and effective response to disasters.

Indicators:	Target	Actual
# of communities with active DRR committees	5	5

Narrative description of achievements

Due to limited resources, the project worked with existing community DRR structures which were supported by other projects within MRCS such as COMREP (Community Resilience Programme) and Disaster Preparedness in Southern African Countries (DIPSAC).

Some of the DRR interventions carried out under those projects are such as:

- Early warning systems set up in the communities using river gauges
- Construction of dykes; covering of houses with plastic sheets to prevent wall softening and collapsing due to rains and constructing houses with raised and strong foundations
- Preparation of relocation sites.

In addition, the project supported development/ updating of district and community contingency plans. This was completed in close collaboration with the District Assemblies.

In light of increasing frequency and intensity of the emergencies across the country, Malawi Red Cross has continued to enhance its preparedness capacities for its staff and volunteers. During implementation, through IFRC, partner national societies and government funds, 60 MRCS National Response Teams (NRTs) were trained on the new IFRC NRT curriculum.

¹ Reference to the counting people reached guidance

The training involved both national and district level staff as well as volunteers. IFRC staff co-facilitated the training. The National Society management expressed satisfaction with the training and have strong confidence that the MRCS will effectively play its auxiliary role when it comes to disaster response.

To further strengthen the MRCS disaster preparedness capacity, a number of NRT participated in various international trainings and meetings facilitated by IFRC and other RCRC Movement partners. Some of the trainings included emergency needs assessment and planning; African Decision Makers ToT training; Voucher and Cash Assistance ToT Training; Basic Livelihoods course; shelter technical training.

Challenges

The trained NRT teams have not been equipped, but the NS has committed to continue mobilising resources and work with its partners on this aspect.

Lessons Learned

The operation did not implement DRR interventions directly rather the work undertaken by other MRCS projects were integrated into the programmes. This was good approach as it reduced duplication of efforts. The Community DRM structures are part of government system and this ensures sustainability beyond the life span of the operation.



Shelter

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

Male: 34,188

Female: 37,037

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
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# of households assisted that receive emergency shelter kits and awareness on safe shelter and good construction practices	13,943	14,251
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Output 1.1: Short-term shelter and settlement assistance is provided to affected households

Indicators:	Target	Actual
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# of families provided with shelter emergency kits, which meet the agreed standard for operational context	13,943	14,251
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Support 170 vulnerable families with finalisation of Temporary shelters	170	170
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Support construction of 300 enhanced Temporary shelters to those unable to return home to a safe place (criteria)	300	170
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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
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% of families presented with awareness orientation who can build a safe shelter and practice build better.	100%	100%
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# of staff and & stakeholders in ToT PASSA	35	37
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# of Volunteers trained in PASSA and safe construction	120	176
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# of PASSA groups formed	15	0
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Narrative description of achievements

- During response period, 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.



Figure 1: Temporary Shelter, photo credit: Malawi RC



Figure 2 : Completed Permanent Shelter, photo credit: Malawi RC

- Transitional shelter (T-Shelter) constructed under response phase were upgraded into complete permanent houses through the cash transfer provided during the recovery phase. Many beneficiaries expressed satisfaction with the MRCS strategy of enabling them to access to cash to the value of value of K35,000, which enabled them to complete their houses and fulfil other basic needs. MRCS used local artisans to support target families with construction. This was achieved through training provided by MRCS Shelter Coordinator, an expert in construction, who trained 37 artisans in the construction of weather resilient shelters. The artisans were trained using PASSA approach. Specifically, the training focused on general site selection, how to avoid hazards, construction techniques, quality, and control in terms of construction materials and execution of the structures. The artisans were also taught how to design resilient shelter and compliance with legal framework. The communities in these districts therefore have teams of artisans who have knowledge and capacity on how to build resilient houses that comply with Malawi’s Build Back Better resilient shelters.
- In total 176 Community Development Facilitators and volunteers were trained in camp shelter construction using the Build Back Better approach. Trained volunteers were instrumental in creating awareness in the target communities regarding safe shelter. Throughout the operation, volunteers continued to raise awareness among the affected population on building back safer 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. The construction of houses afforded economic opportunities for the local artisans in their own communities.

Challenges

Many of the affected households required permanent shelter support, however the operation was not able to support all of them due to limited resources.

Lessons Learned

The operation used integrated approach, combined humanitarian and livelihoods which is critical in meeting basic needs but also links to resilience building options including the food security and livelihoods. The support will be sustained through involvement of national society’s volunteers but also government structures which will continue supporting the beneficiaries with technical support.



Livelihoods and basic needs

People reached: 11,250

Male: 5,400

Female: 5,850

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	10,000	2,250

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%	22.5%
# of Village Savings Groups established	20	20
# of Village and Saving Loan groups trained	20	20
# of VSLG provided with seed grants	20	20

Output 1.2: Basic needs assistance for livelihoods security including food is provided to the most affected communities

Indicators:	Target	Actual
# of target households that have enough sources of food and income to meet their survival threshold (including cash, voucher)	80%	22,5%%
# of beneficiaries who received cash transfers for food assistance	18,000	10,000

Livelihoods and basic needs Output 1.3: Household livelihoods security is enhanced through food production increased productivity and post-harvest management (agriculture-based livelihoods)

Indicators:	Target	Actual
# of target households that restore their production to pre-disaster level	80%	22.5%%
# of households provided with agricultural inputs (seeds and tools)	1,080	2,250
# of trainings for farmers in good agronomic practices	1,080	2,000
10 groups trained on livestock management	10	21
# of groups provided with 50 goats each	10	21
# of groups provided with treatment vouchers)	10	21

Narrative description of achievements

The Malawi government declared July 1st, 2019 a transition date from emergency response to a recovery phase. 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 during August and September 2019.

The baseline focused on establishing recovery project indicators and understanding the community recovery needs. Key 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 communities. On the cash delivery mode, they prefer the direct cash delivery through companies such 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. 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.

MRC started the rolling out of livelihoods interventions, after concluding assessments and community and stakeholder consultations.

The livelihoods intervention focused on cash transfers to meet immediate food needs, provision of agricultural seeds and tools, livestock restocking and support with establishment of Village Savings and Loans Associations, aimed at supporting affected households to restore livelihoods and resume normal agricultural production activities, In total only 2,250 families benefited from interventions due to poor coverage of the Emergency Appeal.

a) **Agricultural Input support:** Due to big losses experienced in terms of agricultural land, tools, food and seed stock, the affected people needed support to resume agricultural activities. All the targeted 2,000 households received the cereals namely, rice, sorghum, and millet by November 2019.

Households also received the legume seeds: 282 families in Nsanje got the cowpeas and 1,718 households in Chikwawa, Phalombe and Mulanje received pigeon peas. Vegetable seeds, Chinese cabbage, mustard and

amaranthus were distributed to 2,000 households with each receiving 10gm. Sweet potato vines were distributed to 2,250 households with each of the 2,000 getting 8 bundles (100 pieces and 30cm long) in all the districts while 250 additional households in Nsanje District received 6 bundles with the support received from Botswana Red Cross Society. All the 2,000 households each received 25kg of NPK basal dressing fertilizer and urea top dressing fertilizer.

It was observed that most of the crop fields for rice were well managed in terms of weeding and had very good crop stand. There was promising harvest this year due to fertile alluvial soils as a result of 2019 floods. The vegetable gardens that some households established looked very good especially for mustard.

All agricultural activities were first introduced to village lead farmers, staff, district, and GVH stakeholders through a series of trainings in agricultural conservation, pest control and vegetable production. All distributions were leveraged to reinforce good agricultural practices and disseminate hygiene promotion and health messages.

b) Cash transfers for basic needs:

Given the fact that most of the targeted households have lost access to food, unconditional cash transfers were disbursed for a period of 3 months. The 2,000 households received unconditional Cash Transfers October – Dec 2019 (supported by both IFRC and Danish RC led consortium) with each getting a cash value of K35,000. The cash



Malawi Red Cross Staff at the Rice Stand of one of the beneficiaries in Chikwawa, Photo by MRCS

support was given to the households supported with agricultural interventions to ensure they have enough access to food as they work on the individual crop fields.

c) Support to Village Savings and Loans Groups (VSLGs): MRCS supported 20 groups to start savings and loans schemes to help in raising funds for investments in income generating activities and meeting other household needs. Training in VSL Concept for VSL Agents and VSL groups in three districts of Chikwawa, Nsanje and Mulanje was conducted. A total of 250 (73M; 177F) members from 20 groups were trained. In addition, total of 28 VSL Agents (14M; 14F) were trained from the same districts. The training aimed at imparting knowledge and skills to participants with saving culture and entrepreneurship skills to sustain their households economically and become self-reliant.

Support to these groups included training and skills development, provision of basic equipment and materials (cash box, stationery, padlocks, ledger books) to motivate the groups to start saving. The VSLGs will also be supported to link to cash for work opportunities (e.g. with WFP) to earn incomes and be able to contribute to the savings scheme.

d) Livestock restocking: Small livestock keeping is key to livelihoods in rural Malawi but unfortunately the floods killed thousands of livestock and destroyed pastureland.

As part of preparations for distribution of goats in early December 2019, training sessions were carried out for the goat production groups and Community Animal Health Workers (CAHW) on livestock management and group dynamics and leadership skills.

All the 210 targeted households in 21 groups and 33 CAHW received the training, and thereafter households constructed the goat houses (kraals). The distribution of goats was completed during the month of May 2020, with the procurement technical support of IFRC Nairobi office.



Beneficiaries in Mulanje District Constructing a Goat House. Picture by Malawi RC



Figure 3: Mr Chikuse in red T-shirt witnessing goat distribution in Mulanje: Photo by MRCs

The goats were procured through the supplier tender process as advised by IFRC- goat fair approach. The lengthy procurement process resulted into delays of the procurement of the goats and the distribution only took place in the month of May 2020 and not in April as initially planned. All the targeted 1,050 goats (840 nannies and 210 bucks) were distributed to 210 families with each receiving 5 goats (4 nannies and 1 buck) making a total of 1,050 goats. Before the distribution, the targeted people were reminded of their group constitutions they have developed to govern the management of the goats, in addition to the technical knowledge and skills acquired through the training to ensure the Goat Pass-on Programme becomes a success. This was followed by beneficiary verification then signing of the Memorandum of Understanding

(MOU) whose contents were also clearly explained to the understanding of all the beneficiaries. Each beneficiary signed the MOU to acknowledge receipt of the 5 goats (4 nannies and 1 buck) with the local leaders being witnesses on one hand and the District Coordinator on behalf of MRCs and witnessed by the District Animal Health and Livestock Development Officer (DAHLDO) representing the Government, on the other hand.

Challenges

Delayed provision of livestock, beneficiaries received goats towards the end of the project which limited further support by the project team. In order to mitigate this, the operation linked the beneficiaries to the government and Red Cross structures so that there is continued support.

Lessons Learned

Timely support for livelihood interventions is critical as it requires more time for monitoring and technical support. Government through the Department of Livestock will continue to monitor the livestock groups and provide necessary support regarding management. Integration with VSL component will ensure that cash circulation and saving culture among beneficiaries is strengthened.



Health

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

Male:34,188

Female: 37,037

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

Indicators:	Target	Actual
80% of the targeted pop demonstrate improved health care (decline in mortality rate, increased access to health services etc.	80%	80%

Output 1.1: The health situation and immediate risks are assessed using agreed guidelines

Indicators:	Target	Actual
# of assessments conducted based on standard IFRC and / or WHO assessment guidelines	1	1

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

Indicators:	Target	Actual
#patients provided with first aid services	650	650
100% of all emergency cases in target communities	100%	100%

Output 1.4: Epidemic prevention and control measures carried out.

Indicators:	Target	Actual
# of people reached with epidemic control activities	69,713	71,225

Output 1.5: Psychosocial support provided to the target population

Indicators:	Target	Actual
% of people reached reporting satisfaction in PSS activities, including life skills Self-help	30%	30%
# of support groups are established	Not set at planning stage	0
# of volunteers trained in PSS	50	10

Output 1.6: Severe Acute Malnutrition is addressed in the target population.

Indicators:	Target	Actual
# of children under five screened and referred	35	35

Narrative description of achievements

The Health team of the MRCS were part of the ongoing assessment teams and focused on identification of health needs that informed the design of the health delivery strategy. Volunteers delivering health messages were also supported and monitored throughout the entire period of the operation.

In total 10 First Aid ToT were trained in first aid and reached 650 people with different first aid services. Malawi RC has over 200 volunteers trained in First Aid; an important capacity needed especially during emergencies. All the injuries and other cases requiring first aid services were attended to by the trained volunteers.

MRCS volunteers through community mobilization raised awareness on various health matters such as diarrhea/cholera, malaria, TB prevention in all relocation camps. In addition, Covid-19 messaging were integrated in the awareness sessions carried out after the pandemic. Volunteers used approaches such as community meetings, house-to-house visits and distribution of IEC materials to reach out to affected population. The interventions reached 100% of targeted population, while close to 50,000 IEC material, sourced mainly from MOH, were distributed.

The health component also focused on supporting 19 Nutrition Rehabilitation Units, mobile and static clinics in the 27 village groups across the four districts. All activities were implemented with support from the Ministry of Health, volunteers and Community Development Facilitators assisting nutrition messaging and infant growth monitoring.

Total of 337 caregivers, volunteers and MOH staff were reached with nutrition training. These activities at community level were further supported by the community health centres providing for skills and knowledge transfer to women groups and community groups. MRCS staff provided a series of trainings on Communicable Disease Control, which was very timely, as the trainings are also complementing to the current COVID-19 response in Hygiene Promotion and Community Based Surveillance.

Nutrition and health activities recorded a good reach into communities with messaging, training, immunization and growth monitoring. Estimated 300 children were screened and 35 were referred for further screening and management at health facilities. The nature of the interventions were designed in such a way that the trainings and follow-up provided during the implementation would enable both the community development facilitators and clinic staff to maintain activities initiated by MRCS providing periodic monitoring to ensure consistency and backstopping.

Estimated 30% of 650 people who received first aid also received PSS services translating into 195 people. Volunteers across the country were oriented on PSS. In providing FA, volunteers were also providing PSS activities. No PSS support groups were established as the need was not expressed by the community during ongoing monitoring.

Challenges

- Competing priorities in the government health sector caused some activities to be delayed because MRCS had to wait for the stakeholders to be available for joint implementation.

Lessons Learned

- The integration of Health and WASH proved to be holistic and cost effective.
- Outreach mobile clinics are essential to improving Immunization coverage since health centres are far apart and not easily accessible for some populations. Following caregivers to their communities ensured that all age appropriate children got their Immunizations as scheduled.
- IDPs preferred integrated services by outreach clinics such as Sexual Reproductive Health and HIV Testing and Counselling.
- Communities prefer to have growth monitoring sessions combined with supplementary feeding program to save them time when children are recommended for that service.



Water, sanitation and hygiene

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

Male: 34,188

Female: 37,037

Outcome 1: Immediate reduction in risk of waterborne and water related diseases in targeted communities

Indicators:	Target	Actual
% of target population that has access to sufficient safe water	80%	100%

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

Indicators:	Target	Actual
# and type of assessments carried out	1	1

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

Indicators:	Target	Actual
# of people provided with safe water (according to WHO standards)	15,000	71,225
% of people practicing good water handling practices which includes use of sufficient water storage container	80%	80%
# of households supported with various sanitation materials including chlorine, buckets and soap	13,943	14,251

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

Indicators	Target	Actual
# of people provided with excreta disposal facilities	34,856	36,697
Output 1.4: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population		
Indicator		
# of people reached by hygiene promotion activities	69,713	57,004
# of people practising hygiene promotion	69,713	57,004

Narrative description of achievements

Rapid assessments on the WASH situation in the affected areas were followed by ongoing monitoring of the ongoing work in different areas. 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. 57,004 people were reached (80% of 71,255 people targeted).

The project promoted use of safe water in the households obtained from safe drinking points as well safe storage of the water in the households. Chlorine to purify the water as well as buckets to store water were distributed to ensure safe water storage to all targeted households. Village Health Committees and MRCS volunteers (366 people) from 25 committees were trained in basic WASH in order to promote Community Hygiene Promotion. Malawi Red Cross volunteers conducted visits to 1,200 households providing one to one counselling on water, sanitation and hygiene.

The WASH program targeted the schools used as community shelters during and after disasters especially those with inadequate numbers of sanitation facilities – latrines, urinals, washing stations, and menstrual rooms - a substantial amount of facilities required either desludging or building. Besides, schools with inadequate access to clean water and communities where new houses were built, were provided with new boreholes.

A total of 230 WASH facilities (these include urinals, latrines and menstrual hygiene rooms) in 24 schools have been rehabilitated under the Floods Recovery project; 126 in Chikwawa, 30 in Phalombe, 60 in Mulanje and 14 in Nsanje. This will benefit the 36,697 children who are enrolled in these schools.

The sanitation situation has greatly improved in targeted schools, and this will contribute to good health of school going children.

Essential WASH relief items, such as soap, chlorine tablets, and buckets, in addition to hygiene promotion activities were also provided. Awareness sessions by the volunteers included toilet hygiene to ensure toilets are kept clean at all times.



Rehabilitated latrine in Phalombe; Photo by MRCS

Challenges

- The COVID-19 pandemic led to the suspension of group and interactive activities such as training on Community Led Total Sanitation, House to house visits and Mass Hygiene promotion due to restrictions introduced by the government.
- Community mobilization in the face of Covid-19 pandemic was difficult. Latrine construction relied on the mobilization of local materials like sand, bricks and water as per agreement with the School Management Committee; this was difficult because local authorities were barred from assembling people together for group action.
- The WASH component encountered funding constraints which led to the non-implementation of some activities. The funding flow was inconsistent. This made it difficult to implement smoothly as teams had to cancel plans from time to time, thereby inconveniencing partner stakeholders.
- The CLTS policy of “no subsidies to latrine construction” impacted the project negatively in sites where shelters were constructed. We lacked incentives to motivate target families to construct their household latrines.

Lessons Learned

- Involving communities in construction projects is cheaper, promotes ownership and builds local capacities (artisans).
- Printing hygiene promotion messages on t-shirts served multiple purposes of i) information dissemination, ii) promotion of visibility and iii) volunteer motivation.
- Pit latrines with rectangular shapes easily collapse as compared to those dug round in shape. Beneficiaries of new shelter were encouraged to dig round pits and line them with bricks to promote stability.

- Staff training on technical guidelines is essential for quality implementation. Upon orientation on different WASH topics, the project team was confident, motivated and knowledgeable to carry out their functions.
- Though public schools have Sanitation patrons and clubs, school sanitation and hygiene is hampered by the lack of cleaning utensils and detergents.
- Adolescent girls are willing to attend classes during menstruation, but the lack of menstrual hygiene facilities hinders them, and they opt to stay home instead.
- Volunteer house to house visits are instrumental in effecting behaviour change amongst communities. People trust their messages and regard them highly in the community.

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	50%	43%
% of target population using sanitation facilities	50%	53%

WASH Output 2.2: Community managed water sources giving access to safe water is provided to target population

Indicators:	Target	Actual
# of people with access to safe water through borehole construction and rehabilitation	15,000	15,000

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

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%	100%

Narrative description of achievements

The project developed and disseminated Health and WASH related messages for behaviour change. Chlorine to purify the water as well as buckets to store water were distributed to all targeted households ensure safe water storage and availability. Due to funding availability, MRCS only drilled 12 boreholes across the 4 districts hence reaching over 3,000 households during recovery. The National Society had planned to drill 20 boreholes.

Challenges

- Borehole drilling encountered a lot of hiccups; breakdown of machinery from time to time due to stone borders especially in Phalombe, difficulty in vehicle mobilization during the rainy season due to road impassability and high salinity levels in 2 of the 10 wet boreholes drilled. The impassable communities were drilled after the rainy season when the roads had dried up. Through coordination, the government together with the communities constructed a strong bridge which enabled the drilling rig to pass across.
- The drilling of eight boreholes and installation of solar powered water supply was not implemented due to funding constraints.

Lessons Learned

- Training community leaders in pre-drilling activities promoted ownership among the community members. They were able to follow events and support the drillers during all construction phases. This will be emulated in all WASH projects with a component of borehole drilling.
- Rehabilitation of water points is effective in providing access to safe water for large numbers of people using minimal resources. The rehabilitation also serves as refresher courses for Water point Committees because they learn how to fix spare parts from expert mechanics. Deliberate efforts will be made to include Water Point Refresher trainings as part of Borehole rehabilitation.



Protection, Gender and Inclusion

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

Male:

Female:

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
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% of people receiving services that include PGI considerations	100%	100%
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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.

Indicators:	Target	Actual
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# of people that receive awareness sessions or messages on PGI considerations, including SGBV	69,713	20,913
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Narrative description of achievements

General awareness raising by the volunteers included messages on gender-based violence as well as protection of vulnerable members of the affected communities. This was however limited as not so many volunteers have prior knowledge in GBV aspects. The MRCS is committed to prioritize SGBV capacity for future operations.

Challenges

- There were no dedicated capacity building sessions on PGI for our volunteers, nevertheless the PGI component was mainstreamed in the project interventions by staff through trainings and review meetings.

Lessons Learned

- Focus Group Discussions conducted at baseline informed strategies that were used during implementation across sectors ensuring that access, dignity, participation and safety were incorporated. The project was able to select deserving beneficiaries in an inclusive manner, design shelters, boreholes and latrines that were accessible by the disabled and implemented activities whilst ensuring protection issues that affect beneficiaries. Going forward, MRCS will train all volunteers in PGI as part of project implementation.

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
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# of new volunteers recruited during the operation	150	150
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Output S1.1.4: National Societies have effective and motivated volunteers who are protected

Indicators:	Target	Actual
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# of key volunteering management guidelines revised/developed	2	0
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Outcome 4: Effective and coordinated international disaster response is ensured

Indicators:	Target	Actual
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Aligned interventions between RC Movement partners	2	2
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Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained

Indicators:	Target	Actual
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# of coordination meetings	15	16
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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
press releases/ joint statements on the operations	2	3

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	40	30

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	0	4

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	0	4
Quality and timeliness of reports generated	0	3

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

Indicators:	Target	Actual
Awareness of security procedures by all staff involved in the operation	100%	100%

Narrative description of achievements

The One Response Plan developed by the Malawi Red Cross Society was a good initiative to coordinate the support from its partners both within and outside the Red Cross Movement. With Danish Red Cross leading the consortium, there was generally a cooperation with the rest of the Partner National Societies as well as the IFRC.

The MRCS mobilised 15 good 0 volunteers to support different areas of the operation. Volunteers were oriented on the goal, objectives of the operation in relation to their specific roles and responsibilities. MRCS ensures that all its volunteers understand and have signed the Code of Conduct. To fulfil its duty of care towards its volunteers MRCS ensures the volunteers involved in the operation are not overworked through proper scheduling of their tasks. No signs of stress or burn out was picked up among the volunteers. Regalia such as t-shirts, bibs and caps were given to all the volunteers for identification and visibility.

IFRC deployed its Nairobi based Operations Coordinator to Malawi to support the set-up of the operation. Red Cross Movement partners coordination meetings were held daily at the beginning of the operation and reduced to weekly and later monthly as things stabilised on the ground. Government led, as well as UN coordination meeting were attended regularly by the representatives of the MRCS and its RCRC partners. The MRCS with the support of IFRC and PNS Shelter Delegate successfully co-chaired the Shelter Cluster, which has resulted in MRCS being recognised as a key player in shelter by the Malawi government.

The communications team of the MRCS has been profiling the operation through press release as well as Facebook on key milestones of the operation such as completion of T-shelter as well as the permanent houses (<https://www.facebook.com/malawiredcross/videos/malawi-red-cross-floods-response/2049659048669106/>). The government of Malawi highly commended the work of the National Society especially the shelter support to affected communities.

In a bid to promote accountability, transparency and community engagement and accountability, MRCS The National Society has partnered with Deloitte to set up *Tip-Off Anonymous* line for the members of the public, staff and volunteers to report any observed or suspected corruption, fraud or abuse of resources of the Red Cross, which also benefitted this operation. There was no reported suspected fraud or corruption which could be attributed to heightened awareness of reporting mechanisms.

To strengthen financial management capacity, MRCS managed to train almost 25 individuals on various aspects on financial management. The training included non-finance people and finance personnel.

Coordination of the operation between IFRC and Danish RC led consortium has been challenging as there was no MOU in place to guide the cooperation and collaboration on different areas such as procurement, reporting, personnel to support the implementation. It is recommended in future to have clear MOUs at the start of the operation to support the agreed working modalities or partnerships.

The MRCS president and the Board carried out a field visit to the monitor the implementation of interventions in all targeted districts. A team of almost 25 participated the visit. The board provided the feedback to the implementing teams on improvements and learning, emphasising importance of sustainability of the branches and activities beyond the operation timeframe.

Challenges

There are still capacity gaps in the national society in terms of disaster related equipment like protective materials, early warning and communication materials. Though some projects are facilitating to support, the gap still require strengthening.

Lessons Learned

Having an MOU clearly stipulating roles and responsibilities of different partners is key to ensure smooth implementation of Appeal activities. The board and senior management team were able to appreciate the work being undertaken on ground in relation to the resources being used for the operations. This also gave an opportunity to interact with affected families of the operation so that they learn on how the program is changing lives of people.

D. Financial Report

Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2020/12	Operation	MDRMW014
Budget Timeframe	2019-2020	Budget	APPROVED

Prepared on 30 Jan 2021

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
Total Funding Requirements	3,300,000
Donor Response* as per 30 Jan 2021	503,358
Appeal Coverage	15.25%

II. IFRC Operating Budget Implementation

Thematic Area Code	Budget	Expenditure	Variance
AOF1 - Disaster risk reduction	2,147	2,147	0
AOF2 - Shelter	230,798	231,014	-215
AOF3 - Livelihoods and basic needs	394,846	394,846	0
AOF4 - Health	-68	-68	0
AOF5 - Water, sanitation and hygiene	2,469	2,469	0
AOF6 - Protection, Gender & Inclusion	0	0	0
AOF7 - Migration	0	0	0
SFI1 - Strengthen National Societies	266,711	266,711	0
SFI2 - Effective international disaster management	55,753	55,417	336
SFI3 - Influence others as leading strategic partners	0	0	0
SFI4 - Ensure a strong IFRC	0	0	0
Grand Total	952,656	952,535	121

III. Operating Movement & Closing Balance per 2020/12

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	985,124
Expenditure	-952,535
Closing Balance	32,589
Deferred Income	0
Funds Available	32,589

IV. DREF Loan

* not included in Donor Response	Loan :	481,766	Reimbursed :	0	Outstanding :	481,766
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Emergency Appeal

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2019/2-2020/12	Operation	MDRMW014
Budget Timeframe	2019-2020	Budget	APPROVED

Prepared on 30 Jan 2021

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	42,839				42,839		
DREF Allocations				481,766	481,766		
European Commission - DG ECHO	113,696				113,696		
Japanese Red Cross Society	91,222				91,222		
Red Cross of Monaco	11,027				11,027		
Singapore Red Cross Society	29,767				29,767		
The Canadian Red Cross Society (from Canadian Gov	29,757				29,757		
Total Contributions and Other Income	503,358	0	0	481,766	985,124	0	
Total Income and Deferred Income					985,124	0	

Reference documents

Click here for:

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

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

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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**.