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| Emergency appeal №: MDRMW015 Emergency appeal launched: 02/02/2022 Operational Strategy published: 17/02/2022 | Glide №: SS-2021-000196-MWI |
| Operation update #1 Date of issue: 07/04/2022 | Timeframe covered by this update: From 08/12/2021 to 15/03/2022 |
| Operation timeframe: 18 months (08/12/2021– 30/06/2023) | Number of people being assisted: 32,000 |
| Funding requirements (CHF): CHF 4.5 million through the IFRC Emergency Appeal CHF 6.5 million Federation-wide | DREF amount initially allocated: CHF 750,000 |

This [Emergency Appeal seeks CHF 4,5 million](#) and stands at 44 percent funded to date. Further funding contributions are needed to enable the Malawi Red Cross Society (MRCS), with the support of the IFRC and other Movement partners, to provide humanitarian assistance and protection to 161,000 people affected by the devastating sequence of floods and storms that have hit Malawi this year.



A. SITUATION ANALYSIS

Description of the crisis

Malawi has been affected by significant floods since the start of the 2021-22 rainy season in December 2021. The IFRC launched a [DREF on 9 December 2021](#) in support of MRCS to respond to excessive flooding in Salima District. With continued heavy seasonal rains, the flooding spread and the IFRC made a second allocation from the DREF for MRCS to scale up their response in the two new districts of Nsanje and Chikwawa.

On 24 January Southern and Central Districts were lashed by Tropical Storm Ana bringing further severe flooding which exacerbated the already difficult situation for thousands of families, causing significant damage to homes, livelihoods, social and public infrastructure, and displacement. Within two months on 11 February a second Tropical Storm, again brought heavy rainfall to Southern Malawi resulting in further flooding, bringing more damage, and in some cases causing the secondary displacement of families in camps.

This combination of flooding due to seasonal rains and consecutive storms has left a trail of destruction and displacement. Emergency support has come to those families in camps, but the needs still outstrip the capacity and more support is needed. The situation in camps remains poor, with restricted access to safe water, poor hygiene and sanitation, and reduced access to basic health care, which has increased the risks to already vulnerable families. Living conditions in the camps in the aftermath of Tropical Storms Ana and Gombe remain extremely precarious and are conducive to the spread of communicable diseases including Cholera with the first cases reported in the District of Nsanje by mid-February. The Malawi rainy season runs from November to April and cyclones forming in the Indian Ocean impacting the same areas are still possible during this season.

Covid-19 and an outbreak of wild poliovirus in Lilongwe district, the first such case in the country in 30 years, reported on 17 February compound the severity of the situation. The Ministry of Health reported a confirmed case of Type 1 wild poliovirus (WPV1) in Lilongwe district, Malawi on 17 February 2022. To respond to the polio outbreak in support of the Government on [7 March 2022 the IFRC launched a DREF](#) to support MRCS.

Tropical Storm Ana

Tropical Storm Ana lashed the Southern and Central Districts of Malawi from Monday 24 January, bringing strong winds and heavy rains. In a matter of hours, communities were being washed out by significant floods. Some of the areas affected by Ana were already suffering from floods due to the ongoing rainy season. As of 8 February, the Government of Malawi – Department of Disaster Management Affairs (DoDMA), 46 people have been reported dead, 18 missing and 206 injured, 221,127 households affected (more than 945,728 people. Swollen rivers drowned livestock and submerged fields), destroying the livelihoods of rural families.

It's reported that at least 115,388 hectares of crops have been destroyed. Over 228 schools had their blocks destroyed rendering over 114,218 learners without learning facilities. Access to some of the affected areas remains a challenge as many of the roads are still in bad condition. More than 190,429 people (32,935 households) have been displaced by the floods and are staying in 178 displacement sites. Households displaced are currently seeking refuge in designated camps, churches, schools, and other public structures.

Tropical Storm Gombe

The already dire humanitarian situation has deteriorated further with the impact of Tropical Storm Gombe, which brought high rainfall to Southern Malawi on 11-14 February, hitting districts that had already been affected by Tropical Storm Ana. Rapid needs assessments are currently being conducted, but so far 7 persons have been reported dead as a result of the torrential rains and subsequent flooding, which has occurred in Nsanje, Chikwawa, Phalombe, Machinga, and Mangochi districts. The rains have also damaged civil infrastructure, with the main national M1 being affected, and houses have been washed away or been rendered inhabitable. In the aftermath of the storm, a cholera outbreak was reported in the Nsanje district, linked to an ongoing outbreak in neighboring Mozambique. The total number of cases as of 21 March was 22 with two individuals reported dead.

Summary of response

Overview of the host National Society and ongoing response

MRCS in collaboration with the Department of Disaster Management Affairs (DoDMA) and other relevant actors has undertaken the following actions:



- MRCSs first response started in Salima in December then scaled up to Nsanje, Chikwawa in January, and scaled up again to Lilongwe, Zomba, Phalombe, Mulanje, Mangochi, Thyolo, and Blantyre in February.
- Supported the development of early warning messages to be disseminated across the country based on the weather alerts from DCCMS
- Facilitated dissemination of the anticipatory actions targeting ten (10) districts (Salima, Lilongwe, Zomba, Phalombe, Mulanje, Nsanje, Chikwawa, Mangochi, Thyolo, and Blantyre) on cyclone alert.
- MRCS volunteers supported the dissemination of the same messages in communities using the Public Address (PA) system, jingles, community radio programmes, and volunteers undertaking door-to-door messaging. A total of 60 MRCS staff and 500 volunteers (255F; 245M) were deployed to support the operation
- MRCS with support from different partners distributed assorted non-food items (NFIs) covering 2,500 beneficiaries and common items supported were related to shelter, WASH, food items, health, and protection issues. The NFIs distributed to date are tarpaulins, blankets, buckets, soap, hygiene kits, and sleeping mats tents to support the camps.
- The national society in collaboration with Search and Rescue Cluster deployed staff and volunteers to provide life-saving assistance to the missing persons, especially in Nsanje, Chikwawa, Zomba, and Phalombe districts
- Provided support for camp management and camp coordination for the displaced families through working camp management committees covering camps in Chikwawa, Nsanje, Phalombe, Zomba, Mulanje, Chiradzulu, and Thyolo. The volunteers assisted with camp siting and pitching including setting up of temporary latrines and bath shelters
- Supported sensitization in Camp on PGI, health, and WASH including nutrition-sensitive information.
- Supported in data management in collaboration with the government at the established Emergency Operation Centre, (EOC), first in Blantyre and then in Lilongwe.
- MRCS in collaboration with DODMA and other actors undertook detailed needs assessments in various districts.
- Supported multi-purpose cash transfers for 771 beneficiaries covering Ntcheu and Balaka to meet household basic needs and emergency shelter items through crisis modifier funds from ECHO.
- Supported multi-purpose cash transfers to 881 households covering livelihoods and basic needs whereas conditional cash for emergency shelter was provided to 335 households to cover emergency shelter with support from IFRC under the DREF which is now an emergency appeal.
- MRCS participated in both national and district level meetings to ensure that there is coordination in the response operation.
- MRCS supported efforts to contain the cholera outbreak reported in the Nsanje district with the distribution of stocks prepositioned in its warehouses. MRCS has distributed aqua tabs, hand-washing soap, disposable gloves, and hand sanitizer to public institutions in Nsanje but also in neighboring districts Phalombe and Chikwawa to boost their preparedness efforts.

MRCS, IFRC, and in-country partners have developed a response action plan to guide the operation and that aims to address the needs of those affected through an integral approach:

- MRCS will continue to address the immediate needs of families displaced in camps.
- Its response will then expand to support families to return to their place of origin and rebuild their homes, livelihoods, and community and social infrastructure with a longer-term community-based disaster risk reduction approach, building on lessons learnt from previous responses.
- MRCS will continue to work with the government and other stakeholders through coordination meetings, monitoring the situation and responding to other emerging disasters such as cyclone Gombe and cholera outbreaks in the affected areas.

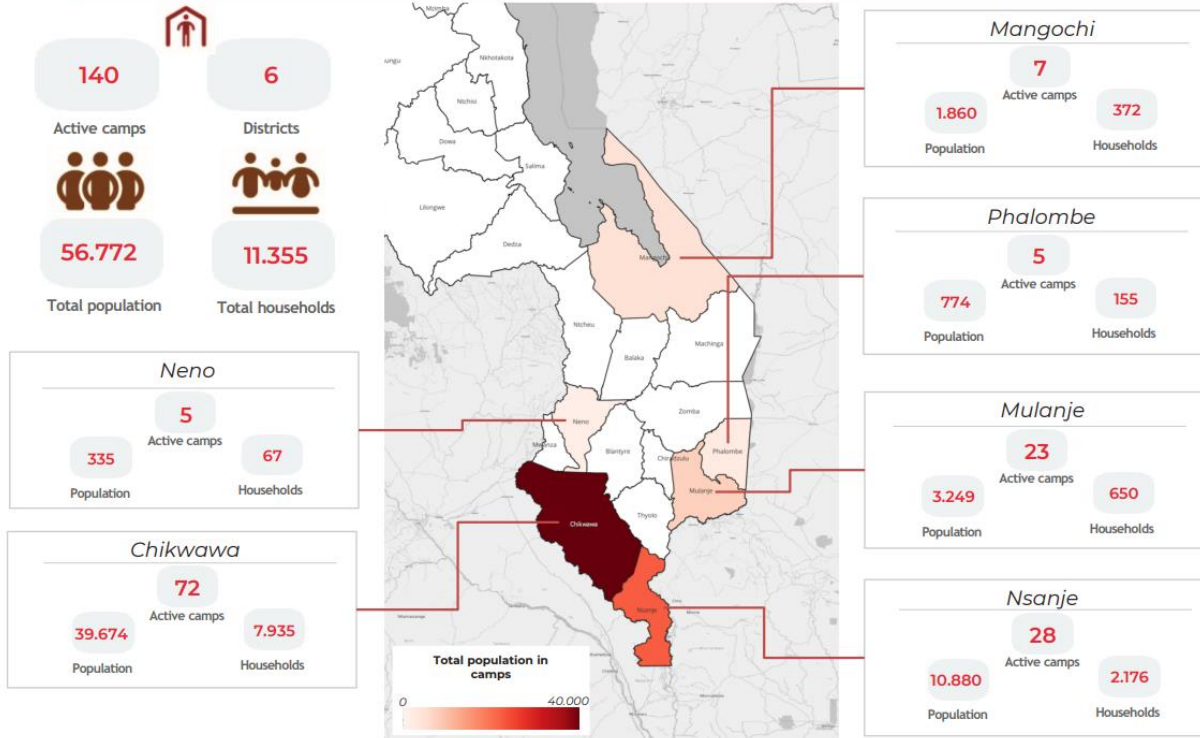


Needs analysis

MRCS continues to complete rapid and detailed needs assessments to identify the needs of the affected households, focusing on determining the situation of the specific group of people such as disabled, elderly, chronically ill, child-headed, and female-headed households. Summary of needs based on primary assessment and secondary data from Government Clusters are as follows:

Shelter and camp management

According to the Shelter Cluster – led by MRCS/IFRC – as of 13 March there were 140 camps in 6 Districts supporting 56,772 people (11,355 households). The Shelter cluster recommends the population returning from the camps including those currently on the camps shall be provided with NFIs such as kitchen sets, blankets, and sleeping mats. The action will also support the construction of emergency transition shelters to provide the basis for resilient reconstruction. Different trainings shall be supported including training of local Artisans and use of shelter materials and tools. Safe shelter awareness sessions in the community (PASSA). Capacity building of staff, volunteers, and stakeholders on shelter and Settlement including the development of an MRCS shelter strategy.



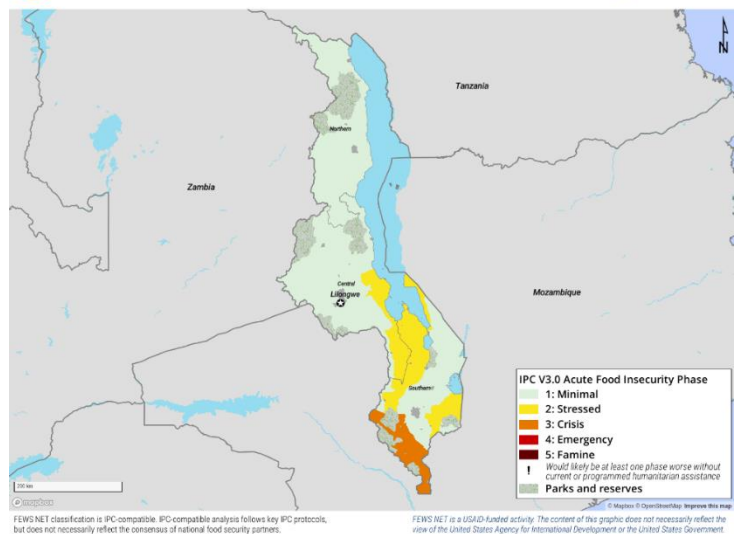
Data collected by Malawi Red Cross Society (MRCS), disaggregated by Traditional Area (TA) on the next page.

Basic needs and livelihoods

It's reported that at least 115,388 hectares of crops have been destroyed. In Southern Malawi, damage from Tropical Storm Ana in January 2022 has further reduced the prospects for 2021/22 crop production. Flooding from Ana caused the loss of lives, damaged cropland and infrastructure, destroyed property, and resulted in livestock deaths. As a result of the storm's damage and the rainfall deficits experienced throughout the country at the start of the season, [FEWS NET](#) expects national crop production will be 10 to 25 percent below average, with the largest deficits likely in Southern Malawi. Crisis (IPC Phase 3) outcomes will likely persist in Chikwawa and Nsanje districts throughout the outlook period due to additional cohorts of households that have lost food and income sources due to the impacts of Tropical Storm Ana.



Malawi Current Food Security Outcomes
February 2022



Water and sanitation

Water and sanitation remain significant issues due to damage to water and sanitation infrastructure. According to the WASH cluster, a total of 53,962 latrines have collapsed, while 337 boreholes, 206 water taps, and 8 gravity-fed water schemes have been damaged in the 6 districts. Community wells have been contaminated; household latrines destroyed. Resulting in a lack of water for domestic use for the vulnerable communities. The displaced communities are still at risk of water and vector-borne diseases, due to stagnant water and feared contamination. Inadequate water compromises the practice of good hygiene exposing the families further to diseases outbreak. Menstrual hygiene has been affected by limited supplies of hygiene items. Safe water supply, sanitation, and hygiene services

are immediately needed to address water, sanitation, and hygiene issues along with rehabilitation of toilets to avoid infectious and waterborne diseases. They also remain in need of soap, water treatment chemicals, buckets for water collection and handwashing, and other water and hygiene materials to prevent further water-borne disease outbreaks such as cholera.

Health and Care

As of 18 March, 5 cholera cases and 1 death have been reported in the flood-affected areas. All cases related to the Migaza area in Mozambique, where a cholera outbreak has been reported, raise alarms about the possibility of a widespread cross-border outbreak if rapid action is not undertaken soon and the situation is brought back under control.

It's [reported in the southern region](#), 47 health facilities have been affected in the form of infrastructural damage, power cuts, loss of drugs, damage to medical equipment, fridges, vaccines, and other supplies. Poor and the presence of stagnant pools of water provide a conducive environment for mosquito breeding that might increase incidences of malaria and also lead to other waterborne diseases such as cholera and diarrhoea. There is disruption of the continuum of care for people with chronic illnesses and long-term illnesses such as HIV (people on ART), TB, and non-communicable diseases. Immunizations for under 5 children and pregnant women are not being provided due to the disrupted cold chain in some health facilities. The COVID pandemic continues to impact negatively on the health and wellbeing of the communities and the increased risk in the densely congested camps.

There is a high likelihood of mental health problems such as distress, anxiety, etc. It's [reported](#) that the affected population is facing trauma due to exposure to the repeated impact of the storms and floods that in some cases result in injuries; and loss of family members, personal property, and essential documents. These are reported by the Protection cluster to be amongst the key underlying causes of emotional stress due to the direct impacts of Tropical Storm Ana and Gombe.

An outbreak of wild poliovirus in Lilongwe district, the first such case in the country in 30 years, reported on 17 February, compounded the situation's severity. The Ministry of Health reported a confirmed case of Type 1 wild poliovirus (WPV1) in Lilongwe district, Malawi on 17 February 2022. Poliovirus causes irreversible paralysis mainly in children zero to fifteen years of age. It also has the potential to infect immunocompromised adults. This is the first detection of a case of WPV1 in Africa since 2016. The African continent had been declared free of wild poliovirus since 2020. To respond to the polio outbreak in support of the Government on [7 March 2022 the IFRC launched a DREF](#) to support of Malawi Red Cross (MRCS) to respond.

PGI

A total of 945,728 people have been affected [including 39,073 under-fives; 21,046 pregnant and lactating women \(PLW\); 10,165 people living with disabilities; and 2,619 elderlies](#). Women and children continue to need support where they are at risk of domestic violence, SGBV, and abuse of exploitation in a congested environment of people in temporary settings, high exposure to insecurity in accessing night-time water and sanitation facilities.

Operational risk assessment

| Identified constraint | Analysis |
|--|--|
| Further rains bring floods could cause a prolonged emergency phase | The Malawi rainy season runs from November to April and cyclones forming in the Indian Ocean impacting the same areas are still possible during this season. |
| Outbreaks could require the response to change strategy. | The first cases of Cholera have been reported. The first outbreak of wild polio has been reported in Lilongwe – a national supplementary immunization programmes starts at the end of March 2022. |
| Prolonger displacement – need of more emergency support | Camps are still active and will remain so while there is a risk of further flooding. Some communities have lost their land and as such will remain in camps until the land can be allocated. |
| Access | There remains difficult access to some areas, especially with continued flooding resulting in difficult conditions for vehicles carrying both food and non-food items, sending referrals to the district hospital. |
| Procurement and supply chain management | The global increase in prices of goods and fuel could increase original rates and impact budgets. With overstretched logistical capacity support recruitment and training, assessment of warehouses, and continuous monitoring of the situation. |

B. OPERATIONAL STRATEGY

Update on the strategy

MRCS developed a response plan that integrates several key sectors such as shelter, WASH, health, Livelihoods, and basic needs including cross-cutting issues like PGI, COVID-19, and DRR. This approach was used to enable the affected households to benefit from diverse interventions following the disasters which destroyed all their assets and livelihoods. MRCS will also strengthen coordination among different partners and build the capacity of staff and volunteers through well-informed National Society Develop activities.

The response design process also ensured a close alignment with the Governments response plan. This was achieved by:

- Joint participation in the inter-agency assessments
- Participation in the coordination meetings such as Humanitarian Country Team (HCT), inter-agency coordination meetings, cluster meetings
- Using the local leaders and structures in the implementation of the response.

MRCS response operation plan has defined its early recovery action to be implemented as follows;


- Conduct assessments to define the different sectors like gender, health and WASH needs, cash feasibility, and shelter
- Design and support construction of shelter and WASH facilities
- Promote livelihoods activities like irrigation, crop and livestock production including cash transfers
- Support disaster risk reduction and resilience building interventions
- Mainstreaming COVID-19, PGI
- Develop M&E framework and reporting for the response.

The Malawi rainy season runs from November to April and cyclones forming in the Indian Ocean impacting the same areas are still possible during this season, as the impact of Cyclone Idai in March 2019 and Gombe in March 2022

illustrate. MRCS with the support of its partners will strive to adapt the response to better meet the needs of the population affected by Tropical Storm Ana and Gombe and other disasters that may occur.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

| | | |
|---|-----------------------|------------------------|
|  Shelter, Housing and Settlements | Female > 18: 9,545 | Female < 18: 11,620 |
| | Male > 18: 9,130 | Male < 18: 11,205 |

Objective: *Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions*

| Key indicators: | Indicator | Actual | Target |
|-----------------|--|--------|--------|
| | Short, medium, and long-term shelter and settlement assistance is provided to affected households. (300 houses with T-shelters and 150 houses with permanent) | 0 | 450 |
| | % of affected households reached with shelter services (of 13,200) | 19% | 100% |
| | # of people benefiting from NFIs distributed | 2,500 | 13,200 |
| | # of households reached with emergency shelter construction | 0 | 450 |
| | # of families receiving conditional cash transfers (only Salima) for emergency shelter | 335 | 335 |
| | Technical support, guidance and awareness raising in safe shelter design and settlement planning and improved building techniques are provided to affected households. | 8,000 | 13,300 |
| | # of volunteers engaged in shelter activities (20 per district) | 20 | 80 |


Overall, MRCS has reached 8,000 out of 13,200 households with sensitization messages on safe shelter construction across the 4 districts of Salima, Chikwawa, Nsanje, and Phalombe. A total of 2,500 households were supported with emergency shelters and NFIs to facilitate rebuilding back. 20 volunteers out of 80 were identified and supported the shelter services, especially in Salima.

In addition, 335 households were reached with conditional cash transfers for emergency shelter in Salima hence 100% was achieved. At the current moment, MRCS is in the process of analyzing the results from the exit survey carried out after the distribution.

The Shelter Coordination Cluster has been revived with the arrival of Rapid Response personnel deployed for the Shelter Cluster Coordinator and IM Coordinator roles. MRCS has continued to participate the shelter coordination

meetings at different levels to ensure that there is synergy with government-established guidelines and with other actors.

The major challenge faced included limited NFIs to support the affected households due to the increased scope and magnitude of disasters as many families had to stay in Camps following a series of cyclones. MRCS mitigated this by ensuring that resource mobilization initiatives are prioritized by engaging other partners

| | | | |
|--|--|-----------------------|-----------------------|
|  | Livelihoods | Female > 18: 5,750 | Female < 18: 7,000 |
| | | Male > 18: 5,500 | Male < 18: 6,750 |
| Objective: <i>Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods</i> | | | |
| Key indicators: | Indicator | Actual | Target |
| | Vocational skills training and/or productive assets to improve income sources are provided to target population. | | 10,000 |
| | # of cash grants provided to families (reached 881 for Salima only) | 881 | 10,000 |
| | # of household livelihoods security is enhanced through food production and income generating activities. supported with farm inputs | 0 | 4,000 |
| | # of volunteers engaged in Cash and Voucher Assistance (CVA) activities (50 per district) Engaged 50 volunteers for Salima | 50 | 200 |

A total of 881 households were reached with cash transfers in the Salima District. This was the first of the two planned installments of MWK 40,000 each aimed at covering livelihoods and basic needs. In addition to Salima, future distribution will help mitigate those affected by Storm Ana and Gombe in Nsanje, Phalombe, and Chikwawa districts.

50 volunteers were identified and trained in CVA for Salima to support cash transfers. Same as for the emergency shelter grants discussed before, an exit survey was conducted and suggestion boxes were installed for recipients to freely express their views in a safe environment – MRCS is currently in the process of analyzing the data collected, which will provide useful lessons for future distributions planned for this response.

The major challenge faced was delayed disbursement of cash to the targeted beneficiaries due to delays of engaging the Finance Service Providers (FSP), Airtel Malawi. For longer-term solutions, MRCS tendered to engage FSP through bids.



Health & Care
(Community Health / Medical Services)

Female > 18:
37,030

Female < 18:
45,080

Male > 18:
35,420

Male < 18:
43,470

Objective:

The immediate risks to the health of the affected population are reduced and the psychosocial impacts of the emergency are lessened

Key indicators:

Indicator

Actual

Target

Minimum % of affected population reached through awareness sessions to improve their health habits

75%

of households reached with Health services

8,000

13,200

of health communication plans developed

0

1

of volunteers trained and engaged in CBHFA

0

200

Volunteers reached out to 8,000 households with different messages related to health awareness and education targeting both camps and communities covering all 4 Districts.



Water, Sanitation and Hygiene

Female > 18:
37,030

Female < 18:
45,080

Male > 18:
35,420

Male < 18:
43,470

Objective:

Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions

Key indicators:

Indicator

Actual

Target

% of targeted people reached with hygiene promotion activities

75%

of HH reached with hygiene kits

560

13,200

of women and girls reached with dignity kits

560

3,036

of HP and sanitation sessions conducted (sessions)

20

72 sessions

of volunteers engaged in WASH activities

50

200


of PDM conducted

1


1

560 hygiene kits were supported to the affected households against the target of 13,200. On another hand, 560 hygiene kits were supported by women and girls against the target of 3,036. So far 20 sessions on hygiene

promotion were conducted against the target of 72. There were 50 volunteers engaged in WASH activities. Limited WASH facilities were noted to be the biggest challenge in the response. Continued resource mobilization is key to mitigating the challenges.

| | | | | |
|---|--|---------------|---------------|--------|
|  Protection, Gender and Inclusion | Female > 18: | 37,030 | Female < 18: | 45,080 |
| | Male > 18: | 35,420 | Male < 18: | 43,470 |
| Objective: | <i>Communities identify the needs of the most at risk and particularly disadvantaged and marginalized groups, due to inequality, discrimination and other non-respect of their human rights and address their distinct needs</i> | | | |
| Key indicators: | Indicator | Actual | Target | |
| | # of people reached with PGI | 8,000 | 13,200 | |
| | % of people referred to protection services | 6% | 15% | |

The response reached a total of 8,000 households through sensitization meetings targeting camps and communities. The key messages provided are a protection to ensure that the affected people are safe both in camps and communities. In addition, inclusion issues were taken into consideration to ensure that services reached out to all the people. Six (6) percent of those affected had their issues referred for redressal mechanisms including limited support especially food in the camps, lack of lighting facilities in the camps, and an inadequate number of WASF facilities. MRCS referred the issues to the respective clusters and sectors for attention.

| | | | | |
|--|--|---------------|---------------|--------|
|  Risk Reduction, climate adaptation and Recovery | Female > 18: | 37,030 | Female < 18: | 45,080 |
| | Male > 18: | 35,420 | Male < 18: | 43,470 |
| Objective: | <i>Communities in high-risk areas are prepared for and able to respond to disaster</i> | | | |
| Key indicators: | Indicator | Actual | Target | |
| | # of community with functional early warning system | 0 | 19 | |
| | # of communities with DRM plans | 0 | 19 | |
| | # of households reached with awareness sessions on climate change and DRR | 8,000 | 13,200 | |
| | # of trees planted in the impact areas | 0 | 30,000 | |
| | # of infrastructures rehabilitated | 0 | 18 | |

Sensitization of 8,000 people was done on climate change and DRR across the districts. Major activities are planned to commence in the coming month.

Enabling approaches



National Society Strengthening

| Objective: | <i>Communities in high-risk areas are prepared for and able to respond to disaster</i> | | |
|---|--|--------|---------|
| Key indicators: | Indicator | Actual | Target |
| | % of staff trained on Protection of Sexual Exploitation and Abuse (PSEA) | 100% | N/A |
| | NS have assessed their capacity at HQ and branch level and identified areas for organizational improvement | Yes | N/A |
| | National Society has been reached by external NSD support that is aligned with NSD compact principles | Yes | Ongoing |
| % of volunteers working on the project with health, accident and death compensation | 100% | N/A | |

The MRCS response plan has a strong PGI component. Among others, it includes orientation and training of camp management committees/Protection committees, volunteers, community victim support units and child protection workers at district level in PGI, SGBV, PSEA, Child protection, sexual and reproductive health and rights.

MRCS receives NSD support from both the in-country PNS Consortium and IFRC, and is one of the pilot countries for the 'Agenda for Renewal' initiative.



Coordination and Partnerships

| Objective: | <i>Communities in high-risk areas are prepared for and able to respond to disaster</i> | | |
|---|--|--------|--------|
| Key indicators: | Indicator | Actual | Target |
| | # of external partnership supporting the NS in the response | 2 | TBC |
| # regular coordination mechanism is in place ensuring alignment and coordination with all Movement partners | 1 | 2 | |

| | | | |
|--|--|---|---|
| | Shelter cluster is coordinated by IFRC with cluster coordinator deployed | 1 | 1 |
|--|--|---|---|

In addition to partners within the Red Cross Movement supporting the response, MRCS has developed multiple partnerships with companies from the private sector and philanthropic foundations that have supported the response with in-kind donations for distributions, financial contributions, etc.

MRCS, the in-country PNS consortium, and PNS have developed coordination mechanisms at different levels (EoC level and Senior Management level) that ensure synergies and good coordination among the movement partners.

The Shelter Cluster Coordinator deployed to Malawi in February and since then has managed to revive an already existing Shelter Cluster Coordination group, which in peacetime is normally co-chaired by MRCS. IFRC has also deployed an IM coordinator that supports the cluster and that has been key to developing IM products that are proving very useful to guide the response to Tropical Storm Ana for all those organizations and government agencies involved in shelter activities.



Secretariat Services

Objective: *Communities in high-risk areas are prepared for and able to respond to disaster*

| Key indicators: | Indicator | Actual | Target |
|------------------------|--------------------------------|---------------|---------------|
| | # of global and regional surge | 6 | 4 |

Six rapid response personnel have been deployed to support and advise MRCS in implementing its response plan: Operations Manager, Wash Coordinator, Shelter Cluster Coordinator, Shelter Cluster Coordinator, and two delegates (Wash specialist and Administration/Logistics support) from the new Water Systems Rehabilitation module from Norwegian RC.

IFRC has international procured NFIs with a total value of 242,655 CHF including transport costs for the EA. These arrived in Malawi during the third week of March and will be distributed at the end of the month.

The current IFRC fleet consists of 4 cars from the Vehicle Rental Programme, with 2 more arriving soon to be shared between surge personnel and Malawi RC.

The Harare Delegation continues to support the operation operationally and technically. The Head of Delegation visited Malawi in February, and the regional responsible for finance and security have also visited the country in recent weeks. The response is also supported by the Roving Operations Manager based in Nairobi.

| Profile | Status | Deploying office | Name |
|-------------------------------------|--|---------------------------|-------------------------|
| Ops Management Advisor | Deployed – till mid-May | British RC | Rodrigo Gil Quintana |
| WASH Advisor | Deployed – 3 months | Norwegian RC | Anne Horstad |
| Shelter Cluster Coordinator | Deployed – 6 weeks | Canadian RC | Natalie Jette |
| Water Systems Rehabilitation Module | Deployed – 3 months | Norwegian Red Cross | Eli Ducros Roar Nygaard |
| Shelter Cluster IM Coordinator | Deployed– 6 weeks | IFRC Europe | Olaf Steenbergen |
| 1 x Logistics Officer | RLU sending one officer for assessment in March | | |
| 1 x Shelter | Alert Stand-Down due to lack of adequate profiles | | |
| Cluster/Regional deployments | | | |
| Senior Country Coordination Officer | Mobilized | Malawi Country Delegation | Roster Kufandiko Njeza |
| Head of Cluster | Mobilized one week in February | Harare Cluster | John Roche |
| Regional Ops | 25/2-5/3 | Regional Office | Patrick Elliott |
| Security Officer | Mobilized one week in February | Harare Cluster | Tawana Nharingo |
| Finance /admin team | Mobilized one week in February and one week in March | Harare Cluster | Julita Manyere |



Community Engagement and Accountability

Objective:

Communities in high-risk areas are prepared for and able to respond to disaster

| Key indicators: | Indicator | Actual | Target |
|-----------------|---|--------|--------|
| | % of staff and volunteers working on the operation who have been trained on community engagement and accountability | 90% | TBC |
| | % of queries / feedbacks received through the feedback mechanisms established that were responded to | 80% | TBC |
| | % of operational decisions made based on community feedback | 100% | TBC |

MRCs engaged communities to define the targeting criteria so that there is inclusion but also preferences of the interventions by the communities. The National Society keeps communities informed of planned operational activities and progress by using already existing structures such as complaints and feedback mechanisms. The system assists communities to access information and voice out their concerns. This helps them in turn to

participate in the definition of the selection criteria and informs them of the support available and the progress of the operation. In all the affected districts, MRCS is using suggestion boxes, toll-free lines, and a help desk

D. FUNDING

Interim Financial Report to be shared in the next Operations Update.

Contact information

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

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- IFRC Regional Office, Louise Daintrey; Head of Partnerships and Resource Development; Email: Louise.DAINTREY@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, Email: rishi.ramrakha@ifrc.org; phone: +254 733 888 022

Reference documents



Click here for:

- [Previous Appeals and updates](#)
- [Operations Strategy](#)

How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. 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.