

FLASH APPEAL MALAWI

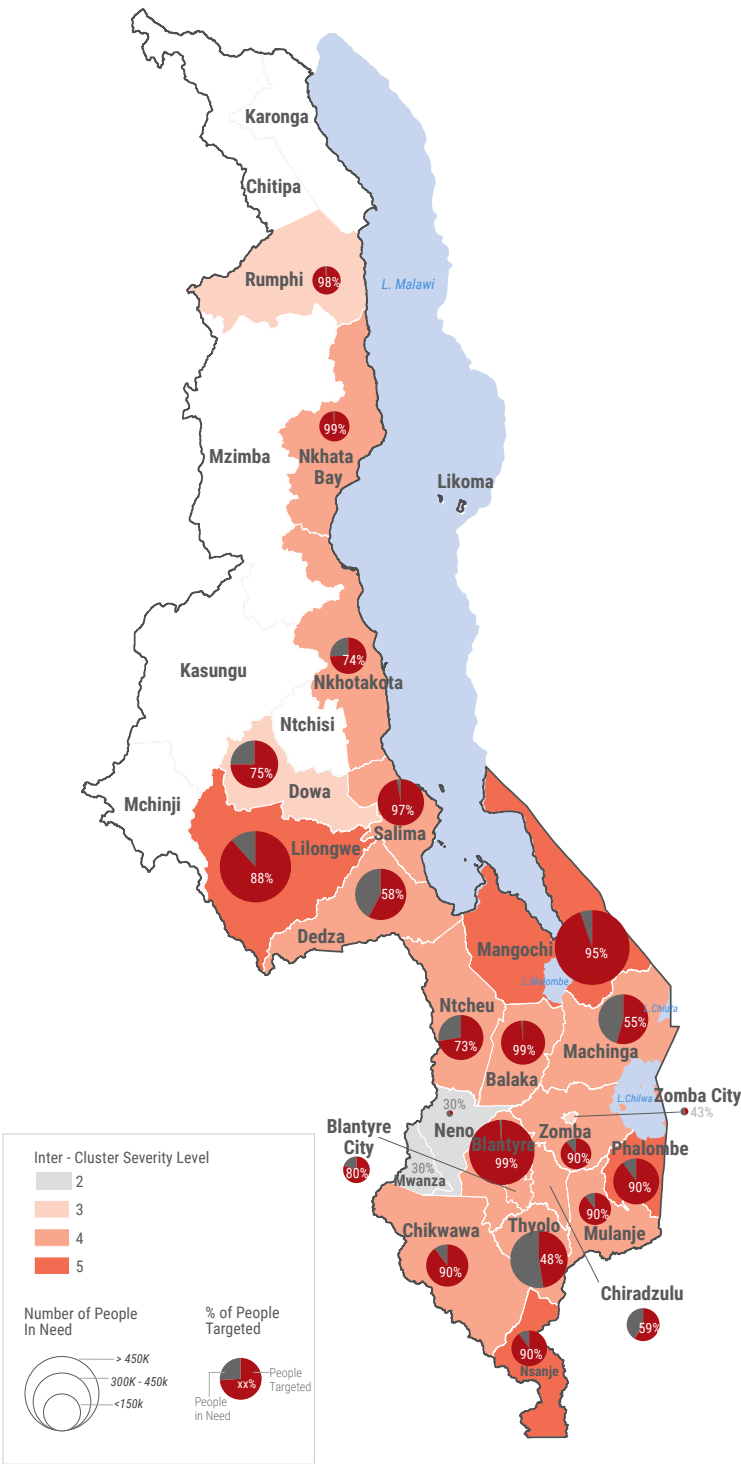
CHOLERA & FLOODS RESPONSE

February - June 2023

Revised in March,
following Cyclone Freddy



Overview Map



The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

COVER PHOTO:CHILOBWE, BLANTYRE CITY

Three women, one carrying a baby on her back, walking down the path of a mudslide which flowed a few days prior, due to Cyclone Freddy. Boulders were carried down the mountainside, destroying or damaging the many homes in their way, such as the house pictured on the right. On 19 April 2023. Photo: OCHA/ Maria Reaney

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Malawi Cholera and Floods Flash Appeal 2023 at a Glance

| PEOPLE IN NEED | PEOPLE TARGETED | WOMEN AND GIRLS | CHILDREN | REQUIREMENTS |
|----------------|-----------------|-----------------|------------|-----------------|
| 5.9M | 4.8M | 52% | 50% | \$115.9M |

Cholera

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS |
|----------------|-----------------|----------------|
| 4.85M | 3.9M | \$45.3M |

Floods

| PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS |
|----------------|-----------------|----------------|
| 1.35M | 1.11M | \$70.6M |

Strategic Objectives



Reduce cholera morbidity and mortality below emergency thresholds and prevent further spread of the outbreak in the priority districts by providing integrated health and WASH life-saving assistance to the most affected communities, including refugees.



Ensure communities are engaged, prepared and supported to respond to and reduce cholera, by strengthening risk communication and community engagement, and supporting essential health, nutrition, education and protection services in affected and high-risk locations.

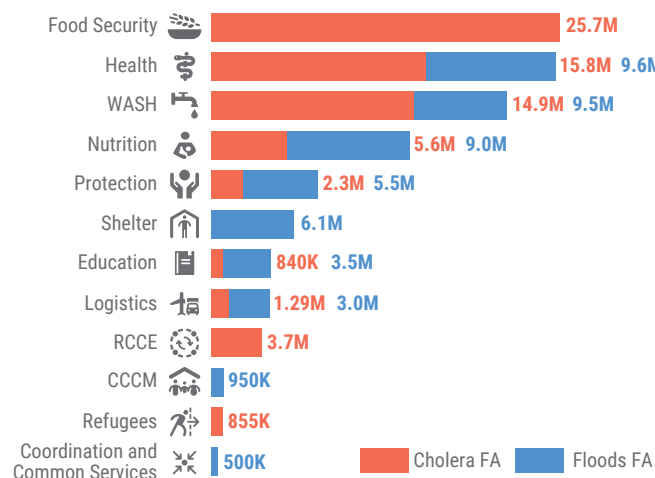


Provide immediate life-saving assistance to people affected by the damage and destruction caused by the Tropical Cyclone Freddy weather system and associated flooding.



Ensure the protection of flood-affected people, including from gender-based violence, and ensure communities are at the center of the response.

Funding Requirements by Sector

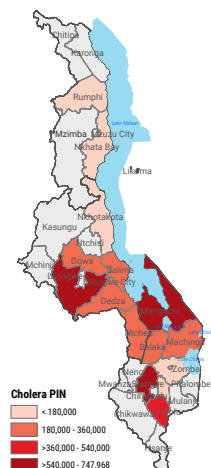


Operational Partners by Type

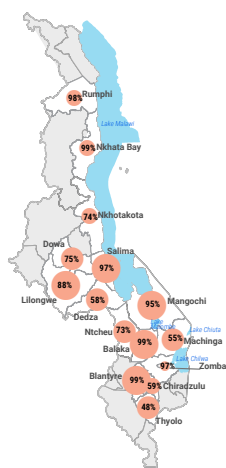


CHOLERA-AFFECTED DISTRICTS

PEOPLE IN NEED

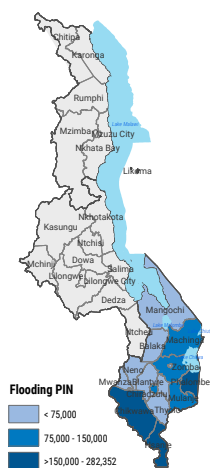


PEOPLE TARGETED



FLOOD-AFFECTED DISTRICTS

PEOPLE IN NEED



PEOPLE TARGETED



Crisis Overview

FLOODS

The Tropical Cyclone Freddy weather system brought torrential rainfall to southern Malawi from 12 to 15 March 2023, causing devastating floods and mudslides and leaving a trail of destruction across 15 districts—including Balaka, Blantyre District, Blantyre City, Chikwawa, Chiradzulu, Machinga, Mangochi, Mulanje, Mwanza, Neno, Nsanje, Phalombe, Thyolo, Zomba and Zomba City. Over 1,000 people were killed, according to the President, and many more were injured. Critical infrastructure, including homes, health facilities, schools, roads, bridges, food stores and markets were damaged or destroyed. At least 44 roads were damaged—of which 16 are major roads, 17 are secondary roads, and 10 are tertiary roads—and over 40 bridges were damaged.

Over 2.2 million people were affected by the heavy rains and floods caused by the Tropical Cyclone Freddy weather system, according to the Government, of whom an estimated 1.3 million people are in the most urgent need of assistance in prioritized districts, according to humanitarian partners. This was calculated—as a subset of the overall number of people affected—utilizing satellite imagery to identify the areas that were hardest-hit by the floods and the number of people located within, and adjacent to, these areas in the 10 most-affected districts. Of the 1.3 million people in urgent need in the immediate aftermath of the storm, over 600,000 people were located in Traditional Authorities (TAs) that were inaccessible by road or boat. Within the 1.3 million people in need, nearly 276,000 children under age 5, and almost 92,500 pregnant and Lactating Women (PLW) are in need of humanitarian support in 15 affected districts.

Cyclone Freddy caused widespread damage to homes, as floods, with over 659,000 people displaced—including over 323,000 males and 336,200 females—across 747 displacement sites at the peak of the crisis. Families who lost everything require non-food items to restart their lives, while camp coordination and camp management is a priority, especially in large displacement sites, to ensure equitable access to services and protection and preserve displaced people's dignity. At the same time, efforts to ensure that any returns or resettlement are safe, dignified, voluntary and informed will be critical.

At least 1.3 million people will require urgent food and livelihoods support following the impact of the flooding on agriculture, livestock and household food stocks. More than 200,000 hectares of agricultural land were impacted—including nearly 81,700 hectares submerged and over 120,400 hectares washed away—and over 1.4 million livestock were affected, exacerbating food insecurity in the affected districts. Most households lost their food stocks due to floods which soaked and washed away food commodities. Tropical Cyclone Freddy hit the region at a time when more than 2 million people in southern Malawi were already facing Crisis (IPC Phase

3) levels of food insecurity. In addition, maize prices—which were already 214 per cent higher than the same time last year and 195 per cent above the five-year average—are likely to increase in the aftermath of the storm, according to FEWSNET.

Freddy caused major damage to health facilities, with at least 65 health centres affected, of which 10 health centres were rendered non-functional, 41 were partially damaged but functional, and 14 were not accessible due to damaged roads or bridges. Support is required to restore services in the damaged health centres, replenish essential drugs, and re-establish the cold chain, especially to assist the most vulnerable who require care, including the sick, people with disabilities, people living with HIV/AIDS, the elderly, pregnant and lactating mothers and children under age 5. At the same time, the arrival of Freddy has placed immense strain on a healthcare system that was already struggling to respond to the worst cholera outbreak in Malawi's recent history, on the back of COVID-19 and other disease outbreaks.

Access to safe water and sanitation was also severely affected by Freddy, particularly for displaced people living in collective centres, as well as people surrounded by flood waters. Widespread standing floodwaters, damage to water, sanitation and hygiene (WASH) infrastructure and facilities, and large-scale displacement all increased the risks of water- and vector-borne diseases, including cholera, as well as respiratory illnesses. Open defecation is expected to increase whilst access to safe and clean water has decreased. Women will be particularly impacted by reduced access to safe water and unsanitary conditions as they will have to walk longer distances to access safe water, face reduced access to necessities for their menstrual hygiene management, and use crowded latrines in communal spaces, increasing the risk of gender-based violence.

Children's lives were upended by the crisis, with access to school, adequate nutrition and protection all hampered by the storm. At least 550 primary schools and 74 secondary school were affected in 15 districts, disrupting the education of over 724,800 learners. At least 408 schools in flood-affected areas were used as shelters for displaced families, who occupied at least 1,481 classrooms. Over 99,500 children under age 5 and more than 52,700 pregnant and lactating women were displaced from their homes and are living in camps. Urgent action is needed to conduct mass nutrition screenings and ensure that integrated nutrition and health services—such as immunization, Vitamin A supplementation and complementary food support—are provided, alongside nutritional support. The floods are undermining the resilience and psychosocial wellbeing of children and their caregivers, leaving many experiencing distress, with limited or strained support systems.

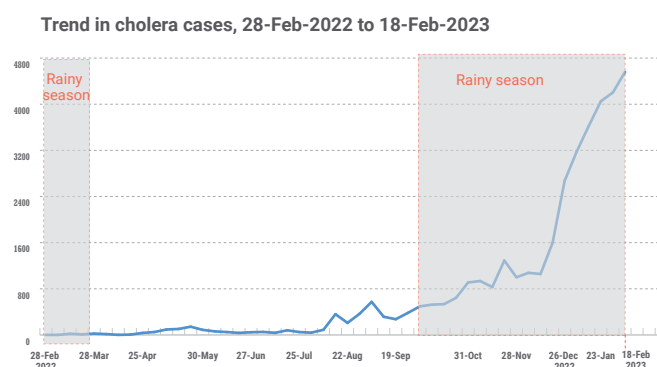
The heavy rains and floods have increased protection concerns, including sexual exploitation and abuse (SEA). Marginalised people, people with disabilities, the elderly, women and unaccompanied children, experience greater difficulties in accessing essential aid

and services, and are vulnerable to abuse, violence and exploitation at points of assistance during disasters. In the aftermath of Freddy, safety issues have reportedly arisen—particularly in displacement sites—particularly due to the lack of adequate, gender-segregated toilets and bathing facilities, mixed sleeping arrangements between men, women and children in displacement sites, lack of lighting in camps, long distances to sanitary facilities and sources of energy for cooking, and the sudden increase of responders deployed for immediate assistance. Gender discrimination places women and girls, particularly adolescent girls, at additional risk, including to child marriage and other forms of sexual abuse and exploitation such as rape, harassment and trafficking. Existing services, helplines and referral pathways for protection services, including PSEA, child protection and gender-based violence (GBV), are limited in their capacity to respond to the increased needs and urgently require additional resources to scale up.

CHOLERA

Malawi is facing its deadliest cholera outbreak in recorded history and its largest in the last two decades, leaving 4.8 million people in need of assistance in 15 priority districts. The outbreak was officially declared on 3 March 2022, after the first case was reported in Machinga district at the end of February 2022. By 18 February 2023, the outbreak had claimed the lives of more than 1,400 people, with more than 45,400 cases recorded, and had an overall case fatality rate (CFR) of 3.21 per cent, more than three times the emergency threshold. The current outbreak has already surpassed the 2001-2002 epidemic, which was the worst in the country's recent history, that registered 33,000 cases and 1,000 deaths.

The outbreak escalated exponentially in late-2022 and early-2023. In the early months of the outbreak, the number of monthly cases remained below 60, but this increased to more than 300 cases in May, nearly 800 cases in August and more than 2,000 cases in October. The start of the rainy season in November 2022 saw a rapid escalation in the outbreak—with more than double the number of cases (more than 4,700) compared to October (more than 2,000)—and cases then rose precipitously in the first weeks of January 2023,

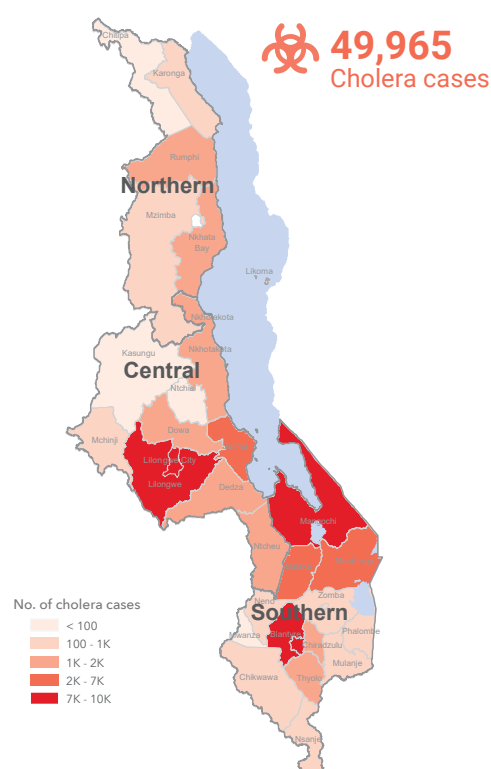


with an average growth rate of 16 per cent per week.

Communities living by and around Lakes Malawi, Malombe, Chiuta and Chilwa have been most severely affected by the outbreak, as they rely on the lakes for their drinking and cooking water supply. Although the outbreak was initially limited to the southern part of the country, it has since spread to all 29 districts of Malawi, including

areas that were cholera-free for more than a decade. However, 10 of the 29 districts have contributed over 80 per cent of cases and nearly 82 per cent of the deaths. Eight out of these ten districts—Mangochi, Salima, Nkhata Bay, Nkhatakota, Balaka, Machinga, Rumphu and Dedza—are lake districts, while the other two—Blantyre and Lilongwe—are major urban centres. Three districts—Mangochi, Lilongwe and Blantyre—accounted for nearly 50 per cent of the total cholera cases in the country, recording more than 29,600 out of almost 57,600 cases, and over 52 per cent of the total deaths (899), as of 12 April. Mangochi had the highest cumulative cases (8,479) and Lilongwe accounted for the highest number of deaths (558).

Distribution of Cholera cases by District
28 February 2022 - 27 February 2023



Fishing communities, children, women and girls (especially those who care for sick family members), are at increased risk of contracting cholera and are also facing specific consequences due to the crisis. Fishing communities—especially men and boys—are at particularly high-risk as they use lake waters as a source of drinking water (including while fishing) and for defecation, cooking and bathing, including while fishing, according to a study based on the oral cholera vaccination campaign in these communities in 2016 by Sauvageot et al. Children have been affected by the outbreak, with 41 per cent (9,982) of cholera cases and 20 per cent (142) of cholera deaths being children under 18 years of age, as of 31 January 2023. The outbreak has also interrupted children's education, with the Ministry of Education temporarily postponing the reopening of schools in Blantyre and Lilongwe in January 2023, affecting nearly 932,000 primary school students and more than 55,600 secondary school students. Gender roles heighten women and girls' exposure to cholera, as they care for sick family members, clean latrines, fetch and handle untreated water and prepare food. Vulnerability in women and girls in Malawi is exacerbated by unequal power relations and

social and economic disadvantages that also heighten the risk of sexual exploitation and abuse. Some 44 per cent of all cholera cases were female as of 13 February 2023. Malawi is home to 56,300 refugees and asylum seekers, most of whom live in the Dzaleka refugee camp, where they are at heightened risk of cholera due to overcrowding, the poor WASH situation, and low cholera vaccination rates among refugees and host communities.

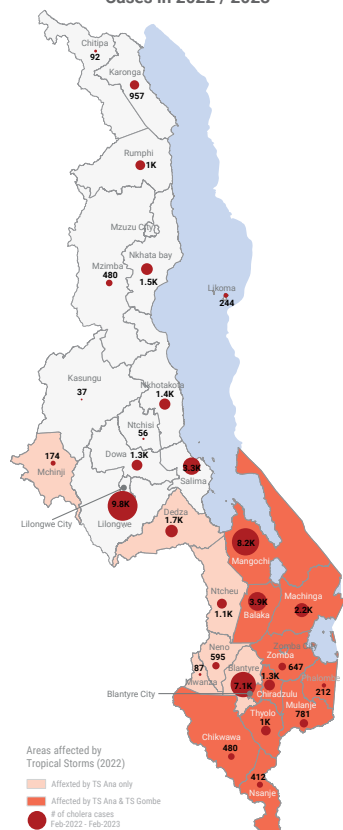
The key drivers of the escalating outbreak are use of unsafe water sources, limited access to safe sanitation and hygiene facilities, and poor food hygiene and hygienic practices, particularly limited handwashing with soap at critical times, including after contact with Cholera cases. An estimated 7 million people in Malawi (30 per cent of the population) do not have access to safe drinking water, while more than 80 per cent of households drink contaminated water, according to UNICEF. Access to sanitation is also a key challenge, as 76 per cent of the population does not have improved sanitation and 17 million people (92 per cent) do not practice handwashing with soap and water. Barriers to handwashing include affordability and availability of soap, especially for rural households. Remembering when to wash hands was also pointed out as a barrier to handwashing, in a [study](#) carried out among rural communities in Malawi by Chidziwisano et al.

The cholera outbreak is also taking place at a time when many impacted communities are still struggling to recover from the effects of Tropical Storms Ana (January 2022) and Gombe (March 2022). Extreme weather events—such as storms, cyclones, and floods—act as a vulnerability multiplier, destroying Water, Sanitation and Hygiene (WASH) infrastructure and increasing challenges in

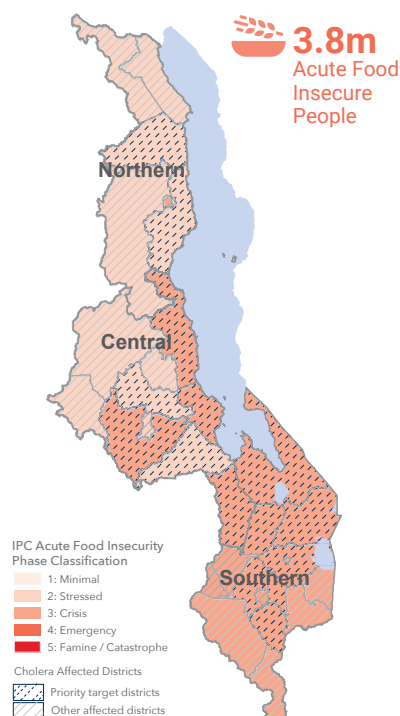
access to safe water and sanitation. Repair of damaged water infrastructure is a costly venture and most facilities destroyed during Tropical Storm Ana and Cyclone Gombe remain in a state of disrepair, leaving communities that previously had access to clean water without safe sources and increasing their risk of cholera. In the wake of the two storms, many public and private latrines collapsed, putting pressure on the remaining, already inadequate, facilities.

The outbreak is also impacting communities that are facing heightened food insecurity and malnutrition. During the peak of the lean season (between October 2022 and March 2023), 3.8 million people in Malawi (20 per cent of the population) are expected to endure Crisis food insecurity (IPC Phase 3), with 21 districts classified in Crisis, according to the latest Integrated Phase Classification [analysis](#). In 2022, all districts experienced late onset and early cessation of rainfall coupled with localized dry spells, while Southern Region districts were affected by cyclones. Communities are also navigating the continued impact of the war in Ukraine on food prices, potential reduced internal food production due to high prices of inputs and possible climatic shocks, and reduced labour opportunities and wages.

Areas Affected by Tropical Storms and Cholera Cases in 2022 / 2023



Projected Acute Food Insecurity Situation
October 2022 to March 2023



Looking ahead, experts anticipate that, unless urgent, intensified action is taken to scale-up the response, between 64,000 and 100,000 cases could be reported in the next three months. However, the high number of cholera cases and large geographic spread of the outbreak have strained response capacities, against a backdrop of a weakened health system, which was already overstretched by competing disease outbreaks, including COVID-19 and Polio. Health officials expect a large portion of the cases will require hospitalization in Cholera Treatment Units (CTUs) yet, only 42 per cent of the CTUs in the country (140 out of 344) are operational.

Part 1

Response Strategy and Coordination

This revised Flash Appeal for Malawi calls for a total of US\$115.9 million for humanitarian partners to respond to the most urgent needs driven by the Tropical Cyclone Freddy weather system and the worst cholera outbreak in the country's recent history, in support of the Government-led responses to both crises. The Flash Appeal includes \$70.6 million to assist 1.1 million people affected by the passage of the Tropical Cyclone Freddy weather system and \$45.3 million to address the most urgent and life-saving needs of 3.9 million people at risk of cholera.

The revised Flash Appeal—which runs until June 2023—focuses on delivering critical assistance in the districts most affected by floods, whilst continuing the cholera outbreak response in the most at-risk areas. Given the scale of devastation wrought by Cyclone Freddy, the plan is focused on the most urgent and life-saving priorities for the next three months, in complement to the ongoing cholera prevention and response activities. The sectors have identified the most time-critical life-saving activities to reach 1.1 million people who have been most severely affected by Cyclone Freddy and 3.9 million at-risk of cholera. The appeal also includes activities to support displaced people who decide to return to their place of origin.

The Malawi Flash Appeal will be implemented by 60 humanitarian partners, in support of the Government-led response to the floods and cholera emergencies. It brings together the work and funding requirements of the humanitarian community in Malawi, including 11 United Nations entities, 25 International Non-Governmental Organizations (INGOs), 23 National NGOs (NNGOs) and the Malawi Red Cross Society (MRCS). In particular, the appeal acknowledges the critical role played by organizations that are working with and for their own communities, as highlighted by the inclusion of projects implemented by NNGOs and the MRCS, and stresses the importance of humanitarian partners' efforts being fully complementary to the Government-led response.

The response will put communities and protection at the centre. Building on existing good practices, in-country programmes and lessons learnt from previous cholera outbreaks and floods responses, partners under this appeal will work to scale-up accountability to affected people. Partners will also ensure the Centrality of Protection, including protection of children from violence, abuse, neglect, exploitation and harmful practices, and preventing and responding to gender-based violence. Concrete and complementary actions will be implemented across sectors to contribute to protection efforts and promote an inclusive and tailored response that addresses the unique needs of women, men, girls and boys, people with disabilities, people living with HIV and the elderly. In addition, all efforts will be

made to identify interventions that reinforce the coping mechanisms of affected communities through approaches that are sustainable and cost-efficient, including cash-based programming.

The humanitarian community is strongly committed to child safeguarding and Prevention against Sexual Exploitation and Abuse (PSEA) during the implementation of this Flash Appeal. Vulnerability in women and girls in Malawi is exacerbated by unequal power relations and socio-economic disadvantages that heighten their risk of sexual exploitation and abuse. One in five girls in Malawi experienced sexual abuse prior to age 18, and one in three girls who had their first sexual intercourse prior to age 18 experienced their first sexual intercourse as unwilling, meaning that they were forced or coerced to engage in sexual intercourse, according to the 2013 Violence against Children and Young Women Survey. Given these risk factors, humanitarian partners will utilize existing networks, standards, policies, and guidelines to ensure action and accountability on PSEA during the floods and cholera responses.

RESPONSE TO DATE

Prior to the launch of this Flash Appeal, the Government, supported by humanitarian partners, had ramped-up cholera response efforts. More than 7 million doses of Oral Cholera Vaccine (OCV) were delivered in Malawi between April and November 2022, with 14 of the most affected districts targeted for vaccination, including Mangochi district, which has the highest number of cholera cases. An estimated 197 Cholera Treatment Units (CTUs) have received temporary sanitation infrastructure and water treatment supplies for infection prevention and control. To increase access to safe water, partners are working to chlorinate public water sources, and to distribute buckets, soap, and chlorine to households. At least 472,000 people in all 29 districts have received water treatment chemicals, soap for handwashing and key hygiene messages and more than 100 schools have been targeted with WASH supplies for 200,000 learners. In September 2022, in the face of rapidly rising cases, the United Nations Central Emergency Response Fund (CERF) **allocated** US\$1 million to enable humanitarian partners to rapidly scale-up their response and, in February 2023, as the outbreak reached new areas and cases continued to rise, the CERF **allocated** a further \$4.3 million.

The revised Flash Appeal needs to be followed by a robust and coordinated development effort to reconstruct and rebuild flood-affected areas, and bolster health and WASH systems in cholera-affected areas. To this end, humanitarian partners will engage with the Government and development partners during the Flash Appeal's implementation to promote early, innovative and community-centred development action.

STRATEGIC OBJECTIVES

FLOODS

Strategic Objective 1: Provide immediate life-saving assistance to people affected by the damage and destruction caused by the Tropical Cyclone Freddy weather system and associated flooding.

Under this Strategic Objective, partners will provide urgent life-saving humanitarian assistance to those hardest-hit by the Tropical Cyclone Freddy weather system and associated flooding. Response will be prioritized on the basis of need, with response to the needs of people displaced and/or cut-off from access to services and livelihoods the top priority.

Strategic Objective 2: Ensure the protection of flood-affected people, including from gender-based violence, and ensure communities are at the centre of the response.

This objective reflects the humanitarian community's commitment to making protection central to the response, as well as an acknowledgment of the rising protection risks in communities impacted by floods and mudslides. The aim is to implement both protection programming and protection mainstreaming, as well as to undertake coordinated actions across the humanitarian community to promote accountability to affected people.

CHOLERA

Strategic Objective 1: Reduce cholera morbidity and mortality below emergency thresholds and prevent further spread of the outbreak in the priority districts by providing integrated Health and WASH life-saving assistance to the most affected communities, including refugees.

This objective reflects the commitment of all WASH and Health partners to prioritize immediate life-saving assistance and actively introduce effective preventive measures to stop transmission among the most vulnerable in 15 priority districts. These measures are intended to reduce the case fatality rate to less than 1 per cent and morbidity below emergency thresholds. The aim is to provide an integrated, and complementary response between the WASH and Health Sectors, with timely detection and treatment of cholera cases, provision of supplies (e.g. ORS), operationalization of CTUs, and active and targeted WASH interventions, including through the Case-Area Targeted Intervention (CATI) approach.

Strategic Objective 2: Ensure communities are engaged, prepared and supported to respond to and reduce cholera, by strengthening

risk communication and community engagement and supporting essential health, nutrition, education and protection services in affected and high-risk locations.

This objective ensures that the immediate WASH and Health interventions are robustly supported by enhanced focus on community engagement and risk communication, including to respond to harmful beliefs and practices. The RCCE response will focus on understanding the social and behavioural drivers of affected communities and developing the most appropriate, socio-culturally sensitive, gender-responsive interventions to target vulnerable communities. In addition, complementary efforts from the Education, Protection, Nutrition Sectors will contribute to the overall cholera response through targeted interventions in schools, screening and treatment of children, enhancement of safe learning environments with hygiene items and messages, supported by Logistics to ensure timely delivery of critical support services. The response will also seek to reduce protection threats for affected people, including to protect all vulnerable groups—especially women and children—from violence, exploitation, abuse and neglect during the cholera outbreak, and to ensure that human rights are respected.

Prioritization

This Flash Appeal presents a robustly prioritized multi-sectoral and integrated response to the floods and mudslides caused by the Tropical Cyclone Freddy weather system and the cholera outbreak in Malawi, in support of the Government-led response to both crises. This prioritization was based on:

- Floods:** A comprehensive analysis of satellite imagery in flood-affected areas to identify the hardest-hit locations and the people living within and adjacent to these areas. It was agreed that the Flash Appeal would prioritize those most in need in the 10 hardest-hit districts, as a subset of the overall people affected identified by the Government.
- Cholera:** A detailed vulnerability mapping across the 29 affected districts carried out by the WASH and Health Sectors, under the leadership of the respective government line ministries. Based on the vulnerability mapping, each district was categorized according to the severity of the outbreak and associated risks. It was then agreed that the Flash Appeal would prioritize response in districts with a high or very high severity score, resulting in a geographic focus on 15 out of the 29 affected districts.

Coordination

In response to the escalating cholera outbreak, the President of Malawi declared a public health emergency on 5 December 2022 and activated the Presidential Task Force (PTF) on COVID-19 and cholera (PTF) to provide overarching coordination for the response.

The PTF is an inter-ministerial task force, chaired by the Minister of Health and a direct appointee of the President, with Ministers and their technical advisers attending. Given the nature of the cholera outbreak, the PTF was expanded to include the Minister of Water. The PTF is supported by a Secretariat and has compiled a multi-sector national cholera response plan, which this Flash Appeal complements.

At the technical level, the cholera response is overseen by an Incident Management Team (IMT). The IMT is co-chaired by the Deputy Director in the Ministry of Health and an emergency officer from WHO and meets twice a week. The IMT consists of seven pillars, with each pillar led by government and co-led by the UN: Case Management, Surveillance, RCCE, WASH, Oral Cholera Vaccine (OCV), Essential Services, and Supply/Logistics. The IMT sits within the

Public Health Emergency Operation Centre.

In response to the floods emergency, the President declared a State of Disaster in several of the most-affected districts and established an Emergency Operations Centre (EOC), chaired by the Department of Disaster Management Affairs. The EOC, which was established in Blantyre, brought together focal points from each of the affected districts to identify key needs, gaps and challenges, in accordance with the Government's Tropical Cyclone Freddy Emergency Response Plan.

In support of these Government-led coordination structures, an Inter-Sector Working Group will be put in place to ensure ongoing coordination of partners under this Flash Appeal and full complementarity with the Government-led response. The Inter-Sector Working Group will be chaired by the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) with participation by UN Sector Coordinators. This platform will allow for timely inputs and feedback to the respective line ministries and ensure regular reporting on progress made against this Flash Appeal



BLANTYRE

End of the road. M1 road completely torn apart by flooding water at Mbayani township, a stone throw away from Blantyre Centre Business District.

Photo: UNICEF Malawi

Part 2

Operational Capacity, Access & Feasibility

Capacity

Malawi has a strong presence of national and international organizations, many of whom have responded to multiple emergencies in the country in recent years, including Tropical Storms Ana and Gombe in 2022, Tropical Storm Idai in 2019, the 2018/2019 drought, and the 2016/2017 drought. As a result, many key systems and processes are in place to ensure timely and efficient delivery of assistance in the response under this Flash Appeal, in coordination with the Government of Malawi.

This Flash Appeal will be implemented by 60 humanitarian partners who have pre-established presence, capacity and programming in Malawi, including 11 United Nations entities, 25 International NGOs, 23 National NGOs and the Malawi Red Cross Society. Humanitarian partners with projects in the Flash Appeal have fully considered the Government's planned activities in their responses, to ensure optimal complementarity between activities implemented under the Flash Appeal and those contained in the Government's national response plan for cholera and the Government's Tropical Cyclone Freddy Emergency Response Plan.

Access

Critical infrastructure, including homes, health facilities, schools, roads, bridges, food stores and markets were damaged or destroyed by the Tropical Cyclone Freddy weather system, creating challenges for people to access services and humanitarian to reach people in need. At least 44 roads were damaged—of which 16 are major roads, 17 are secondary roads, and 10 are tertiary roads—and over 40 bridges were damaged.

Over 600,000 people were located in Traditional Authorities (TAs) that were inaccessible by road or boat in the aftermath of the storm, making air assets absolutely critical for the response. Although air assets were secured during the first days and weeks of the response—including from the Malawi Defence Forces, Zambian Air Forces, World Food Programme (WFP) and MercyAir. However, many of these assets were available only for a limited duration and, given that many communities remain inaccessible, air assets remain critical and must be a top priority for funding.

Feasibility

This Flash Appeal calls for a significant scale-up in response and, to that end, is reliant on a commensurate increase in funding. Given that Malawi was already responding to a major cholera outbreak, it is vital that donors come forward with additional funding as soon as

possible to ensure that the response to both floods and cholera can scale-up over the remainder of the Flash Appeal period.

Despite these challenges, the humanitarian community is confident in its ability to implement the planned activities under the Flash Appeal, should timely funding be received. As noted above, humanitarian partners have responded to multiple emergencies in Malawi, in support of Government-led efforts, and there is strong standing capacity to carry-out the planned response under the Flash Appeal.

2019 Tropical Cyclone Idai Road Access Conditions



Part 3

Costing Methodology

The Malawi Cholera and Floods Flash Appeal used project-based costing. In order to develop the appeal rapidly, partners were requested to share their planned response activities, as well as information on funding available for these. This was then consolidated to form the basis of the Flash Appeal, with partners encouraged to continue sectoral discussions on complementarity in the period ahead

in order to avoid duplication and ensure maximum effectiveness of the response. All efforts were made to ensure full complementarity with the Government-led response, including through regular discussions and engagement on which activities were planned and implemented by the Government and in which locations.

Sectoral Response & Requirements (Feb-Jun 2023)

| SECTOR | PEOPLE IN NEED | PEOPLE TARGETED | REQUIREMENTS (US\$) | OPERATIONAL PARTNERS | NUMBER PROJECTS |
|--------------------------------|----------------|-----------------|---------------------|----------------------|-----------------|
| CCCM | 316K | 158K | 950K | 1 | 2 |
| Coordination & Common Services | | | 0.5M | 2 | 2 |
| Education | 2.2M | 658K | 4.3M | 9 | 10 |
| Food Security | 1.3M | 1.1M | 25.7M | 8 | 9 |
| Health | 3.3M | 2.8M | 25.4M | 13 | 19 |
| Logistics | | | 4.3M | 2 | 3 |
| Nutrition | 2.0M | 1.5M | 14.6M | 9 | 12 |
| Protection | 3.9M | 1.1M | 7.8M | 10 | 17 |
| Child Protection | 1.5M | 579K | 2.7M | 4 | 6 |
| Gender-Based Violence | 3.1M | 906K | 3.7M | 7 | 10 |
| General Protection | 575K | 30K | 1.5M | 1 | 1 |
| RCCE | 4M | 3.3M | 3.7M | 8 | 8 |
| Shelter & NFI | 504K | 126K | 6.1M | 5 | 5 |
| WASH | 5.8M | 4.2M | 21.8M | 13 | 16 |
| Refugee | 56K | 56K | 855K | 4 | 4 |
| Total | 5.9M | 4.8M | 115.9M | 60 | 105 |

Part 4

Cholera Sectoral Objectives & Response

4.1 Core Cholera Response Sectors



LILONGWE

Health workers assisting a cholera patient in Lilongwe Area 18 Health Centre on 9 February 2023.

Photo: UNICEF/ Bennie Khanyizira

4.1.1

Health



| PEOPLE IN NEED | PEOPLE TARGETED | | REQUIREMENTS (US\$) | PROJECTS | PARTNERS |
|----------------|-----------------|---|---------------------|----------|----------|
| 2.8M | 2.5M | Female <div><div></div></div> 51% Male <div><div></div></div> 49% People With Disabilities: 15% | \$15.8M | 12 | 10 |

People in need and targeted for assistance

In 2020, over 51 per cent (9.98 million) of the population in Malawi reported inadequate access to healthcare services. It is also estimated that 69 per cent of the population do not have access to a handwashing facility. The lack of access to health care and hygiene has contributed to the high number of cases and the high case fatality rates of the current cholera outbreak. Based on the Health Sector targets, there are approximately 100,000 pregnant women among the priority affected population. Although pregnant women are not more at risk of cholera infection, women with cholera are at higher risk of fetal loss and therefore require specific care. It is also estimated that 11 per cent, or 304,000 of the population are living with a disability, which may lead to more difficulties in physically accessing treatment. All these factors as well as the current rains are increasing the risk of mortality and morbidity of cholera outbreak. In addition to the above, the Malawi Vulnerability Assessment report (2022) estimates that 3.8 million people are facing high acute food insecurity (IPC) Phase 3 or above.

In response to these alarming numbers and ongoing outbreak, the Health Sector has identified over 2.8 million people in priority need of assistance in 15 priority districts across Malawi. Of this 2.8 million, the Health Sector is targeting 2.53 million people.

Sector Strategic Objectives

The Malawi Health Sector partners support the Ministry of Health, and work in close collaboration with other government Sectors and partner organizations that are represented in the following Sectors: WASH, Risk Communications and Community Engagement (RCCE), Protection, Nutrition, Education, and Logistics to collectively respond to the current acute needs of people affected by the cholera outbreaks as well as to prepare for and mitigate future risks and reduce the mortality and morbidity.

The Health Sector has established four key priority objectives to reduce avoidable morbidity and mortality among the affected population. These include:

- Reducing the overall mortality and the incidence of new cholera cases including:
 - Strengthened Surveillance and Laboratory Investigation.
 - Strengthened cholera Case Management in Oral Rehydration Points (ORPs) and Cholera Treatment Centres and Units (CTCs and CTUs).

- Improving referral systems.
 - Provision of essential cholera investigation and management supplies.
 - Implementation of an Oral Cholera Vaccination campaign (if approved).
- Reducing the transmission of the disease in affected areas and prevent and/or minimize the risk of introduction of the outbreak to other high-risk areas.
 - Ensuring that WASH and IPC measures are in place in cholera treatment structures.
 - Improve community access to treatment, ensure communities are aware of and understand the community case definitions and when and where to seek treatment.
 - Improve community knowledge of and adoption of measures to prevent cholera.
 - Ensuring the capacity to deliver life-saving essential health services.
 - Ensuring the continuation of essential services.
 - Strengthening access to sexual and reproductive health services.
 - Strengthening Health Sector leadership and coordination at national and subnational levels.
 - Strengthen support to multisectoral national and district coordination teams and to each response pillar working groups to enhance effective coordination of the response at the respective levels.

Response Strategy

Health Sector partners are working closely with other sectors, in particular WASH, RCCE and Protection to support the National Cholera Response Plan. The evolving epidemiological data will drive the specific targeting of health response and will include populations in refugee camps. Interventions will need to continue throughout the rainy season and the following few months, as early withdrawal of partner support prior to ensuring national capacity may prove to be detrimental to the overall health outcomes.

The response strategy is based on strengthening the quality of the response by using and reinforcing existing capacities. The response will rely predominantly on national and location specific human

resources for continuity and ownership. The establishment and support of CTCs, CTUs and ORPs and deployment of CTU workers in high-burden communities are critical measures in the response. To support this, it is essential to ensure that all health care workers as well as community volunteers receive appropriate training on cholera infection, prevention, and control.

Moreover, to strengthen the early detection and active finding of cases, it is important to continue to support and strengthen community-based surveillance for outbreak prone diseases such as cholera, including along the border areas.

As the overall health access and status of health in Malawi is not strong, the maintenance and continuity of Essential Health Services is important to not cause indirect deaths due to diversion of essential health resources.

District level coordination hubs will be established to allow Health Sector partners to continue to undertake participatory outreach with district health officials and communities, to identify appropriate positioning of CTCs, CTUs and ORPs ensuring that critical services are accessible to the most affected populations. Health care workers, local leaders, community groups and individual volunteers will be directly involved in the decision making and creation of messaging to ensure wide outreach and accessibility to services.

Gender diversity in the provision of health services is key to ensuring that health services are gender friendly and safe to improve uptake and accessibility to health services. The Health Sector partners will strive to ensure that there is gender sensitivity while implementing interventions and support as well as access to complaints and referral mechanisms for any abuse.

Opportunities will be sought for development partners to plan the response with emergency partners to encourage handover and continuity of the response and ensure smooth transition.

Cost of Response

The budget for the Health Sector section of the National Cholera Interim Plan February 2023 was estimated at \$21 million for the period of January to June 2023. As of 15 February, partners had reported a gap of \$14.8 million. This shortfall is expected to grow as the outbreak evolves and further essential lifesaving health needs become apparent. Ten implementing UN and NGO partners have submitted projects in support of the national cholera response plan for a total of \$15.5 million.

Monitoring

Response interventions need to be planned, executed, and monitored at the district level. The reduction of the Case Fatality Rate is the key indicator of successful interventions with the reduction of the total number of cases across Malawi.

Response monitoring indicators

| Response Indicator | Target |
|---|-----------|
| # of health workers trained in cholera management | 4,000 |
| # of people treated for cholera | 12,285 |
| # of people directly reached with health cholera prevention messages | 2,534,373 |
| # of pregnant women and girls referred and receiving basic and comprehensive Maternal Emergency Obstetric care from the affected districts. | 7,846 |

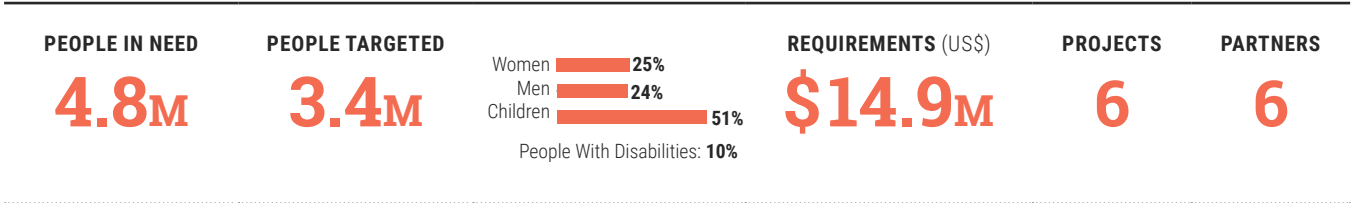


LILONGWE

WHO gave area 25 treatment centre a new face with standard structures that will enable provision of standard care to patients. Photo: WHO/ Bennie Khanyizira

4.1.2

Water, Sanitation & Hygiene



People in need and targeted for assistance

The extreme weather events that led to the current cholera outbreak led to the collapse of many water facilities and private and public latrines, leaving people who previously had access to safe water and sanitation at risk of cholera. Population displacement after the storms has also caused overcrowded living conditions, with many people sharing toilet facilities, particularly in urban areas. Fishing communities continue to be a high-risk group during the outbreak due to reliance on lake water for multiple uses and for ablution. Women and girls remain particularly vulnerable during the outbreak due to their role as primary caregivers, which includes caring for cholera affected family members. Additionally, they are responsible for fetching and handling untreated water and preparing food.

The number of people in need is estimated based on the number of people without access to basic WASH services (Water, Sanitation, Hygiene) in the most affected districts. On average, 30 per cent of all households do not have access to essential water, 24 per cent do not use basic sanitation, and more than 90 per cent of household members need a handwashing facility where water and soap are present. In the 15 most affected districts, there are 4.8 million people in need, with the age group 10-39 being the most affected (61 per cent) and the most deaths occurring in the > 50-year age group (29 per cent). The WASH Sector will target 3.4 million people with WASH interventions in efforts to reduce morbidity and mortality to below emergency thresholds.

Sector Strategic Objectives

In line with the Flash Appeal objectives, the WASH response objectives aim to:

- Prevent and control the cholera outbreak in 15 hotspot districts through the provision of adequate, safe water, sanitation, and hygiene in affected communities and institutions (health care facilities, CTC's, schools).
- Provide WASH supplies to households and institutions in affected areas in the 15 target districts to control the outbreak.
- Sensitize communities and institutions on cholera prevention through WASH specific messaging in the 15 target districts, in coordination with Risk Communication and Community Engagement partners.
- Provide a coordinated WASH response to the outbreak at national and subnational levels.

Response Strategy

The WASH Sector response strategy will focus on the delivery of immediate lifesaving interventions to provide basic drinking water and sanitation services, and to prevent and control the further spread of the outbreak. In these efforts needs of women, children, and vulnerable groups (such as the disabled and the elderly) will be considered accordingly. Key among the approaches to be used is the Case Area Targeted Intervention (CATI) approach, which follows up on reported cholera cases and ensures engagement with the reported case and 20 other immediate surrounding households.

The WASH Sector response plan recognizes the need for cross-Sectoral linkages especially with the Health, Education, and behaviour communication (RCCE) Sectors. WASH services have a direct impact on Health, Education, and other Sector outcomes. WASH contributes to infection prevention and control in CTCs and health care facilities for instance. As the Health Sector clinically manages the cases in CTCs, safe water, hand washing with soap, foot disinfection for people entering the treatment units must be in place during case management for infection prevention. Similarly, WASH service provision in schools located in hotspot areas and hotspot districts is critical to ensure children in school are not only protected from the outbreak, but also that they do not miss out on continued learning. The effective delivery of WASH supplies requires an effective logistical system to ensure the supplies not only reach the end user but are used for the purpose that they are intended for. All this requires proper coordination and collaboration at all levels to avoid duplication and ensure equity in dealing with the outbreak.

WASH partners in the 15 priority districts will:

- Provide access to safe water through the construction of water schemes, chlorination of drinking water and household water treatment to reduce the risk of cholera transmission communities in 15 hotspot districts.
- Conduct rapid water quality testing to identify contaminated communal sources, as well as at household level.
- Provide buckets for water handling (water transportation and storage) to affected people in host communities and in institutions (CTC's, health care facilities and schools).
- Provide temporary sanitation and hygiene facilities to CTC's and schools.
- Provide access to personal hygiene services for affected

people in CTC's, health care facilities and schools, through the provision of laundry and bathing soap.

- Disseminate WASH related hygiene messages through various channels, as part of infection prevention control (including safe handling of waste, hand washing with soap).
- Conduct repairs and rehabilitate water and sanitation infrastructure in affected communities, including treatment of contaminated water sources to ensure safe and healthy conditions for affected populations.
- Ensure a coordinated response amongst WASH actors.

Cost of Response

The package of WASH life-saving interventions includes the provision of WASH supplies, water treatment, water quality monitoring, community engagement through the CATI (training of rapid response teams, accompanying supports, follow up activities to targeted households) and the delivery of WASH messaging and logistical support for district field workers. On average, the cost per capita of

WASH services is between \$3.3 and \$4.2. A total of \$14.9 million will be required for WASH activities in the cholera outbreak response.

Response monitoring indicators

| Response Indicator | Target |
|---|-----------|
| # of people in 15 target districts with access to adequate and safe water for drinking | 3,446,600 |
| # of people at household level provided with life-saving WASH supplies & sensitisation on use (water treatment chemicals, soap for hand washing, buckets) | 3,100,000 |
| # of CTCs and schools provided with adequate sanitation facilities (latrines and hand washing facilities) | 140 |

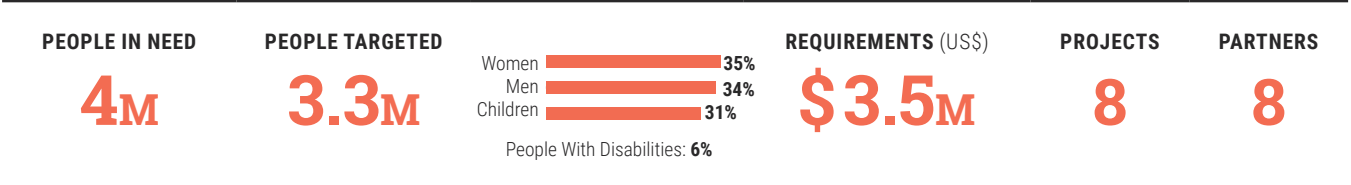


NKHATA BAY

Unandi Banda a cholera survivor from Tukombo, Nkhatabay using a water bucket she received from humanitarian partners. Photo: UNICEF/ Malawi

4.1.3

Risk Communication and Community Engagement (RCCE)



People in need and targeted for assistance

As the outbreak spreads across the country, more community engagement and risk communication measures are needed to reach the entire population with effective cholera preventive messaging. About 17 million people in Malawi do not practice handwashing with soap and water and almost seven million people do not have basic drinking water, while 80 per cent of households are drinking contaminated water. Limited access to basic sanitation and hygiene facilities are among the driving factors for cholera outbreak across the country. Various studies have shown high knowledge in cholera but very few people, especially in the rural areas, are washing their hands with soap and water and drinking safe water. There is a strong need for community led hygiene and sanitation interventions to improve WASH behavioural practices. Rumours and misinformation related to cholera have been a challenge for people seeking early health services. To address rumours and misinformation there is need for community outreach across the country, with correct messaging on basic hygiene and sanitation, along with building trust.

Risk Communication activities will reach more than the targeted 3.3 million people through different mass media channels. Along with the mass media reach, the Sector will target the most high-risk population, without access to basic hygiene and sanitation services, as well as access to health facilities, through intensive community dialogue or engagement.

Sector Strategic Objectives

The main objective of RCCE interventions aims to enhance the adoption of crucial cholera preventive behaviours – handwashing with soap and water, drinking safe water, and seeking health services in case of cholera symptoms – at all levels, through enhanced engagement with communities, community influencers, including political and religious leaders, from high-risk areas. RCCE actions for cholera response will:

- Generate evidence on contextual behaviour factors to revise and guide the ongoing RCCE strategy.
- Strengthen RCCE coordination mechanisms and planning at national and subnational levels.
- Strengthen RCCE capacity of multisectoral actors at national and

subnational levels.

- Enhance social mobilization and communication engagement activities for sustained behaviours.

Response Strategy

RCCE response will focus on understanding the social and behavioural drivers of the communities and developing the most appropriate, socio-culturally sensitive, gender-responsive community engagement interventions targeting vulnerable people. The strategy focuses on using one feedback mechanism across the country to improve two-way communications, accountability systems, and engagement at all levels. The following activities will be prioritised:

- Generate qualitative and quantitative data to identify social and cultural factors, risk behaviours, barriers including misinformation associated with cholera transmission and control, influencers, best practices, to guide the most appropriate RCCE interventions focusing on the most vulnerable population.
- Develop/adapt, pre-test, and disseminate cholera preventive, hygiene, and other communication materials through multi-media channels for sustaining positive behaviours, in line with the “Tithetse Cholera” Malawi Campaign.
- Enhance the capacity of community-based influencers, volunteers, mobilisers, and youths to engage with households, including developing and implementing community-based actions for hygiene promotion, health and nutrition service-seeking behaviour, gender-sensitive roles sharing, PSEA risk reduction and reporting.
- Strengthen and sustain two-way community engagement actions through radio listeners groups, youth volunteers/ mobilisers, traditional leaders, faith leaders, celebrities, and other influencers.
- Integrate cholera preventive RCCE efforts through school health programs and other relevant institutions.
- Strengthen existing hotline and other community feedback mechanisms on Cholera response, as a part of the accountability to the affected populations.
- Strengthen capacity of spokesperson for the timely management

of rumours and misinformation through Public Communication Sector.

- Strengthen information sharing platforms/forums to promote learning through generation of knowledge products and manuscripts.
- Strengthen the multi-Sectoral coordination and collaboration at the national and district level for improved hygiene and sanitation and health seeking behaviours.

Cost of Response

RCCE funding requirement under this Flash Appeal is \$4.7 million in support of the ongoing national response plan efforts.

Monitoring

As a part of a common feedback project, UNICEF, WHO and Malawi Red Cross Society have developed a community feedback mechanism to collect feedback, community questions, concerns, and grievances through online and offline portals. Periodic behavioral surveys,

community feedback tools will be used to monitor the RCCE response and challenges for cholera response.

Response monitoring indicators

| Response Indicator | Target |
|--|-----------|
| # of people directly reached with health, hygiene, nutrition or risk communication activities on cholera prevention and treatment, involving a two-way dialogue | 3,272,312 |
| # of people sharing their concerns and asking questions / clarifications for available support services to address their needs through established feedback mechanisms | 165,000 |



Support in Risk Communication and Community Engagement. Photo: WHO/ Malawi

4.2 Complementary Sectors

LILONGWE

Health workers on a break after working tirelessly attending to cholera patients on 9 February 2023, at Area 18 Health Centre, Lilongwe.

Photo: UNICEF/ Bennie Khanyizira



4.2.1 Education



| PEOPLE IN NEED | PEOPLE TARGETED | | REQUIREMENTS (US\$) | PROJECTS | PARTNERS |
|----------------|-----------------|--|---------------------|----------|----------|
| 1.6M | 410K | Girls <div><div></div></div> 49% Boys <div><div></div></div> 51% People With Disabilities: 10% | \$840K | 4 | 4 |

The Education Sector in Malawi has been affected by multiple emergencies, including cholera and COVID-19. Cholera has hit the Education Sector hard, disrupting teaching and learning. In 2023, all schools in Lilongwe and Blantyre failed to reopen for two weeks during the 2nd term due to the cholera outbreak, disrupting learning for 987,634 primary and secondary school learners. At least 31 school learners have died of cholera and a cumulative total of 511 had contracted cholera as of 14 February 2023.

A cholera assessment conducted in 200 schools in Lilongwe and Blantyre observed that there was limited information and messages on cholera prevention and management to help learners and teachers handle the outbreak. Sanitation and water sources in the schools were very poor, rendering all efforts to control the outbreak a challenge.

Purpose of the Response Plan

The main purpose of the Education Sector response plan is to ensure that teaching and learning can continue in a safe environment through cholera prevention and control in schools, especially for learners with special needs and vulnerable children.

People in need and targeted for assistance

The Education Sector cholera response will prioritise 400,000 out of 5,373,000 learners, from 400 schools in at least 10 districts, to ensure that children learn in a safe environment.

Sector Strategic Objectives

To achieve this, the response plan will focus on the following specific areas to ensure that objectives meet:

1. To support implementation of safe school protocols (IPC) through the provision of WASH supplies (soap and buckets).
2. To reach learners with comprehensive hygiene awareness campaigns in schools.
3. Provide learners with hygiene and cholera prevention, management and control related information, education and communication (IEC) materials and messages for schools.
4. To capacitate teachers on infection prevention, cholera response

and management at school level.

5. To strengthen national and district coordination of Education Sector's cholera response.

Response Strategy

The Education Sector will procure WASH supplies (handwashing soap, buckets, and menstrual hygiene supplies) through the WASH Sector and distribute to schools in priority districts. Teachers will be capacitated to mainstream cholera prevention and hygiene promotion messages in all activities of the school, with increased provision of appropriate IEC materials for cholera. Both national and district Education in Emergency coordination structures will be strengthened to better coordinate and monitor the cholera response and ensure adherence to cholera prevention operating procedures in all targeted schools. Coordination meetings will be held regularly at both national and district levels for this purpose. The Sector will collaborate with WASH, RCCE and Health Sectors to ensure that proper hygiene is practiced in schools, and appropriate cholera prevention knowledge and skills are acquired by all learners.

Key activities will be to:

- Support the WASH to provide WASH services in schools (assessment of WASH in schools, prepare BOQs, facilitate distribution and utilization of WASH services in schools).
- Develop hygiene promotion and campaign materials and conduct hygiene promotion campaign in schools.
- Develop/adopt key child-friendly, age specific and culturally acceptable cholera and WASH IEC messages that include cholera prevention SOPs.
- Train teachers and PEAS in cholera infection prevention and develop teaching and learning cholera materials, as well support trained teachers to implement cholera prevention, management and response at school level.
- Establish functional cholera surveillance system for schools.

Response monitoring indicators

| Response Indicator | Target |
|---|----------------|
| # of learners reached with hygiene promotion services | 409,566 |
| # of teachers trained and applying Cholera prevention and management SOPs at school | 800 |
| # of learners accessing WASH supplies (soap and buckets) | 409,566 |

**MBAMBA VILLAGE, CHOWE**

Rose Phiri, HAS, at Chowe Health Centre encouraging women on the importance of using RUTF. In Mbamba village on 22 August 2022. Photo: UNICEF

4.2.2

Nutrition



| PEOPLE IN NEED | PEOPLE TARGETED | | REQUIREMENTS (US\$) | PROJECTS | PARTNERS |
|----------------|-----------------|---|---------------------|----------|----------|
| 1.8M | 1.3M | Women <div><div style="width: 27%;">27%</div></div> Children <div><div style="width: 73%;">73%</div></div> | \$5.6M | 4 | 4 |

People in need and targeted for assistance

Nutrition is critical in preparing and responding to cholera epidemic. Under-five children, pregnant and lactating women and the chronically ill are considered vulnerable groups hence the need to ensure their daily nutrition needs are met to prevent incidences of malnutrition. In addition, those who are already malnourished need to be treated according to the WHO (World Health Organization) guidance on managing severe acute malnutrition in the cholera context. The current cholera outbreak has hit at the time when 3.8 million people are facing high acute food insecurity (IPC) Phase 3 or above. The Nutrition Sector has estimated 1.8 million people in 15 priority districts will need nutrition assistance. Of these, the Sector will target 1.3 million people (956,666 children under 6-months and 353,835 pregnant and lactating women).

Sector Strategic Objectives

- The Sector's objective is to improve equitable access to multi-sectoral nutrition services to prevent and treat malnutrition resulting from the impacts of cholera among vulnerable populations, namely children under five, pregnant and lactating women, and adolescents, by way of; strengthening nutrition capacity and coordination at national, district and sub-district levels.
- Strengthening treatment of acute malnutrition in cholera context following WHO standards.
- Improving early identification, referral, and treatment of malnourished children.
- Ensuring effective social and behaviour change communication that promotes Maternal, Infant, Young Child, and Adolescent Nutrition (MIYCAN).

Response Strategy

The Nutrition Sector has defined the following priority areas to effectively contribute towards the current cholera response:

- Strengthen nutrition coordination at national, district and sub-district levels to effectively respond to the cholera outbreak:
 - National level: Implementation of activities under the plan will be coordinated by the Department of Nutrition HIV/AIDS and facilitated by a harmonised coordination of partners and stakeholders. This team will develop strategies, monitor the implementation of the response plan, coordinate and

track procurement and management of nutrition supplies, IEC materials, and share updates on cholera preparedness and response. The Nutrition Sector will routinely participate in the national case management pillar meetings to share updates on the implementation activities in the response plan, challenges, and mitigation plans.

- » Sub-national level: District health teams that include nutrition focal persons will also participate in disaster risk reduction as well as public health emergency technical working group meetings to share updates.

- To enhance the overall nutrition capacity in public health emergencies including cholera, the Sector will collaborate with the Health Sector to ensure children with severe acute malnutrition (SAM) and cholera are treated as per the modified protocol and that all cholera patients are supplemented with zinc as part of the treatment protocol. Protocols for management of severe acute malnutrition in the context of cholera will be integrated in the national cholera case management manual and orient health workers to effectively manage cholera in the CTCs. The Sector will work closely with the WASH Sector in identifying communities with high transmission rates (hotspots) where mass screening will be conducted to identify children with acute malnutrition and at risk of cholera. In addition, the Sector will also work closely with the Logistics Sector in ensuring that CSB timely reaches the end-users.
- The Sector will integrate promotion of Maternal, Infant, Young Child, and Adolescent (MIYCAN) messages into ongoing RCCE messages. Health workers will also be supported to effectively counsel pregnant women and caregivers of children 0-23 months on optimal MIYCN practices in the context of cholera. The Sector will engage communities to promote feedback mechanisms and ensure accountability to affected populations. Partners will be oriented and ensure they have policies in place to prevent and respond to sexual exploitation and abuse.

Cost of Response

The budget for the Nutrition Sector was estimated at \$6.6 million and as of to date \$1 million has been mobilised, leaving a gap of about \$5.6 million. Five implementing UN and NGO partners have submitted projects in support of the national cholera response plan through this nutrition flash appeal for a total of \$5.6 million.

Monitoring

To ensure timely monitoring of the response, the Sector will meet on bi-monthly (every other week) basis to monitor progress, identify challenges, and agree on complementarity and synergy within the Sector and other Sectors contributing to the response. The Sector will also hire an Information Management Officer to enhance emergency information management capacity and support quality assurance processes in all parts of the data value chain (prioritisation, creation and collection, curation, analysis, translation and dissemination, and decision making) for timely and high-quality nutrition response.

Response monitoring indicators

| Response Indicator | Target |
|---|---------|
| # Children 6-59 months screened for acute malnutrition | 956,666 |
| # Children 6-59 months with severe wasting admitted for treatment | 1,865 |
| # Primary caregivers of children 0-23 months receiving IYCF counselling | 353,835 |



CHOWE VILLAGE, MANGOCHI

Hajira Masha, 22 years old, pictured with her daughter Ramisa Jester who is responding positively to RUTF on 22 August 2022.

Photo: UNICEF

4.2.3

Protection



PEOPLE IN NEED

3M

PEOPLE TARGETED

898K

REQUIREMENTS (US\$)

\$2.3M

PROJECTS

7

PARTNERS

8

Child protection




PEOPLE IN NEED

939K

PEOPLE TARGETED

470K

Children  100%

People With Disabilities: 3%

REQUIREMENTS (US\$)

\$950K

PROJECTS

3

PARTNERS

3

People in need and targeted for assistance

There are about 939,151 children in need of protection assistance resulting from being affected and infected by cholera. However, 469,576 people are being targeted in this appeal, based on the number estimated from cholera hotspot districts in Malawi, including 14,087 children with disabilities exposed to higher risks of violence, abuse, exploitation and neglect because of cholera in their families and communities. Therefore, protection interventions are highly needed to reduce the impact of the outbreak in the hotspot communities. Services providers, 305 women and 407 men, will be targeted to ensure they are knowledgeable on the potential impacts of an outbreak on child protection, in identifying children who are most vulnerable and why, and aware of the support services available, despite increased burdens on the community facilities. Targeted beneficiaries will receive mental health and psychosocial support services to treat heightened levels of anxiety, fear, and worry that occur during infectious disease outbreaks. The interventions will ensure the targeted children, who are survivors of violence, have safe access to appropriate care and raise awareness of caregivers and community members at large of the health risks of harmful traditional practices, to mitigate physical violence, sexual violence and other harmful practices that can arise during outbreaks.

Sector Strategic Objectives

The overall Protection Sector strategy aims to ensure women, girls, men, and boys receive urgent protection and GBV related humanitarian and life-saving interventions. The Child Protection sub-Sector will focus on protection objectives outlined in the Protection Sector Cholera Response Plan led by Government, with an emphasis on children:

- To reduce protection threats for the affected boys and girls of different age groups, and to protect them from violence, exploitation, abuse, and neglect during the cholera outbreak and

ensure that child rights are respected.

- To provide psychological first aid to those affected by cholera.
- To ensure inclusion of boys and girls with disability in the cholera response.
- To cushion underprivileged and vulnerable boys and girls of different age groups from socio-economic impacts during the cholera outbreak.
- Ensure a coordinated, comprehensive, and predictable response for children affected by the cholera outbreak.

The Sector response is also grounded on the principles of Minimum Standards for Child Protection in Humanitarian Action.

Response Strategy

As a sub-Sector of the overall Protection Sector, the Child Protection Sector will ensure a well-coordinated and targeted response using the following strategies:

- Capacity Strengthening of Health Workers on PSEA:** Training of 400 health workers working in Cholera Treatment Centres (CTCs) in Prevention of Sexual Exploitation and Abuse (PSEA) and referral of children with specific protection needs to protection service providers. This training will cover vulnerabilities that children may face, violence and abuse disruption mechanisms, separation of children from caregivers, protection services and referral mechanisms.
- MHPSS and PFA in Children's Corners:** Provision of non-specialized mental health and psychosocial support services (MHPSS) such as Psychological First Aid (PFA), Group Interpersonal Therapy (G-IPT) and Narrative Exposure Therapy (NET) to children, caregivers and communities affected by cholera. UNICEF will leverage on already existing to roll out MHPSS and PFA needs.

3. **Community awareness raising and messaging:** UNICEF's Journey of Life methodology will be used for strengthening Children's Corners (CCs) and Community Based Childcare Centres (CBCCs) activities. Development and dissemination of child protection messages for dissemination by all actors responding to cholera will be a key intervention.
4. **Supporting caregivers in CCs and CBCCs** on selfcare and how to care for and support children affected by cholera. Staff must be trained in proper sanitisation of CCs and CBCCs equipment, alternatives to interactive games and activities, and mitigation strategies for disease transmission. These spaces must never become an additional source of disease transmission.
5. **Identification and assessment:** Supporting Community Child Protection Workers to conduct identification and assessment of vulnerable children due to cholera for alternative care arrangements.
6. **Case Management:** Supporting Community Child Protection Workers (CCPWs) and Case Managers in provision of case management services to children impacted by cholera.
7. **Intersectoral monitoring:** Supporting intersectoral child protection/human rights monitoring of cholera response for advice and alerts to cholera service providers.

8. **Reporting and Data Collection (SADD):** Establishing SADD data reporting and strengthening referral mechanisms on service provision.
9. **Coordination:** Supporting national and district coordination of Child Protection actors in the cholera response.

Cost of Response

A total of \$950,000 will be required targeting 15 districts. Costs include payment for transport, materials, and ensuring sanitation equipment is available in all targeted CCs and CBCCs. Capacity building initiatives range from \$25,000 per district. The Sector will use already existing structures in the communities as a key entry point to ensure cost saving.

Response monitoring indicators

| Response Indicator | Target |
|--|---------|
| # of girls and boys at risk received cholera prevention messages in children's corners | 359,151 |
| # of children, parents and primary caregivers at risk provided with risk mitigation, prevention and response interventions | 110,425 |



TUKOMBO, NKHATABAY

Unandi Banda, an 18-year-old cholera survivor, carrying her baby, and receiving water purifying sachets from UNICEF who were on a field monitoring visit in Tukombo, Nkhatabay on January 27th, 2023. Photo: UNICEF



Gender-Based Violence (GBV)

PEOPLE IN NEED

2.6M

PEOPLE TARGETED

674K

Female 80%
Male 20%

REQUIREMENTS (US\$)

\$1.4M

PROJECTS

5

PARTNERS

5

People in need and targeted for assistance

Women and girls have a heightened risk of contact with a high infectious dose of cholera through their domestic roles, including taking care of sick family members, cleaning latrines, preparing contaminated raw food and fetching and handling water. The responsibility for water purification often falls on women and girls. Women and girls can also face a greater emotional, physical, and socioeconomic toll during a cholera epidemic. The division of labour during a cholera epidemic can fall particularly hard on women and girls. The increased workload at home can result in decreased work outside of the home in terms of income generating activities and even school absence. Moreover, evidence highlights the emotional and physical impact of care giving for sick relatives. Gender-based violence increases during outbreaks of infectious diseases. For instance, epidemic or pandemic control policies that enforce lockdown measures can heighten socio-economic precarity and the feminization of poverty, known risk factors for transactional sex and sexual abuse and exploitation. They can also increase family tensions and Intimate Partner Violence. Traditional gender dynamics tend to disadvantage women and girls due to less decision-making authority within the household and less access to resources, such as transportation for life saving medical care or potable water, particularly for female headed households who tend to be even more disadvantaged. Female headed households have less access to water and sanitation facilities, compared to male headed households.

During a cholera outbreak several GBV and protection risks may arise which can impact the safety, mental health and psychosocial wellbeing of individuals and communities. These include reduced access to essential protective spaces and services, disruption of care and support structures due to absence (while in treatment) or loss of caregivers, disruption or loss of livelihoods during treatment or following death, especially of the primary income generator. As a result, households and support networks can be impacted, with negative attitudes and behaviours (violence, exclusion, stigma, discrimination, restriction of movement, and eviction threat) toward disease survivors, families of patients and those who could transmit the disease (i.e., frontline responders) greatly increased. Long term physical and psychological impacts including loss and grief are some of the possible outcomes that affected people could face. As a result, GBV protection partners will work closely with Health, WASH and Risk Communication and Community Engagement counterparts to reduce the risk of exposure to the disease, and to prevent and respond to violence or other protection concerns that arise because of the

outbreak.

In response to the ongoing outbreak, the GBV sub-Sector has identified over 2.5 million people in priority need of protection assistance in 15 priority districts across Malawi. Of this 2.5 million, the GBV sub-Sector is targeting 673,566 people.

Sector Strategic Objectives

The GBV sub-Sector aims to:

- Support and strengthen provision of quality GBV services and referrals during the cholera response that retains dignity and safety of community members especially adolescent girls and young women.
- Intensify GBV awareness and its prevention in the cholera crisis referrals and protection of adolescent girls from school dropouts and child marriages. This will also reduce the vulnerability of adolescent girls and young women to GBV and sexual violence and abuse during the cholera outbreak.

Response Strategy

The GBV sub-Sector of the Protection Sector in Malawi brings together a wide range of GBV stakeholders (both local and international), led by the Ministry of Gender, Community Development and Social Welfare (MoGCDSW) and co-led by UNFPA to coordinate the multi-Sectoral and multi partner response to GBV related issues during humanitarian situations. The GBV sub-Sector will work in close collaboration with other Government Sectors and partner organizations from WASH, Risk Communication and Community Engagement (RCCE), Child Protection, Health, Nutrition and Logistics Sectors to collectively respond to the acute needs of people affected by the cholera outbreak, as well as to mitigate risks and reduce vulnerability of women and girls. Specifically, the GBV sub-Sector will focus on:

- Sharing of Key messages on PSEA / Complaints and Feedback (at health facilities, frontline staff, community focal points, C-RRTs) to prevent risks of Sexual Exploitation and Abuse (SEA)
- Strengthening community safe spaces to offer GBV protection interventions, including MHPSS services for those impacted by the disease, and contributing to the overall response efforts by expanding community entry points and networks engaged in Primary Care of patients. Safe spaces and community-based protection interventions also present valuable entry points for the most vulnerable and harder to reach groups to seek and access support.

- Supporting Health, WASH, RCCE, Cholera Rapid Response Teams and Community Health Focal Points with quick orientation referral pathways, GBV case management and referral training on protection and GBV services.
- Procurement of dignity kits to restore the dignity of women and adolescent girls who have been affected by the cholera crisis.
- Working with the WASH Sector to ensure gender separated latrines with locks and appropriate barriers for privacy and safety, and to install lighting to make them accessible at night.
- Support continuous GBV risk assessments, GBV safety audits and monitor GBV and PSEA during the crisis.

Cost of Response

GBV interventions require \$1,670,000. Three implementing UN and NGO partners have submitted projects under this Flash Appeal to ensure provision of GBV lifesaving services.

Response monitoring indicators

| Response Indicator | Target |
|---|----------------|
| # of people reached with GBV prevention, response and PSEA awareness campaigns in the communities and Cholera Treatment Centres in the affected districts | 673,566 |
| # of Number of adolescent girls and women benefitted from dignity kits | 3,000 |
| # of service providers oriented on GBVC and PSEA | 300 |



NKHATABAY

Desire Kapombe (L), Pharmacy Assistant for Nkhatabay District Hospital, and Princess Sakala, Pharmacy Assistant (student), taking stock of the medical supplies for cholera donated by UNICEF on 22 August 2022 Photo: UNICEF

4.2.4

Logistics


REQUIREMENTS (US\$)
\$1.29M
PROJECTS
2
PARTNERS
2

People in Need and Targeted for the Assistance

The Logistics Sector's end users for its common logistics, coordination, and information management services are humanitarian partners responding to sudden onset and/or protracted emergencies where the Sector is active. The Logistics Sector will endeavor to support – where possible – all partners to implement their programmes and interventions, by facilitating the provision of common services to enable the delivery of life-saving interventions.

Sector Strategic Objectives

The Logistics Sector will support the Health and WASH Sectors in their efforts to reduce cholera morbidity and mortality rates through the provision of logistics support for life-saving medical supplies. The Sector will facilitate access to common logistics services where there are identified gaps and needs by humanitarian responders during the cholera response. The Sector will also provide coordination and information management to support operational decision-making and improve the predictability, timeliness, and efficiency of the cholera response.

Sector Response Strategy

The worsening Cholera outbreak in Malawi is stunted by the lack of logistics support to humanitarian partners delivering life-saving supplies to affected communities. Leveraging the logistics expertise of WFP, the Logistics Sector aims to meet, based on demand, the needs for support of all partners responding to the cholera response in Malawi. These services will be provided based on the level of requirements as requested by the humanitarian community.

- **Transport:** The Government of Malawi's Ministry of Health and key partners have reported an urgent gap in transportation of Cholera supplies. Transport from Lilongwe to districts hospitals and last mile distribution centres is a critical gap in the ongoing Cholera response efforts. Logistics capacity exists within the Logistics Sector, with WFP fleet trucks and drivers ready for immediate response when resources become available. Commercial service providers are also already rostered and ready to be engaged if required.
- **Storage and MSU Deployment:** Additional needs have been identified for storage of Cholera supplies and the deployment of Mobile Storage Units (MSU) to support cholera treatment centers located in the affected districts. Storage space will be made

available in Lilongwe and Blantyre while MSUs will be made available for deployment to affected districts as needed. Storage space and a limited number of MSUs are also available now. Additional MSU can be procured based on the needs of health partners.

- **Coordination and Information Management:**

- » Through its coordination cell, the Logistics Sector aims to streamline and optimise the logistics resources, reduce duplication of efforts, and scale up the capacity available. Dedicated Information Management services provided by the Sector helps to provide timely information on available logistics resources and access, ensuring the logistics gaps are captured in inter-Sectoral discussions and access is mapped to support transport planning.
- » Lack of health supply stock information is a critical factor influencing supply chain bottlenecks. Limited information exists tracking stock supply levels within treatment centres leaving humanitarian partners without the ability to organise distribution plans. Data collection, management, and coordination of health supply stock levels within the Cholera Treatment Centres (CTCs) and Cholera Treatment Units (CTUs) is key to overcoming supply chain challenges.

Cost of Response

- **Total response cost: \$1,290,000**
- **Cost measures:** The Logistics Sector aims to prioritise the most efficient and effective mode of transportation to support humanitarian partners in delivering relief items in a timely manner.
- **Cost drivers:** Most of the resources for the response are designated to logistics services – specifically transport from logistics hubs (Lilongwe and Blantyre) to district hospitals and from districts to last mile delivery points. Additionally, resources will be used to provide storage services in logistics hubs for life-saving medical equipment and supplies designated for the Cholera response. Another cost driver is around the data collection and system support at CTU level to inform stock management tools to support decision making.

Response monitoring indicators

| Response Indicator | Target |
|--|--------|
| # of organizations utilising logistics services | 5 |
| # of Mobile Storage Units (MSU) dispatched for cholera response activities | 17 |
| # of information products shared with partners | 10 |

**DOWA DISTRICT**

Dzaleka Refugee Camp, Malawi. Photo: UNHCR

4.2.5

Refugee Response

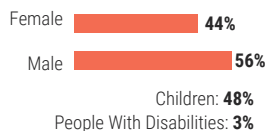


PEOPLE IN NEED

56K

PEOPLE TARGETED

56K



REQUIREMENTS (US\$)

\$855K

PROJECTS

4

PARTNERS

4

People in need and targeted for assistance

Malawi is home to 56,300 refugees and asylum seekers as of 9 February 2023. Because of the country's encampment policy, prohibiting refugees from staying outside their designated camp and restricting them to work within their camp, most refugees are housed in the Dzaleka Refugee Camp. The camp was designed to accommodate 10,000 refugees at first. However, there has been a constant influx of refugees to Malawi, with an estimated 200-300 arriving each month, adding to the already overcrowded settlement. A sizable host population also resides in the area surrounding the settlement, bringing the total catchment population in and around Dzaleka to about 80,000. The Ministry of Health and Population (MoHP) is the health implementing partner for UNHCR. Healthcare services rendered are free of charge. Cases that cannot be managed at the Health Centre are referred to Dowa District Hospital – secondary facility – which is 10km away, or a more specialised Central hospital in Lilongwe (45km away).

Sector Strategic Objectives

UNHCR's objectives for the cholera response are:

- To reduce the overall mortality and incidence of new cases due to cholera in the camp.
- To ensure the capacity to deliver life-saving essential health services within the Dzaleka health centre.
- To ensure and strengthen coordination within the camp to prevent cholera.
- To improve water quality, sanitation, and hygiene in the camp, including schools, ensuring Ministry of Education SOPs on Cholera prevention are followed.

Response Strategy

The response strategy is based on improving response quality by utilising and reinforcing existing capacities. The establishment and

support of CTC and ORPs in the camp, as well as the deployment of CTU workers in the camp, are critical response measures. To that end, it is essential that all health care workers, as well as community volunteers, receive adequate training in cholera infection, prevention, and control. To improve early detection and active case finding, it is important to continue to support and strengthen community-based surveillance for outbreak-prone diseases such as cholera.

In terms of WASH, the response includes fencing boreholes, providing safe and drinkable water, dislodging latrines, managing grey water, distributing soap and buckets, and raising community awareness regarding cholera hygiene practices.

For education and protection activities, the focus will be on teachers' capacity building on cholera prevention, the provision of toilets, and the dissemination of key cholera messages. Gender diversity in the provision of health services will be vital in ensuring that health services are gender sensitive, friendly, and safe to improve uptake and accessibility.

Cost of Response

The estimated budget for all activities is \$855,000: \$200,000 for health, \$350,000 for WASH, and \$155,000 for protection, and \$150,000 for education

Response monitoring indicators

| Response Indicator | Target |
|--|--------|
| # of people in the refugee camp accessing adequate and safe water for drinking | 56,000 |
| # of learners reached with hygiene promotion | 21,853 |
| # of people treated for cholera | 3,000 |

Part 5

Floods Sectoral Objectives & Response



TA MKHUMBA, PHALOMBE DISTRICT

Malawi's second largest lake, Lake Chilwa, has no outlet, so the Cyclone Freddy's rains caused it to flood into many of its surrounding communities. 8 April 2023.

Photo: Foundation Mercy Air Switzerland/ Matthias Reuter

5.1

Camp Management and Camp Coordination

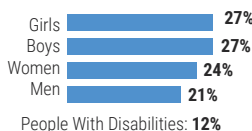


PEOPLE IN NEED

316K

PEOPLE TARGETED

158K



REQUIREMENTS (US\$)

\$950K

PROJECTS

2

PARTNERS

1

The Government of Malawi reported that over 659,000 people were displaced in 747 displacement sites across 15 districts, as of 29 March 2023. Displaced communities were primarily evacuated to nearby buildings and safer ground during the cyclone which brought flash flood and mudslides in the southern region of Malawi. The buildings being used to host displaced persons are mostly schools, churches, Community-based Childcare Centre (CBCCs), and community buildings and other temporary shelters while some are hosted by relatives within their communities.

Out of the over 659,000 IDPs, an estimated 360,000 persons are currently living in temporary sites hosting more than 1,000 persons, where The living conditions in the displacement sites are dire due to congestion, inadequate infrastructures, and lack of assistance, causing serious threat to the health, safety, privacy and dignity of persons sheltered in these sites. As the water has receded in many areas affected by flash floods, some spontaneous returns are witnessed, reducing the congestion in temporary sites hosting displaced persons in some areas. However, the situation remains fluid and displaced populations, particularly vulnerable individuals, might be unable to return and remain displaced in temporary sites for a longer period of time, requiring immediate lifesaving assistance.

Consequently, the CCCM Sector will focus its efforts in six districts where the highest number of displaced persons are reported/where the highest proportion of displaced persons is reported, compared with the total population living in the district – Chikwawa, Nsanje, Phalombe, Mulanje, Zomba and Blantyre. The CCCM Sector will support coordination of assistance in sites hosting displaced populations - including food, shelter, WASH, Health, Protection considered as key priorities, and support the identification of durable solutions for displaced populations, including returns.

With the Government of Malawi planning the re-opening of all schools by mid-April, the Sector will work closely with authorities and the Education Sector to identify solutions and promote planned and principled relocations of displaced populations unable to return, to avoid situations of increased vulnerabilities that would further hamper their capacity to return or identify other durable solutions.

Sector Strategic Objectives

As part of the Shelter NFI and CCCM Sector, the CCCM component aims to support Ministry of Lands, Housing and Urban Development

to improve the living conditions and protection of displaced persons in camps and sites, working to ensure equitable access to services and assistance of all persons in need, through a participatory and consultative process. The Sector also promotes consultative and people-centred approaches to identify and facilitate the search for longer-term sustainable solutions.

Response Strategy

CCCM will prioritize larger camps that will stay open for a longer period as well as support temporary and permanent relocation sites as the situation evolves. Camp Management activities will focus on four key elements:

- Strengthen existing capacities at site level for both Civil Protection Committees and Camp Management Committees (CMCs) in priority districts with focus on community-led coordination and management of camps, promoting participation of both IDPs and host communities where relevant. This includes building capacities of CMCs that are representative with clear roles and responsibilities, and conducting trainings with committees, including protection mainstreaming and PSEA.
- Regular monitoring of services, needs and gaps, ensuring regularly monitored complaint and feedback mechanism and raising awareness of available referral pathways in coordination with protection and other sectors through deployment of CCCM mobile teams.
- Camp maintenance and camp improvement work prioritizing camps staying open for longer and/or Relocation Sites. The work required will be carried out following assessment and prioritization of sites with the Ministry of Lands and other sectors. The modality of implementation can include community mobilization, provision of tools and cash for work.
- Support for longer-term Solutions: support community consultations regarding camp consolidation and relocation, and/or conduct intention survey as relevant and required. Provide technical support for site assessment, and carrying out site improvement work as prioritized with stakeholders. The sector will also support identifying and supporting CMCs at place of relocation as necessary.

The Sector also works to support Ministry of Land, Housing and Urban Development on coordination and management of displacement,

including information management support to monitor displacements, highlighting needs and gaps in displacement and relocations sites.

Cost of Response

The Sector requires \$950,000 until June. As the movement of affected and displaced communities remain fluid, the Sector will focus on providing support both at site and at district level, working with Civil Protection Committees to ensure access to more remote areas.

Response monitoring indicators

| Response Indicator | Target |
|--|---------|
| # of people supported in camps through service monitoring | 158,064 |
| # of people supported in camps through trainings in Camp Management | 158,064 |
| # of people supported in camps through strengthening Camp Management Committees (CMCs) | 158,064 |



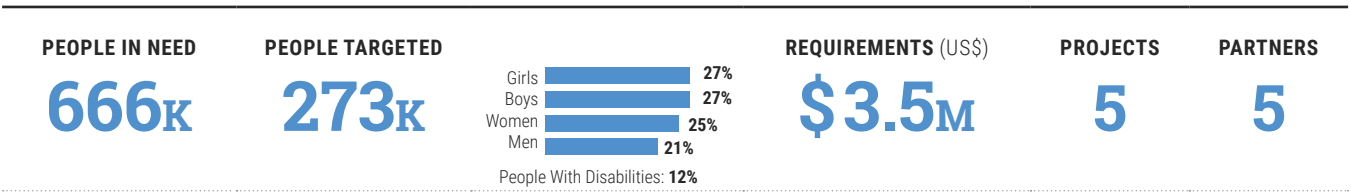
NANCHIDWA CAMP, MULANJE DISTRICT

Displaced people in Nanchidwa camp in Mulanje District, gathered to discuss a distribution of food with village leaders on 5 April 2023.

Photo: Foundation Mercy Air Switzerland/ Matthias Reuter

5.2

Education



People in need and targeted for assistance

Ahead of cyclone Freddy making land fall and following expert information from the Department of Climate Change and Meteorological Services, The Ministry of Education suspended learning on 13 and 14 of March 2023 in the Southern Region, except in Mangochi district. The suspension was done in all the ten affected districts of Thyolo, Mwanza, Neno, Chikwawa, Nsanje, Phalombe, Mulanje, Chiradzulu, Blantyre and Zomba to monitor the situation of floods and assess the impact on school infrastructure. This has since been extended to 17 April 2023, while some schools opened on 27 March. Further to that, learners in boarding school were advised to stay indoors for their safety, while affected learners were encouraged to use available online platforms and radio lessons. Learning has also been disrupted by the IDPs who stay overnight in classrooms because they lost their homes.

Data from the response plan indicates that 550 primary schools and 74 secondary schools were affected in 15 districts, impacting the education of 724,811 learners (356,396 boys, 368,313 girls). At least 408 schools are currently being used as displacement sites and the displaced are occupying 1,481 classrooms.

In light of the foregoing, the Population In Need of support is 273,388 learners (142,408 girls). In the Education Sector, the term “affected” refers to those learners and teachers who are unable to access their personal needs including teaching and learning after being impacted by a disaster or any form of displacement. The response will focus on the 9 most affected districts of Nsanje, Chikwawa, Blantyre, Thyolo, Mulanje, Phalombe, Zomba, Chiladzulu and Machinga.

Sector Strategic Objectives

To achieve this, the response plan will focus on the following specific areas to ensure that objectives meet:

1. The overall objective is to ensure that teaching and learning continues in all institutions in areas affected by the disaster and that special attention will be given to learners with disabilities, those injured or traumatized by the disaster and vulnerable children including early learning..
2. To support implementation of safe school protocols (IPC) through the provision of WASH supplies (soap and buckets), including comprehensive hygiene awareness campaigns in schools and surrounding communities.
3. To strengthen national and district Coordination of the Education

Sector response.

4. To support remediation to address lost learning.

Specific Objectives

1. To provide safe spaces for learning, recreation, and psychosocial support (both learners and teachers).
2. To provide teaching, learning and recreational materials.
3. To provide hygiene awareness campaigns.
4. Mobilize Shelter and WASH Sector support for rehabilitation of sanitation facilities particularly in schools used as camps by IDPs.
5. Support district and national coordination of the response.
6. To recruit temporary teachers to support remedial lessons.
7. Support effective monitoring and data management.

Response Strategy

Under the leadership of the Ministry of Education (MoE), the Education Sector has prepared a TC Freddy Education Sector response plan on which this flash appeal is based. The response plan was shared with DoDMA. The Education Sector is led by MoE and co-led by Save the Children, as well as UNICEF, and the overall objective is to ensure that children return to classe, and teaching and learning continues in all learning institutions in districts most affected by the disaster. Special attention will be given to learners with disabilities, those injured or traumatized by the disaster and vulnerable children.

During the initial rapid assessment of the affected schools, a critical need for safe temporary learning spaces, early learning and stimulation spaces for Eearly Child Development (ECD), recreation materials, school meals and TLMs were identified. There is need to recruit volunteer teachers to support remedial classes and psychosocial support to learners and teachers affected. The Sector needs to interface with WASH and Shelter Sectors to ensure that IDPs in schools are provided with shelter to free up classroom space for learning, and the WASH Sector to rehabilitate sanitation facilities in the affected schools particularly those being used by IDPs.

Under the leadership of the MoE, the Sector has prioritized the following TC Freddy activities, which will be implemented in close collaboration with all Sector members. The appeal has identified at least 4 partners to support implementation of the activities. These are UNICEF, Plan International, Save the Children, WFP, and NASCENT

Solution.

- Provide recreation kits for psychosocial support.
- Provide ECD kits.
- Provide technical support to district education cluster coordination.
- Provide classroom size tents to enable the establishment of temporal learning spaces.
- Provide school meals and take-home rations to learners in disaster affected schools not currently on the school feeding programme in close collaboration with the Food Security Sector.
- Provide remedial classes through the recruitment of volunteer teachers to enhance learning outcomes of learners in schools affected.
- Provide affected teachers and other education personnel with psychosocial support and material support.
- Provide and rehabilitate WASH services in disaster affected schools in close collaboration with the WASH Sector.

•

Cost of Response

A bulk of the activities under the response are supply related with most of the materials imported from outside the country. Civil works through WASH will have significant cost as sanitation facilities in schools were mostly affected particularly in schools that were occupied by IDPs.

Monitoring

The response will be monitored through district and national sectors that includes multisectoral teams to ensure that planned deliverables are tracked.

Response monitoring indicators

| Response Indicator | Target |
|---|---------|
| # of learners accessing safe learning environment (including learning materials, safe school protocols) in affected schools | 273,341 |
| # of learners accessing remedial lessons | 273,341 |
| | |



NGOTANGOTA, ZOMBA DISTRICT

A girl running home with a bag of food, provided by humanitarian partners and transported by helicopter to her village following Cyclone Freddy, on 8 April 2023. Photo: Foundation Mercy Air Switzerland/ Matthias Reuter

5.3

Food Security

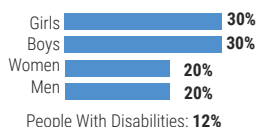


PEOPLE IN NEED

1.3M

PEOPLE TARGETED

1.1K



REQUIREMENTS (US\$)

\$25.7M

PROJECTS

9

PARTNERS

8

People in need and targeted for assistance

The Flash Appeal estimates 1.3 million females, males, girls and boys in need of urgent life-saving assistance as a result of the impact of Tropical Cyclone Freddy. Of the total people in need, the Food Security Sector will target 827,171 affected persons in the six-most affected districts of Chikwawa, Nsanje, Machinga, Mulanje, Phalombe and Zomba.

Sector Strategic Objectives

The primary objective is to save lives, reduce the impact of the floods on the food and nutrition security of affected population in the four most-affected districts of Chikwawa, Nsanje, Mulanje and Phalombe, and ensure that vulnerable populations, including women, children, the elderly and people with disabilities have access to adequate resources to prevent households from sliding further into severe vulnerabilities and reverting to negative coping mechanisms.

Response Strategy

The Food Security Sector will ensure continued food and nutrition security by providing immediate lifesaving food assistance to the affected population to prevent deterioration of food security and nutrition status.

Specifically, the Sector will provide timely in-kind food assistance equitably to affected women, men, girls and boys in the right quantities and quality in flood in the six-most affected districts of Chikwawa, Nsanje, Machinga, Mulanje, Phalombe and Zomba. Given access challenges because of the floods as well as analysis on fluctuating food prices in the immediate aftermath of the shock emphasis at minimum for the first month of the response the preferred modality in-kind food transfers rather than cash-based transfers. Provision of food assistance will also reduce negative food consumption and livelihood coping strategies among the affected population.

As part of the targeting, special focus will be on ensuring vulnerable female-headed households are included, with consideration for the principle of do no harm. In addition, sensitization will take place at both the targeting and intervention stages to raise awareness on gender equality, gender-based violence, and overall protection. During distributions the specific needs and potential protection risks for

people with disabilities (PwD) will be examined. Distribution sites will be accessible and priority will be given to PwD – in particular women and girls with disabilities – without exposing the affected people to further harm.

The Sector will support protection awareness raising and orientation of protection committees/volunteers on sexual exploitation and abuse and other protection issues, in distribution meetings and camp protection committees in the targeted flood-affected areas. The Food Security Sector will also provide support to the community feedback and response mechanisms. Support will be given to cooperating partners on protection against sexual exploitation and abuse (PSEA) measures to ensure assistance is delivered under safe and dignified conditions without causing more harm to women, girls, men and boys who are facing food insecurity.

Given the existing presence in the field and standing agreements with cooperating partners, sufficient operational capacity exists for full sector-specific delivery as soon as funding is confirmed.

Cost of Response

Provide a short description of the predominant cost drivers—i.e. the particular features of the operating environment, target population, needs, or appropriate response modalities which will drive the average cost of providing services higher or lower.

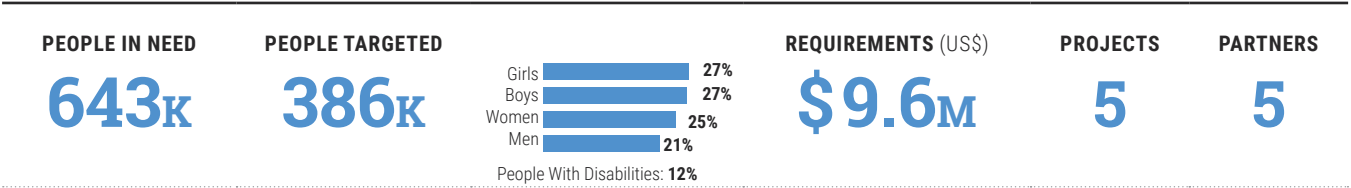
A 1.5 month in-kind distribution to 1.06 million people in the six most-affected districts of Chikwawa, Nsanje, Machinga, Mulanje, Phalombe and Zomba will cost USD 23.8 million. This includes the costs for the full food basket (maize, pulses, oil and corn soya blend); transport and cooperating partner costs, targeting and registration as well as relevant monitoring activities.

Response monitoring indicators

| Response Indicator | Target |
|---|-----------|
| # people receiving in-kind assistance # of people receiving food assistance | 1,061,835 |
| # of people receiving cash transfers | 1,061,835 |

5.4

Health



People in need and targeted for assistance

The Health Sector Partners work in support of the Ministry of Health to collectively prepare for and respond to humanitarian and public health emergencies to improve the health outcomes of the affected populations. The Health Sector aims to save life by restoring access to essential health care for cyclone-affected populations, ensuring that all the required components for essential preventive and curative health services are in place. It further aims to prevent burden of epidemic outbreaks linked to cyclone and floods. This requires an increased disease surveillance and availability of sufficient medical supplies for a strong rapid response to save lives of the affected population. The health sector has demonstrated that 672,837 people need health assistance with provision of comprehensive health care services. For lifesaving interventions, health sector will target 385,599 people in dire need of humanitarian health interventions.

Sector Strategic Objectives

1. Restore and maintain lifesaving health care services, including mental health, sexual and reproductive health and reduce the excess mortality and morbidity linked to outbreak to 403,702 people in areas affected by the cyclone and floods.
2. To reduce the transmission of the disease outbreak in affected areas due to ongoing cholera outbreak and prevent and/or minimize the risk other emerging diseases due to cyclone effect to other high-risk areas

Response Strategy

1. Provision of Essential Health Services (this strategy is linked with Health Sector Objective 1): Health Sector will ensure access to emergency health care; the maternal and child health care services include immunization and minimum SRH and individuals with chronic diseases are provided with quality and timely health care services through fixed and mobile clinics. Qualified and equipped health workers will be oriented and deployed to support fixed clinics and any outreach health services among displaced population and host communities. Emergency repairs and provision of essential equipment to damaged health facilities will be prioritized to ensure restoration of critical primary health care and maternal and child health services.
2. Strengthening diseases surveillance to avoid excess morbidity and mortality due to water borne epidemics diseases (this strategy is linked with Health Sector Objective 2): the poor sanitation in the affected areas as well as deterioration of living

conditions with an overcrowding increase the risk of epidemics diseases and thus the need to strengthen the epidemiological surveillance systems to support the early detection of disease outbreaks. This be achieved via integrated disease surveillance response (IDSR) interventions in affected areas.

3. Institute measures to promptly prevent, detect and respond to disease outbreaks (this strategy is linked with Health Sector Objective 2): The current epidemiological situation marked with an active cholera outbreak will require more intervention to avoid a high morbidity and mortality among cyclones and floods affected population. Community and health facilities intervention will be deployed considering a risk communication and community engagement approach. A procurement and distribution of treated bed nets to be distributed in IDPs camps; construction of pit latrines and boreholes in health facilities; procurement of chemicals/insecticides and spray for camp infestation; procurement and chlorination of water for the prevention of diarrheal diseases especially cholera; procurement and distribution of household water treatment (aqua taps); conduct health promotion campaigns/risk communication and community engagement in all affected communities on disease outbreaks such as cholera, Malaria, COVID 19, Vaccines; and monitor social behavior uptake on campaigns conducted.

Cost of Response

1. 385,599 people are targeted under the first Health Sector strategy: provision of essential health services, 6,015,348 USD will be required to reduce the excess mortality and morbidity among populations living in affected areas by providing emergency primary and secondary health care, including HIV, TBC and sexual and reproductive health. This budget will ensure the supply of emergency health care through fixed, mobile clinics and communities-based interventions. The unit price is 15.6 USD calculated on the current morbidities from the epidemiological data.
2. 385,599 people are targeted under the second Health Sector strategy: Strengthening diseases surveillance and mitigate the excess morbidity and mortality due to water borne epidemics diseases, 867,598 USD will be required to reduce the excess mortality and morbidity among populations living in affected areas by deploying strong IDRS services in affected communities. The unit price is 2.55 USD calculated on the

current morbidities include the active cholera outbreak based on the epidemiological data.

3. 385,599 people are targeted under the second Health Sector strategy: Mitigating risk of disease outbreaks, 2,699,195 USD will be required to ensure mitigate and manage cases resulting to poor access to water among populations living in affected areas by engaging communities through RCCE, procurement of insecticide, water chlorination in health facilities and communities, health promotion and diseases awareness in communities, especially amidst of Cholera outbreak. The unit price is 7 USD calculated on the current morbidities include the active cholera outbreak based on the epidemiological data.
4. Thus, the health sector budget is estimated at 9,582,141 USD for the three strategic interventions, in the next 6 months of interventions.

Monitoring

The Health Sector interventions will be deployed in areas that have an established severity classified. The health sector will adopt an inclusive and participatory strategy with the various partners, local authorities at the national and district levels.

At the district level, activities will be implemented by partners who

have expertise in project management, monitoring and evaluations. All activities will be recorded in a detailed plan that will be defined in a monitoring tool that will be used by implementing partners, the indicator performance monitoring tool and the project activity report. The monitoring and evaluation plan will also give specifications on the indicators, their definition, the frequency of their collection and the Health Sector will ensure partners are sharing information on regular basis for each activity as well as the budget provided for its realization.

To ensure accountability and participation, Health Sector will involve national and district authorities and beneficiaries in decision-making considering gender sensitivity aspects while framing the representation of men and women throughout the roll out of proposed interventions.

Response monitoring indicators

| Response Indicator | Target |
|--|----------------|
| # of people provided with lifesaving quality primary health care services (fixed and mobile clinics) | 385,599 |
| # of health centres provided with medical equipment | |



SOUTH LUNZU HEALTH CENTRE, BLANTYRE DISTRICT

Chrissy Lastone with her one year and 10 months old baby, Sheila Yoyola, who was brought to the health centre with severe dehydration, suspected to have been caused by cholera, contracted from her grandmother. On 19 April 2023. Photo: OCHA/Jane Kiiru

5.5

Nutrition

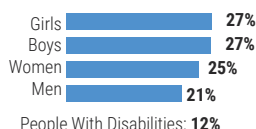


PEOPLE IN NEED

268k

PEOPLE TARGETED

214k



People With Disabilities: 12%

REQUIREMENTS (US\$)

\$9.0M

PROJECTS

7

PARTNERS

7

People in need and targeted for assistance

An estimated 275,972 children under-five, 92,484 pregnant and breastfeeding women (PLW) are in need of humanitarian support in 13 affected districts. A total of 75,198 under-five children and about 25,200 PLW have been displaced from their homes and are living in camps. Urgent action is needed to conduct mass nutrition screening in all the camps and to ensure that integrated nutrition and health services such as immunization, Vitamin A supplementation and complementary food support are provided, beside curated nutritional support.

Sector Strategic Objectives

The overall objective is to ensure improved and equitable access to multi-sectoral nutrition services to prevent and treat malnutrition. The following are the specific objectives:

1. To strengthen nutrition capacity and coordination at national, district and sub district levels to effectively.
2. Respond to the flood emergency.
3. To ensure effective social and behavior change communication to promote maternal, infant, young child and,
4. Adolescent nutrition (MIYCAN) feeding practices and dietary diversity.
5. To improve early identification referral and treatment of malnourished children under five.
6. To promote micronutrient supplementation to under five children under five.

Response Strategy

The Nutrition Sector has defined the following priority areas to effectively contribute towards the current cholera response:

1. Strengthen nutrition coordination at national, district and sub district levels to effectively respond to the cholera outbreak
National level: Implementation of activities under the plan will be coordinated by the Department of Nutrition HIV/AIDS in collaboration with DODMA. The Nutrition Sector will conduct a detailed assessment, develop sector strategies, monitor the implementation of the response plan, coordinate and track procurement and management of nutrition supplies, IEC materials, and share updates on cholera preparedness and response. The Nutrition Sector will routinely participate in the national EOC meetings and contribute to daily situation updates.

Sub-national level: District health teams that include nutrition focal persons will also participate in disaster risk reduction meetings share updates on the response.

- The Sector will collaborate with the Health Sector to ensure nutrition screening and management of children with severe acute malnutrition (SAM) is integrated in the mobile clinics. The Sector will work closely with the WASH Sector in strengthening hygiene and sanitation at the IDP camps, affected communities and health facilities to prevent diarrhoea diseases which are an immediate cause for acute malnutrition. The Sector will also collaborate with the Food Security Sector to ensure the food basket include a preventive CSB ration. In addition, the Sector will also work closely with the Logistics Sector in ensuring that nutrition supplies are timely reaches the end-users.
- The Sector will integrate promotion of maternal, infant, young child nutrition (MIYCN) messages into ongoing RCCE messages. Health workers will also be supported to effectively counsel pregnant women and caregivers of children 0-23 months on optimal MIYCN practices in the context of cholera. The sector will engage communities to promote feedback mechanisms and ensure accountability to affected populations. Partners will be oriented and ensure they have policies in place to prevent and respond to sexual exploitation and abuse.

Cost of Response

The budget for the nutrition sector was estimated at \$ 9.0 million. Five implementing UN and NGO partners have submitted projects in support of the national cholera response plan through this nutrition flash appeal.

Monitoring

Response monitoring indicators

| Response Indicator | Target |
|--|---------|
| # of Children 6-59 months screened for acute malnutrition | 220,778 |
| # of primary caregivers of children 0-23 months receiving IYCF counselling | 73,987 |
| # of Children 6-59 months with severe wasting admitted for treatment | 20,689 |

5.6

Protection



PEOPLE IN NEED

3.9M

PEOPLE TARGETED

1.1K

REQUIREMENTS (US\$)

\$5.5M

PROJECTS

9

PARTNERS

7

General protection



PEOPLE IN NEED

575K

PEOPLE TARGETED

30K



People With Disabilities: 12%

REQUIREMENTS (US\$)

\$1.5M

PROJECTS

1

PARTNERS

1

People in need and targeted for assistance

Tropical Cyclone Freddy induced torrential rains from 11 to 15 March 2023 that caused floods which affected 14 districts in the southern region of the country. The worst affected districts are Nsanje, Chikwawa, Phalombe, Mulanje and Blantyre. Total number of households displaced by strong winds, floods and mudslides caused by the cyclone reached 126,511 as of 24th March 2023 translating to approximately 563,771 people in Nsanje, Chikwawa, Phalombe, Mulanje, Blantyre, Thyolo, Chiradzulu, Blantyre City, Mangochi, Machinga, and Balaka districts.

In terms of target population, a total 528813 people are in urgent need of shelter support and protection interventions across the five (5) districts of Blantyre, Mulanje, Phalombe, Chikwawa, Nsanje, Chiradzulu and Zomba. Access to protection, Early Childhood Development (ECD), Sexual and Reproductive Health (SRH) and other essential services (social, legal, and security) has been disrupted due to damage to protection infrastructures (CVSU, PVSUs, community policing), road networks and human resources. In addition, there is stress among protection workforce due to increased workload. As a result, referral pathways and complaints and feedback mechanisms for reporting cases of violence have been greatly affected. This has been exacerbated by limited resources, poor coordination among service providers, limited capacity of protection structures in terms of skills and knowledge in provision of protection services such as PFA, PSS, and First Aid. The action will seek to support the following key activities; provide the affected people with information related to access to services, identification of those in need, Mental and psychosocial support (in coordination with DoDMA).

Sector Strategic Objectives

The overall objective of the proposed action is to provide comprehensive protection and social support interventions to at least 30 percent of the affected population.

Specific Objectives include.

1. To address protection issues and ensure social accountability and dignity in humanitarian response.
2. To support mechanisms for prevention and response to all forms of violence, abuse, exploitation and neglect on the affected populations and the strengthening of such systems.
3. To support and coordinate access to protection services for populations affected by emergencies.
4. To provide social cash transfer to cushion the socio-economic impacts of Cyclone Freddy on the poor and vulnerable groups.
5. To Provide targeted support for vulnerable groups at risk of violations during emergencies.

This will be linked to the overall objective of providing assistance to affected populations and to be achieved through coordination with other stakeholders at national and district level to ensure that the support is coordinated and reaching out to affected populations in targeted districts. It is anticipated that targeted populations in Zomba, Blantyre, Phalombe, Mulanje districts will receive support to the immediate protection needs as part of the response towards damage by tropical cyclone Freddy.

Response Strategy

The action shall address thematic area of general protection. This action shall be coordinated in collaboration with the Ministry of Gender, which provide overall leadership and policy direction. UNICEF as a Co- Lead shall ensure quality implementation meeting the required standards. UNHCR will also support in its protection capacity as a Global Protection Cluster lead in emergencies. Actors will include UNICEF, UNHCR UNFPA, UN Women, Plan Malawi to ensure that there is smooth implementation and technical support. The activities will include.

- Profiling of the beneficiaries in the targeted districts.
- Conducting comprehensive assessment of protection needs using an AGD approach.
- Ensure mainstreaming of protection through an orientation training in all sectors including disaggregated data by age and gender, access to all protection services, camp lay out, security including adequate police presence and support community policing initiatives in line with national and international laws and standards including their capacity building.
- Ensure a functional complaints and feedback mechanism to ensure protection concerns are addressed timely in place a two-way community communication and feedback mechanisms
- Ensure access to legal advice guidance and support for selected cases including the non-nationals.
- Ensure active identification of and appropriate support for persons with specific needs, including elderly persons at risk, people with disabilities, children and women at risk, survivors

of sexual and gender-based violence, survivors of violence and persons with legal protection needs and make appropriate.

- Support to mental health and Psychosocial support through established community spaces.

Monitoring

Strategic and Sector objectives have been developed around the priorities for humanitarian assistance of the affected population. In order to be able to measure each Sector objective, the Sector leads in coordination with the Sector members and Government counterparts identified a set of priority activities. The Sector will regularly monitor outputs and achievements by each participating partner. Mainstreaming of gender, HIV/AIDS, human rights, resilience and other cross-cutting issues will be promoted within the response process.

The plan will focus on a coordinated and integrated approach among the concerned sectors to enable synergies in the response activities.

Response monitoring indicators

| Response Indicator | Target |
|--|--------|
| # of people with specific needs identified and supported with assistance | 10,000 |
| # of trainings in protection mainstreaming training conducted. | 4 |
| # of people supported with MHPSS | 30,000 |

Child protection

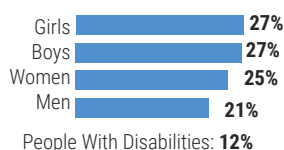


PEOPLE IN NEED

647K

PEOPLE TARGETED

129K



REQUIREMENTS (US\$)

\$1.7M

PROJECTS

3

PARTNERS

3

People in need and targeted for assistance

Protection is key for the affected population in terms protection of children from violence, abuse, neglect, exploitation and harmful practices: and protecting the rights of the most vulnerable groups that includes under-fives; pregnant and lactating women (PLW); people living with disabilities; and the elderly people. Critically, there are several risks that arise for children during flooding such as separation from care givers, psychological distress, physical injuries, sexual violence, exposure to child labour and social exclusion, neglect, and physical violence. These situations also increase risk of gender based violence for women and girls. Essential services including school and

education facilities, health facilities, have been damaged or destroyed by the cyclone and flash floods. Due to the displacements access to protection services, education, health, and other essential services (social, legal, and security) has been disrupted. Affected population are facing trauma due to exposure to horrific situations, landslides, injuries, loss of livelihoods, loss of family members, personal property and essential documents are amongst the key underlying causes of emotional stress due to the direct impacts of Tropical Storm Freddy. Protection from violence and mental health support services are a priority for resilience building and emotional well-being of children and their care givers. To ensure the above factors are mitigated

and responded effectively the capacity of services providers in the affected districts will be enhanced to address the potential impacts of floods on child protection concerns, the children who are most vulnerable have been reached with support services and children separated and unaccompanied are provided with alternative care arrangements, and targeted beneficiaries will receive mental health and psychosocial support services. The interventions will ensure the targeted population in need have safe access to appropriate care for child survivors of violence and raising awareness of caregivers and community members at large about the children protection risks, to mitigate physical violence, sexual violence and other harmful practices that can be used as a negative coping mechanism.

Sector Strategic Objectives

The Protection sector strategy aims to ensure women, girls, men and boys receive urgent child protection and GBV related humanitarian and life-saving interventions. The Sector led by Ministry of Gender, Community Development and Social Welfare, and co-lead by UNICEF, reviewed the Sector objectives as outline in the Protection Sector Cyclone Freddy Response Plan to ensure accountability. The key objectives listed are critical priorities identified by the Protection Sector in relation to the Flash Appeal key objectives:

1. To address protection issues and ensure social accountability and dignity in humanitarian response.
2. To support mechanisms for prevention and response to all forms of violence, abuse, exploitation and neglect on the affected populations and the strengthening of such systems.
3. To support and coordinate access to protection services for populations affected by emergencies.
4. To Provide targeted support for vulnerable groups at risk of violations during emergencies.

The Sector response is also grounded on the principles of the Minimum Standards for Child Protection in Humanitarian Action .

Response Strategy

The overall Protection Sector response will be led by Ministry of Gender, Community Development and Social Welfare, and co-lead by UNICEF in collaboration with other partner INGOs and NGOs including Plan international.

A combination of strategies outlined below will also be employed:

- Establishment of safe spaces and procurement of protection supplies in displacement sites and camps to provide MPHSS especially Psychological First Aid to children, adolescents, and adults; and for delivery of gender-based violence prevention and response services to survivors. Mobile Safe Spaces for children and adolescents will also be operational for hard-to-reach population. Essential protection supplies will be procured and delivered to affected population including recreation materials for safe spaces and ECD services, tents, lighting, and essential materials (clothing, blankets, utensils), disability aids (artificial

legs, walking sticks, clutches, and hats, glasses and sunscreen lotion for people with albinism) and dignity kits.

- Capacity strengthening of protection workforce in various protection fields including prevention of sexual exploitation and abuse (PSEA), GBV, child protection, management of safe spaces, MPHSS (Psychological First Aid (PFA), gender and protection mainstreaming, protection monitoring, case management, early childhood development, Minimum initial Service package for SGBV survivors, and basic and peaceful co-existence.
- Case management and referral services will be implemented to ensure timely identification, management, and referral of child protection, SGBV, and other protection cases to ensure survivors have access to essential lifesaving items and commodities and are protected from further harm. Establish a mechanism for data reporting and strengthening referral mechanisms on service provision.
- Community engagement and awareness on child protection risks, GBV and protection issues for all vulnerable groups will be conducted at camp structures and in the communities. Protection messages will be disseminated through national and community radios, megaphone announcements, community sessions and outreach to the affected persons.
- Support family tracing and reintegration of unaccompanied and separated children and safe repatriation of persons of concern. Separated and unaccompanied children will be identified with the help of District Social Welfare.
- Coordination: Supporting national and district coordination of protection actors in the cyclone Freddy response.

Cost of Response

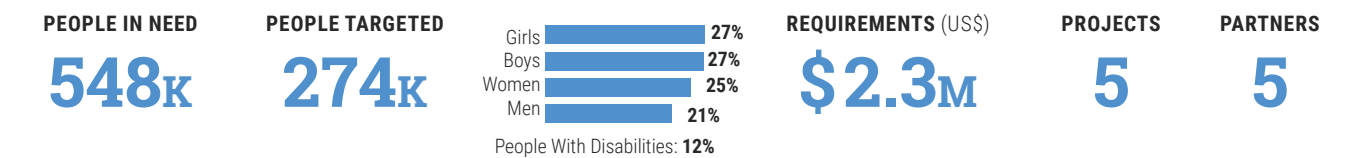
A total of \$1,700,000 – will be required to targets 15 Districts for provision of the above interventions. Costs include procurement of supplies and transport of materials. Other costs capacity building initiatives range from 25,000 USD per district. The sector will use already existing structures in the communities as a key entry point to ensure cost saving.

Monitoring

Response monitoring indicators

| Response Indicator | Target |
|---|---------|
| # of children, parents and primary caregivers at risk provided with risk mitigation, prevention and response interventions (MHPSS, Case management) | 129,348 |
| # of girls and boys at risk accessing Violence Abuse, Exploitation, and Neglect (VAEN) prevention messages in children's corners | 129,348 |
| # number of safe space for women and children established | 300 |

Gender-Based Violence (GBV)



People in need and targeted for assistance

The current impacts of Cyclone Freddy have affected large numbers of people particularly women and adolescent girls are at risk of GBV. The disaster in the country has radically affected social cultural structures and the status of men and women has been disrupted. The flood disaster has affected entire communities, however, existing negative and discriminatory attitudes and behavior against women, girls and children are further exacerbated at this time of crisis, which actually means increased vulnerability for women and girls as they try to cope with the effects of the national disaster. In addition, the cyclone related emergency deepened the crisis related to cholera outbreak. This situation made women and girls, including pregnant women's situation very vulnerable. According to the latest Situation Report(#8) the affected population has limited access to protection services, trauma due to loss of family members, extensive vulnerability, loss of documents; risk of sexual abuse due to mixed sleeping arrangements between men and women and lack of toilets, poor lighting in camps and distance to sanitary facilities, lack of sexual reproductive health (SRH) and GBV services, lack of access to food and care for the pregnant women and the elderly as people go out all day to look for food and lack of sanitary materials including winter clothings for girls and women.

Gender-based violence increases during Humanitarian crisis such as the Cyclone Freddy. A number of GBV and protection risks may arise which can impact the safety, mental health and psychosocial wellbeing of individuals and communities, including: reduced access to essential protective spaces and services, disruption of care and support structures due to absence (due to displacements) or loss of caregivers, disruption or loss of livelihoods due to the cyclone including death disrupting all income generation impacting the household and support network, negative attitudes and behaviours (violence, exclusion, stigma, discrimination), known risk factors for transactional sex and sexual abuse and exploitation but also increase family tensions and Intimate Partner Violence; - Traditional gender dynamics tend to disadvantage women and girls due to less decision-making authority even in the camps and less access to resources such as transportation for life saving medical care or potable water, particularly for female headed households who tend to be even more disadvantaged. The situation of those who became homeless and migrated to camps is very difficult to keep their dignity, manage menstrual health, and access to SRH and GBV service. Therefore, GBV and SEA prevention and response interventions have been identified as a priority humanitarian needs that require life-saving interventions

by the Humanitarian Country Team.

In response to these alarming numbers and ongoing outbreak, the GBV subSector has identified over 1.3 million people in priority need of Protection assistance in 10 priority districts across Malawi. Of this 1.3 million, the GBV – Protection Sub Sector is targeting 592,694 people.

Sector Strategic Objectives

The GBV subSector aims to:

- support and strengthen provision of quality GBV services and Referrals during the Cyclone Freddy Response that retains dignity and safety of community members especially adolescent girls and young women.
- intensify GBV and PSEA awareness and its prevention in the Cyclone Freddy crisis including referrals and protection of adolescent girls from school drop outs and child marriages; This will also reduce the vulnerability of adolescent girls and young women to GBV and sexual violence and abuse during the Cyclone Freddy Crisis.

Response Strategy

The GBV subSector of the Protection Sector in Malawi brings together a wide range of GBV stakeholders (both local and international), led by the Ministry of Gender, Community Development and Social Welfare (MoGCDSW) and Co-led by UNFPA to coordinate the multisectoral and multi partner response to GBV issues related during humanitarian situations. The Sector will work in close collaboration with other Government sectors and partner organizations that are represented in the following Sectors: Health Sector, Shelter and camp management, logistics, WASH, RCCE, Education and Protection to ensure close coordination, joint implementation when possible and joint communication, in delivery of the GBV interventions in the target districts. This collaboration will also help to collectively respond to the current acute needs of people affected by the Cyclone Freddy as well as to prepare for and mitigate future risks and reduce the vulnerability of women and girls.

Synergies will be strengthened with these Sectors to ensure meaningful and deliberate collaboration with the Protection Sector, in order to integrate protection, GBV and gender aspects in Health, Shelter, Education, Food Security, and WASH interventions, including dissemination of key messages, and put in place measures on the prevention, monitoring, reporting of violations during the Cyclone Freddy response.

Specifically the GBV subSector will focus on :

- Sharing of Key messages on GBV prevention, PSEA / Complaint & Feedback (at the camps, service provision points such as health facilities, frontline staff, community focal points, RRTs) which are developed in different languages/formats to prevent risks of SEA.
- Strengthening Community safe spaces to offer GBV protection interventions, including MHPSS services, for those impacted by the Cyclone and contributing to the overall response efforts by expanding community entry points and networks engaged in Primary Health and mental Psychosocial support . Safe spaces and community-based protection interventions also present valuable entry points for the most vulnerable and harder to reach groups to seek and access support.
- Supporting Rapid Response Teams, Sector member, camp committees and all other responders with quick orientation referral pathways, GBV case management and referral training to protection and GBV services.
- Procurement of dignity kits and other essentials such as additional blankets to restore the dignity of women and adolescent girls who have been affected by the Cyclone Freddy crisis.
- Working with the WASH and Shelter sectors to ensure gender separated latrines with locks and appropriate barriers to

provide for privacy and safety; and install lighting to make them accessible at night.

- Support continuous GBV risk assessments, GBV safety Audits and monitor of GBV and PSEA during the crisis.

Cost of Response

The budget for the GBV interventions costing to US\$2,295,270. This gap is expected to grow as the impact of the Cyclone continues to evolve and further essential GBV lifesaving needs will become apparent.

Three implementing UN and NGO partners have submitted projects in support of the national cholera response plan, in response to this flash Appeal to ensure provision of GBV life saving.

Monitoring

Response monitoring indicators

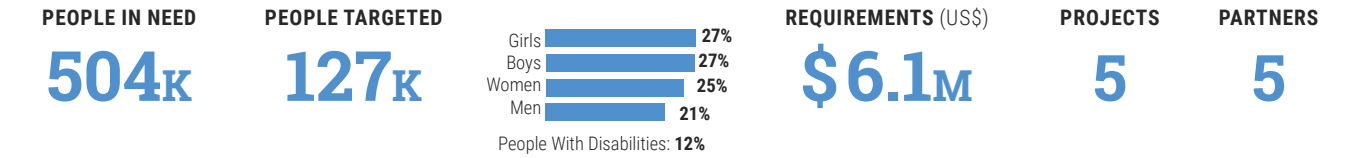
| Response Indicator | Target |
|--|---------|
| # of people reached with GBV prevention, response and PSEA awareness services in the communities and Cholera Treatment Centres in the affected districts | 274,324 |
| # of service providers oriented on GBV and PSEA | 80 |
| # of people receiving dignity kits | 10,000 |



SOCHÉ, BLANTYRE CITY

A lady carrying water to the house she used to work in, which was damaged by the flash flood and mudslide in Kharika Area, Blantyre City, on 19 April 2023. Photo: OCHA/ Jane Kiiru

5.7 Shelter



People in need and targeted for assistance

Tropical Cyclone Freddy induced torrential rains from 11th to 13th March 2023 that caused floods which affected 14 districts in the southern region of the country. The worst affected districts are Nsanje, Chikwawa, Phalombe, Mulanje and Blantyre. Total number of households displaced by strong winds, floods and mudslides caused by the cyclone reached 126,511 as of 24th March 2023 translating to approximately 563,771 people in Nsanje, Chikwawa, Phalombe, Mulanje, Blantyre, Thyolo, Chiradzulu, Blantyre City, Mangochi, Machinga, and Balaka districts. A total of 577 camps have been established. So far, 511 people have died, while 1,724 have sustained various injuries.

In terms of target population, a total 435,312 people are in urgent need of shelter support and camp management services across the five (5) districts of Blantyre, Mulanje, Phalombe, Chikwawa, Nsanje, Chiradzulu and Zomba. The action will seek to support the following key activities; provide the affected people with emergency shelter and settlement assistance through distribution of shelter kits, tarpaulins, essential household items (kitchen sets, treated mosquito nets, sleeping mats, blankets, solar lamps) (in coordination with DoDMA). The distribution of these items will be coordinated with the Health, WASH and PGI Sectors). The items will be in kind or using cash / vouchers.

Secondly, the targeted households are provided with durable shelter and settlement solutions through cash grants or in-kind support with technical guidance for flood-resistant shelter, with attention to protection and disability. Targeting will be for the most vulnerable, especially single mothers, households with separated children, households headed by people with disabilities and the elderly. Thirdly, there will promotion of Participatory Approach to Safe Shelter Awareness (PASSA) in order to build awareness and capacity of the communities in resilient shelters and choice of safer construction sites as well as materials. All the proposed action will be done in collaboration with government through the ministry of lands.

Sector Strategic Objectives

The overall objective of the proposed action is to restore dignity to affected populations by providing integrated shelter assistance to people impacted by the tropical cyclone Freddy. This is linked to the flash appeal strategic objective of providing shelter assistance to affected populations and this will be achieved through coordination with other stakeholders at national and district level to ensure that the

support is coordinated and reaching out to affected populations in targeted districts. It is anticipated that targeted populations in Nsanje, Chikwawa, Blantyre, Phalombe, Mulanje, Chiradzulu and Zomba districts will be supported with immediate shelter needs as part of the response towards damage by tropical cyclone Freddy.

Response Strategy

The action shall address thematic area of shelter and Non Food Items-NFI. This action shall be coordinated in collaboration with the Ministry of lands, Housing and urban development which will provide overall leadership and policy direction. Malawi Red Cross Society as a Co- Lead shall ensure quality implementation meeting the required standards. Actors will include Malawi Red Cross, CRS, IOM, UNHCR and Plan Malawi to ensure that there is smooth implementation and technical support.

On camp coordination and management, the Ministry of Lands, Housing and urban development shall continue to provide overall leadership and policy guidance which IOM as a Co- Lead will be the lead implementing partner. A combination of strategies outlined below will also be employed to ensure smooth running of the operation:

- Profiling of the beneficiaries in the targeted districts.
- Carrying out market assessments to validate existing market data.
- Distribute cash to the beneficiaries.
- Undertake post distribution monitoring.
- Conducting a swift and comprehensive assessment of shelter needs in affected communities to estimate the number of damaged or destroyed homes, and coordinate efforts among humanitarian actors, local authorities, and communities to ensure a well-organized and efficient shelter response.
- Providing immediate shelter solutions, such as tents, tarpaulins and fixing kits, or transitional shelters, to save lives by protecting affected populations from harsh weather conditions, exposure, and further harm. To be done by prioritizing shelter assistance for the most vulnerable, including children, the elderly, and those with disabilities or chronic illnesses, to prevent additional suffering and potential fatalities.
- Distribution of essential Shelter Non-Food Items (NFIs), such as blankets, sleeping mats, plastic sheeting, and tools for shelter construction, can help affected individuals meet their

basic needs and maintain their dignity in the aftermath of a disaster. Timely distribution of these items is crucial for survival, particularly in harsh weather conditions or overcrowded shelters.

- Conducting emergency repairs to damaged homes, particularly in the face of extreme weather conditions. This may involve providing materials and technical assistance for weatherproofing, stabilizing structures, or sealing openings to ensure that families can remain in their homes safely during the recovery process.
- Profiling of the beneficiaries in the targeted districts.
- Carrying out market assessments to validate existing market data.
- Distribute cash to the beneficiaries.
- Undertake post distribution monitoring.
- Conduct registration of the IDPs and the affected in the targeted areas.
- Conduct verification of the identified persons to be targeted by the support.
- Conduct distribution of the NFIs and lifesaving shelter construction materials.
- Orient volunteers in temporary shelter erection to support the most vulnerable IDPs in temporary shelter erection.
- Conduct cash for shelter distributions in the targeted district.
- Conduct post-distribution monitoring.
- Setting up complaints, feedback and referral mechanisms such as placement of reporting boxes in displacement centres, identifying focal persons for reporting and managing cases and activating community policing committees.

Monitoring.

To ensure that the project is running on track the following activities are going to be done for the smooth operation under shelter.

- Conducting joint monitoring with all relevant stakeholders to ensure that activities are being done following agreed procedures.
- There will be weekly and monthly review meetings with community based structures such as village, area civil protection committees but also district level coordination mechanisms.
- Activity reports will be compiled as one way of giving feedback on all activities that are taking place within the target areas and this is going to be done through structures like volunteers under Malawi Redcross Society but also community based structures like civil protection committees.
- All the distributions that will take place including cash transfers will have a robust complaints and feedback mechanism which will allow affected populations to give their perceptions on how the project is going.

Response monitoring indicators

| Response Indicator | Target |
|---|---------|
| # of vulnerable people receiving cash assistance for essential NFIs kit | 7,150 |
| # of people supported with key NFIs | 115,471 |
| # of people assisted with temporary shelter | 2,250 |

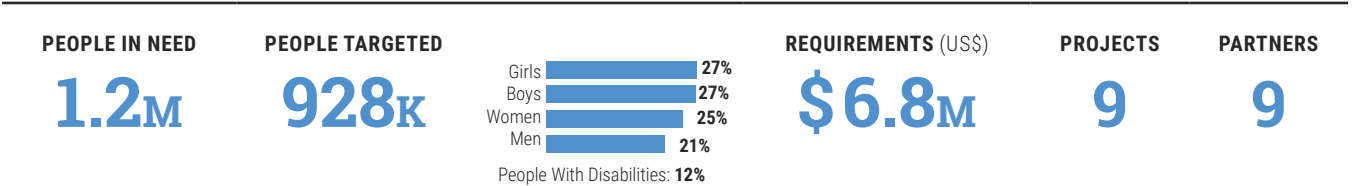


SUKASANJE, MULANJE DISTRICT

Two men on 25 March 2023, sitting in front of their home which was damaged by Cyclone Freddy.
Photo: Foundation Mercy Air Switzerland/ Matthias Reuter

5.8

WASH



People in need and targeted for assistance

About 950,000 people are in urgent need of WASH services due to the devastating effects of Cyclone Freddy. This situation has occurred at the same time the country is fighting a severe cholera outbreak resulting in increasing the risk of waterborne disease and further escalating demand for WASH services Following the heavy rains influenced by Tropical Cyclone Freddy, Water supply infrastructure and Sanitary facilities have been washed away. In some areas that flooded, boreholes have been submerged under water and the quality of water has been compromised. Water supply infrastructure damage assessment has established that 37 piped water supply systems managed under water users’ association have suffered various degrees of damages including damaged water intake structures, damaged water treatment tanks, wash away of transmissions mains and service mains and siltation. Damaged have also been reported at various schemes and water supply networks for urban water supply belonging to Blantyre Water Board and Southern Region Water Board. The damages include loss of safe water meant for supply. Furthermore, 2,695 boreholes are at a high risk of contamination as they were submerged under flooded water. A total of 90,809 latrines have collapsed. Out of the total number collapsed latrines, 89,476 were household latrines; 693 latrines were at schools and health facilities; and 460 were in other public spaces. The situation overview indicates there is low sanitation coverage, limited access to safe water and poor hygienic practices among the affected communities. Lack of toilets will trigger open defecation, at the same time, the few available water sources are contaminated. The risk of emergence of new cholera infections and other poor sanitation related diseases is very high. In addition to this, women and girls are exposed to rape and sexual assault in search for safe drinking water. As such, safe water supply, sanitation and hygiene services are immediately needed to address water, sanitation, and hygiene issues. Furthermore, there is a need for rehabilitation of toilets to avoid infectious and waterborne diseases.

Sector Strategic Objectives

The WASH Sector response strategy will mainly be the delivery of immediate lifesaving interventions for flood affected population in camps and communities to prevent WASH related diseases among the flood affected populations.

Response Strategy

The WASH Sector response strategy will mainly be the delivery of

immediate lifesaving interventions over a period of three months; to provide basic drinking water and sanitation services; to prevent and control the further spread of the cholera outbreak which is already present in the flood affected target districts. In these efforts needs of women, children, and vulnerable groups (such as the disabled and the elderly) will be considered accordingly. Based on this, the request of the WASH Sector activities for this Flash Appeal are in line with the overall WASH Sector response plan, which include:

- Provide access to safe water through the urgent construction of some water schemes strategically located, chlorination of drinking water and household water treatment to reduce the risk of cholera transmission in hot spot communities in the 14 flood affected districts.
- Conducting rapid water quality testing to determine which source have been contaminated by sampling out of the water sources affected as well as at household level.
- Providing plastic buckets for water handling (as water transportation and storage facilities) to affected people in host communities and in IDP camps.
- Provision of temporary sanitation and hygiene facilities to IDP’s in Camps and communities.
- Providing access to personal hygiene services for the affected people in IDP camps and communities; through the provision of laundry and bath soap.
- Disseminating WASH related hygiene messages through various practical channels targeting displaced people in camps as well as other affected by the floods but still lining in communities (including safe handling of waste, hand washing with soap).
- Conducting minor repairs and rehabilitation of water and sanitation infrastructures in affected communities, including treatment of contaminated water sources to ensure safe and healthy conditions for affected populations.
- Ensuring a coordinated response amongst WASH actors.

Key among the strategies to be used is to restore water supply in the affected communities. This will focus on identifying damaged water sources that can quickly be repaired and maintained immediately. Limited water trucking for IDP’s will be done especially for displaced people in camps where safe water provision is a challenge. Since this is a rather expensive, this will be for a limited period and only to camps where it is the only available option.

The WASH Sector response plan recognizes the need for cross-sectoral linkages especially with the Health, Education, Logistics and behaviour Communication Sectors; as WASH services delivery are required in Health care facilities (including CTC's), and in schools or learning centre. For actual delivery of WASH, the Sector relies so much on Health Care field workers (such Environmental Health Officers and Health Surveillance Assistants (HSAs) from the preventive side of the Ministry of Health.

In addition, the effective delivery of the WASH supplies requires an effective logistical system to ensure the supplies not only reach the end user but also that they are used for the purpose that they are intended for. WASH also contributes to infection prevention and control in CTCC' s and health care facilities for instance. As the Health Sector clinically manage the cases in CTC's; safe water, hand washing with soap, foot disinfection for people entering the treatment units etc has to be in place during case management for infection prevention.

Cost of Response

The package of WASH lifesaving interventions driving the predominant expenditure in WASH include the provision of the WASH Supplies; water treatment, water quality monitoring; repair/simple rehabilitation

and construction of water points, and delivery of WASH Hygiene messages and logistical support for district filed workers. On average at a minimum the per capita cost of WASH services is around \$3.3 to \$4.2.

Monitoring

Identify monitoring data, specify indicators with targets and other information that the sector will periodically collect, analyse and share for joint inter-sectoral monitoring.

Response monitoring indicators

| Response Indicator | Target |
|---|---------|
| # of people with access to adequate and safe water for drinking and other household use | 927,541 |
| # of people provided with lifesaving WASH supplies (water treatment chemicals, soap for hand washing, buckets, water testing kits, chlorine pool testers) | 504,006 |
| # of people reached with key WASH hygiene messages on prevention of WASH related diseases (such as cholera) | 927,541 |
| # people accessing safe and appropriate sanitation facilities in affected communities and IDP camps | 504,006 |



MULANJE DISTRICT

Sungeni Anjala, helping her children to drink water from a borehole, that was submerged in water during the passage of cyclone Freddy. When the waters came her house collapsed and she lost all her belongings. She fled to a camp with her husband and two children. On 18 March 2023. Photo: OCHA/Jane Kiiru

5.9

Coordination & Common Services



| REQUIREMENTS (US\$) | PROJECTS | PARTNERS |
|---|----------|----------|
| \$500K | 1 | 1 |
| <p>Following the landfall of Cyclone Freddy in Malawi on 12 March, southern provinces of Malawi experienced torrential rainfall. The combination of high winds and heavy precipitation in 14 districts resulted in riverine, flash flooding, as well as landslides, causing significant loss of life, injuries and displacement. This latest disaster is adding an additional layer of complexity to the existing humanitarian need due to the worst cholera outbreak in the country history across 32 districts of the country. Before the revision of this Flash Appeal some 4.8 million people are targeted for humanitarian support. The need for a step-change in the humanitarian response is clear given the significant number of people in need of humanitarian assistance; this requires a collective scale-up of coordination support at sectoral and inter-sectoral level.</p> <p>Cyclone Freddy response priority activities:</p> <ul style="list-style-type: none">Strengthen humanitarian coordination at national and local level <p>to respond to flood- and cholera-related emergency needs.</p> <ul style="list-style-type: none">Facilitate joint assessments and response planning.Issuing of Response Plan, and response monitoring.Provide guidance and advice to HCT and RC at strategic and operational levelDevelop/adopt key child-friendly, age specific and culturally acceptable cholera and WASH IEC messages that include cholera prevention SOPs.Train teachers and PEAS in cholera infection prevention and develop teaching and learning cholera materials, as well support trained teachers to implement cholera prevention, management and response at school level.Establish functional cholera surveillance system for schools. | | |



BLANTYRE DISTRICT
Two workers load relief items onto a WFP helicopter, to be delivered to cut off areas in Phalombe District, on 27 March 2023.
Photo: WFP/Badre Bahaji

5.10

Logistics



REQUIREMENTS (US\$)

\$3M

PROJECTS

1

PARTNERS

1

People in need and targeted for assistance

The National Transport and Logistics Sector's end users for its common logistics, coordination, and information management services include the Government of Malawi and other humanitarian partners responding to sudden onset and/or protracted emergencies where the Sector is active. The Logistics Sector does not work with affected populations directly. Therefore, the Logistics Sector will endeavor to support – where possible – all partners to implement their programming by facilitating the provision of common services to enable the delivery of life-saving interventions.

Sector Strategic Objectives

The National Transport and Logistics Sector will support the Government of Malawi and humanitarian partners in their efforts to provide life-saving assistance to flood affected communities through the provision of logistics support for life-saving supplies. The National Transport and Logistics Sector will facilitate access to common logistics services to humanitarian responders in support of the broader objectives of the Flash Appeal. It also supports effective coordination and information management for effective operational decision-making and improved predictability, timeliness, and efficiency of the humanitarian emergency response.

In coordination with humanitarian coordination structures such as the Government/led Inter Sector Coordination Group and the Humanitarian Country Team, the Logistics Sector will contribute to an effective and efficient response in line with the objectives outlined in the Flash Appeal by providing timely, adequate and well-coordinated logistics and transport service provision directly to the Government and humanitarian partners and indirectly to the general population.

Response Strategy

The impact of Tropical Cyclone Freddy on the transport and logistics sector has been overwhelming, particularly considering carry over damages from last year's Tropical Storm Ana and Tropical Cyclone Gombe. Logistics operations are severely limited in the Southern Region. Effects of heavy rains and the resulting riverine flooding have caused significant road damage. Chikwawa, Nsanje, Chiradzulu, Mulanje, and Phalombe districts are largely inaccessible by road, with significant damages reported along major roads connecting the region. Access within these districts is extremely restricted, limiting district-level emergency support from reaching affected populations.

Damages to Malawi's road network have been impacted with key supply routes, culverts and bridges partially or fully damaged, posing a major challenge for access to flood-affected communities and increasing transit times significantly. Limited transport capacities (e.g. 4x4 trucks, boats and air assets) in some communities threaten the timeliness of delivering life-saving assistance. Possibility of additional rains also calls for a rapid improvement of storage facilities, relief commodity management and physical access mapping in certain districts.

The sector response strategy is to support humanitarian partners with the necessary logistics transport, storage, and coordination and information management needs to ensure a timely and effective response in alignment with the national response plan and Flash Appeal.

Transport

Lifesaving supplies are urgently needed for affected communities. Severe damage to infrastructure caused by the flooding has limited access to affected areas, limiting access to lifesaving humanitarian support. To address critical roads access challenges, air and water transport will be provided through helicopter and boat support for urgent transport of life-saving cargo and search and rescue efforts in locations not accessible by road. Where accessible, the Logistics Sector will facilitate access to commercial trucks from for main road access.

Storage

Additional needs have been identified for storage of humanitarian supplies and the deployment of mobile storage units (MSU) to support humanitarian efforts. Storage space will be made available in Lilongwe and Blantyre while MSUs will be made available for deployment to affected districts as needed. Storage space and a limited number of MSUs are also available now. Additional MSUs can be procured based on the needs of partners.

Coordination and Information Management

Through its coordination cell, the Logistics Sector aims to streamline and optimize the logistics resources, reduce duplication of efforts and scale up the capacity available. Dedicated Sector information management services help provide timely information on available logistics resources and access, ensuring the logistics gaps are captured in inter-sectoral discussions and access is mapped to support transport planning.

Rapid road damage assessments are underway in collaboration with the Ministry of Transport and Public Works for remedial/rehabilitation works of damaged infrastructure. Information products on physical access constraints will be shared to partners to ensure efficient and well-planned transport delivery of life saving supplies.

Cost of Response

Logistics Sector response costs: USD 3,000,000.

Cost measures: The Logistics Sector will prioritize the most efficient and effective mode of transportation to support coordinated and timely delivery of relief items by humanitarian partners.

Cost drivers: The resources of the response are designated to logistics services – specifically transport from logistics hubs

(Lilongwe and Blantyre) to accessible areas by road and air transport support for hard to reach areas affected by the floods. Additionally, resources will be used to provide storage services in logistics hubs for life saving humanitarian supplies designated for the flood response.

Monitoring

| Response Indicator | Target |
|---|--------|
| # of organizations utilizing logistics services | 15 |
| # of information products shared with partners | 15 |
| Total tonnage in metric tons transported | 1800mt |



PHALOMBE DISTRICT

WFP helicopter delivering relief items from humanitarian partners to a cut off community in Phalombe on 27 March 2023.

Photo: WFP/Badre Bahaji

Part 6

Annexes



MULANJE DISTRICT

Ziona Mukuna, aged 80, preparing to eat pumpkin leaves from her garden after the floods destroyed the food in her home, on 29th March 2023. Photo: WFP/Badre Bahaji

Response Monitoring Indicators

Cholera

| INDICATOR | SECTOR | PEOPLE TARGETED |
|--|-------------------------------|-----------------|
| # of learners reached with hygiene promotion services | Education | 409,566 |
| # of teachers trained and applying Cholera prevention and management SOPs at school | Education | 800 |
| # of learners accessing WASH supplies (soap and buckets) | Education | 409,566 |
| # of health workers trained in cholera management | Health | 4,000 |
| # of people treated for cholera | Health | 12,285 |
| # of people directly reached with health cholera prevention messages | Health | 2,534,373 |
| # of pregnant women and girls referred and receiving basic and comprehensive Maternal Emergency Obstetric care from the affected districts | Health | 7,846 |
| # of Children 6-59 months screened for acute malnutrition | Nutrition | 956,666 |
| # of Children 6-59 months with severe wasting admitted for treatment | Nutrition | 1,865 |
| # of Primary caregivers of children 0-23 months receiving IYCF counselling | Nutrition | 353,835 |
| # of girls and boys at risk accessing cholera prevention messages in children's corners | Protection - Child Protection | 359,151 |
| # of children, parents and primary caregivers at risk provided with risk mitigation, prevention and response interventions | Protection - Child Protection | 110,425 |
| # of people reached with GBV prevention, response and PSEA awareness services in the communities and Cholera Treatment Centres in the affected districts | Protection - GBV | 673,566 |
| # of adolescent girls and women benefitted from dignity kits | Protection - GBV | 3,000 |

| INDICATOR | SECTOR | PEOPLE TARGETED |
|--|--|-----------------|
| # of service providers oriented on GBVC and PSEA | Protection - GBV | 300 |
| # of people directly reached with health, hygiene, nutrition or risk communication activities on cholera prevention and treatment, involving a 2-way dialogue | Risk Communication and Community Engagement (RCCE) | 3,272,312 |
| # of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms | Risk Communication and Community Engagement (RCCE) | 165,000 |
| # of people in 15 target districts with access to adequate and safe water for drinking | WASH | 3,446,600 |
| # of people at household level provided with life-saving WASH supplies & sensitisation on use (water treatment chemicals, soap for hand washing, buckets) | WASH | 3,100,000 |
| # of CTCs and schools provided with adequate sanitation facilities (latrines and hand washing facilities) | WASH | 140 |
| # of organizations utilising logistics services | Logistics | 5 |
| # of Mobile Storage Units (MSU) dispatched for cholera response activities | Logistics | 17 |
| # of information products shared with partners | Logistics | 10 |
| # of people in the refugee camp accessing adequate and safe water for drinking | Refugee Response | 56,000 |
| # of learners reached with hygiene promotion | Refugee Response | 21, 853 |
| # of people treated for cholera | Refugee Response | 3,000 |

Floods

| INDICATOR | SECTOR | PEOPLE TARGETED |
|---|---------------------------------|-----------------|
| # of people supported in camps through service monitoring | CCCM | 158,064 |
| # of people supported in camps through trainings in Camp Management | CCCM | 158,064 |
| # of people supported in camps through strengthening Camp Management Committees (CMCs) | CCCM | 158,064 |
| # of learners accessing safe learning environment (including learning materials, safe school protocols) in affected schools | Education | 273,341 |
| # of learners accessing remedial lessons | Education | 273,341 |
| # people receiving in-kind assistance # of people receiving food assistance | Food security | 1,061,835 |
| # of people receiving cash transfers | Food security | 1,061,835 |
| # of people provided with lifesaving quality primary health care services (fixed and mobile clinics) | Health | 385,599 |
| # of health centres provided with medical equipment | Health | |
| # of Children 6-59 months screened for acute malnutrition | Nutrition | 220,778 |
| # of primary caregivers of children 0-23 months receiving IYCF counselling | Nutrition | 73,987 |
| # of Children 6-59 months with severe wasting admitted for treatment | Nutrition | 20,689 |
| # of people with specific needs identified and supported with assistance | Protection - General Protection | 10,000 |
| # of trainings in protection mainstreaming training conducted | Protection - General Protection | 4 |
| # of people supported with MHPSS | Protection - General Protection | 30,000 |
| # of children, parents and primary caregivers at risk provided with risk mitigation, prevention and response interventions (MHPSS, Case management) | Protection - Child Protection | 129,348 |
| # of girls and boys at risk accessing Violence Abuse, Exploitation, and Neglect (VAEN) prevention messages in children's corners | Protection - Child Protection | 129,348 |
| # number of safe space for women and children established | Protection - Child Protection | 300 |





















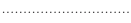
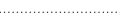








| INDICATOR | SECTOR | PEOPLE TARGETED |
|---|------------------|-----------------|
| # of people reached with GBV prevention, response and PSEA awareness services in the communities and Cholera Treatment Centres in the affected districts | Protection - GBV | 274,324 |
| # of service providers oriented on GBV and PSEA | Protection - GBV | 80 |
| # of people receiving dignity kits | Protection - GBV | 10,000 |
| # of vulnerable people receiving cash assistance for essential NFIs kit | Shelter & NFI | 7,150 |
| # of people supported with key NFIs | Shelter & NFI | 115,471 |
| # of people assisted with temporary shelter | Shelter & NFI | 2,250 |
| # of people with access to adequate and safe water for drinking and other household use | WASH | 927,541 |
| # of people provided with lifesaving WASH supplies (water treatment chemicals, soap for hand washing, buckets, water testing kits, chlorine pool testers) | WASH | 504,006 |
| # of people reached with key WASH hygiene messages on prevention of WASH related diseases (such as cholera) | WASH | 927,541 |
| # people accessing safe and appropriate sanitation facilities in affected communities and IDP camps | WASH | 504,006 |
| # of organizations utilizing logistics services | Logistics | 15 |
| # of information products shared with partners | Logistics | 15 |
| Total tonnage in metric tons transported | Logistics | 1800mt |
| | | |

Planning Figures by District

Cholera

| DISTRICT | PEOPLE IN NEED | | PEOPLE TARGETED | | OPERATIONAL PARTNERS | NUMBER OF PROJECTS |
|------------|-------------------|-------------|--------------------|-------------|-------------------------|-----------------------|
| Balaka | 260K | <div></div> | 257K | <div></div> | 12 | 23 |
| Blantyre | 570K | <div></div> | 564K | <div></div> | 19 | 29 |
| Chiradzulu | 146K | <div></div> | 85K | <div></div> | 5 | 11 |
| Dedza | 351K | <div></div> | 203K | <div></div> | 6 | 13 |
| Dowa | 304K | <div></div> | 228K | <div></div> | 12 | 20 |
| Lilongwe | 679K | <div></div> | 601K | <div></div> | 18 | 30 |
| Machinga | 333K | <div></div> | 182k | <div></div> | 15 | 25 |
| Mangochi | 748K | <div></div> | 710K | <div></div> | 14 | 24 |
| Nkhata Bay | 122K | <div></div> | 120K | <div></div> | 6 | 12 |
| Nkhotakota | 177K | <div></div> | 132K | <div></div> | 7 | 14 |
| Ntcheu | 271K | <div></div> | 197K | <div></div> | 8 | 16 |
| Rumphi | 107K | <div></div> | 105K | <div></div> | 8 | 14 |
| Salima | 288K | <div></div> | 281K | <div></div> | 11 | 20 |
| Thyolo | 441K | <div></div> | 210K | <div></div> | 9 | 15 |
| Zomba | 51K | <div></div> | 50K | <div></div> | 8 | 15 |

Floods

| DISTRICT | PEOPLE IN NEED | PEOPLE TARGETED | OPERATIONAL PARTNERS | NUMBER OF PROJECTS |
|---------------|--|--|----------------------|--------------------|
| Balaka | 7K  | 3K  | 4 | 7 |
| Blantyre | 29K  | 29K  | 10 | 16 |
| Blantyre City | 95K  | 76K  | 5 | 6 |
| Chikwawa | 238K  | 214K  | 19 | 30 |
| Chiradzulu | 31K  | 17K  | 10 | 16 |
| Machinga | 110K  | 61K  | 6 | 10 |
| Mangochi | 60K  | 42K  | 10 | 13 |
| Mulanje | 137K  | 124K  | 13 | 25 |
| Mwanza | 1K  | 171  | 4 | 6 |
| Neno | 6K  | 2K  | 6 | 8 |
| Nsanje | 170K  | 153K  | 16 | 30 |
| Phalombe | 282K  | 254K  | 16 | 30 |
| Thyolo | 46K  | 20K  | 9 | 11 |
| Zomba | 126K  | 113K  | 14 | 23 |
| Zomba City | 8K  | 3K  | 3 | 4 |

Participating Organizations

Cholera

| ORGANIZATION | REQUIREMENTS (US\$) | SECTORS | PROJECTS |
|---|---------------------|-----------|----------|
| CARE Malawi | 800,000 | Health | 1 |
| Catholic Relief Services -Malawi | 200,00 | RCCE | 1 |
| Centre for Development Communications (CDC) | 98000 | RCCE | 1 |
| Civil Society Organisation Nutrition Alliance (CSONA) | 200,00 | Nutrition | 1 |
| Clinton Health Access Initiative (CHAI) | 150,000 | Health | 1 |
| Development Communications Trust- DCT | 250,000 | RCCE | 1 |
| Farmers Union Malawi | 69,926 | Nutrition | 1 |
| Initiative for Community Development Services (INCOS) | 163,000 | RCCE | 1 |
| Johns Hopkins Centre for Communication Programs | 400,000 | RCCE | 1 |
| Malawi Red Cross Society | 230,000 | Education | 1 |
| Norwegian Church Aid/ Dan Church Aid | 100,000 | RCCE | 1 |
| Oxfam SAF | 248,170 | WASH | 1 |
| Parent And Child Health Initiative (PACHI) | 180,000 | RCCE | 1 |

| ORGANIZATION | REQUIREMENTS (US\$) | SECTORS | PROJECTS |
|--|---------------------|---|----------|
| Partners In Health/Abwenzi Pa Za Umoyo | 411,698 | Health | 1 |
| Plan International Malawi | 4,560,000 | WASH | 1 |
| Pump Aid | 481,789 | WASH | 1 |
| Save the Children | 790,000 | Child Protection, Education, Health, Nutrition | 4 |
| UK-Med | 600,000 | Health | 1 |
| UN RCO | 20,000 | Protection (Gender-Based Violence) | 1 |
| UN Women | 692,982 | Protection (Gender-Based Violence) | 1 |
| UNDP | 790,000 | Logistics | 1 |
| UNFPA | 700,000 | Health, Protection (Gender-Based Violence) | 2 |
| UNHCR | 855,000 | Refugees | 4 |
| UNICEF | 26,565,213 | Child Protection, Health, Nutrition, RCCE, WASH | 5 |
| United Purpose / Self Help Africa | 461,081 | WASH | 1 |
| Welthungerhilfe (WHH) | 259,147 | WASH | 1 |
| WFP | 650,000 | Logistics, Nutrition | 2 |
| WHO | 7,407,018 | Health, Protection (Gender-Based Violence) | 2 |
| World Relief Malawi | 519,684 | Health, WASH | 2 |
| World Vision Malawi | 220,000 | Education | 1 |
| Youth Net and Counselling (YONECO) | 500,000 | Child Protection, Education, Protection (Gender-Based Violence) | 3 |

Floods

| ORGANIZATION | REQUIREMENTS (US\$) | SECTORS | PROJECTS |
|---|---------------------|--|----------|
| CARE Malawi | 1,145,270 | Protection, WASH | 2 |
| Catholic Relief Services | 870,000 | Shelter & NFI's, Nutrition | 2 |
| Design Outreach | 493,204 | WASH | 1 |
| Developing Radio Partners | 500,000 | WASH | 1 |
| Do for Children | 100,000 | Health | 1 |
| Farmers Union Of Malawi | 1,920,320 | Nutrition | 1 |
| International Organization for Migration | 4,700,000 | CCCM, Shelter & NFI's, Health, WASH | 5 |
| Malawi Red Cross Society | 1,538,000 | Shelter & NFI's, Nutrition | 2 |
| Nascent Solutions Inc. | 450,000 | Education | 1 |
| Office for the Coordination of Humanitarian Affairs | 500,000 | CCS | 1 |
| Oxfam | 1,645,010 | Food Security, WASH | 2 |
| Plan International | 2,795,000 | Education, Shelter & NFI's, Food Security, Health, Nutrition, Protection, WASH | 8 |
| Save the Children | 1,246,985 | Education, Food Security, Nutrition | 3 |
| Tearfund | 420,840 | Food Security | 1 |
| Trocaire | 215,990 | Food Security | 2 |
| UN Women | 600,000 | Protection | 1 |
| United Nations Children's Fund | 11,949,141 | Education, Health, Nutrition, Protection, WASH | 5 |

| ORGANIZATION | REQUIREMENTS (US\$) | SECTORS | PROJECTS |
|---|---------------------|-------------------------------------|----------|
| United Nations High Commissioner for Refugees | 3,400,000 | Shelter & NFI's, Protection | 2 |
| United Nations Population Fund | 600,000 | Protection | 1 |
| United Purpose | 413,018 | WASH | 1 |
| Water Services Association of Malawi | 400,000 | WASH | 1 |
| World Food Programme | 25,737,737 | Education, Food Security, Logistics | 3 |
| World Health Organization | 6,900,000 | Health, Nutrition | 2 |
| World Relief | 876,056 | Food Security | 1 |
| World Vision International | 666,453 | Food Security | 1 |
| Youth Net and Counseling | 550,000 | Protection | 2 |

Acronyms

| | | | |
|----------------|--|---------------|--|
| BOQs | Bill of Quantities | OCHA | UN Office for the Coordination of Humanitarian Affairs |
| CATI | Case Area Targeted Intervention | OCV | Oral Cholera Vaccine |
| CBCC | Community Based Childcare Centres | ORP | Oral Rehydration Points |
| CC | Children's Corners | ORS | Oral Rehydration Salt |
| CCPW | Community Child Protection Workers | PACHI | Parent And Child Health Initiative |
| CDC | Centre for Development Communications | PEAs | Primary Education Advisors |
| CERF | United Nations Central Emergency Response Fund | PFA | Psychological First Aid |
| CFR | Case Fatality Rate | PSEA | Prevention of Sexual Exploitation and Abuse |
| CHAI | Clinton Health Access Initiative | PTF | Presidential Task Force |
| CSONA | Civil Society Organisation Nutrition Alliance | RCCE | Risk Communication and Community Engagement |
| CTC | Cholera Treatment Centre | RCO | Resident Coordinator Office |
| CTU | Cholera Treatment Unit | RUTF | Ready-to-Use Therapeutic Food |
| DCT | Development Communications Trust | SAM | Severe Acute Malnutrition |
| FTS | Financial Tracking Service | UDO | Umoja Development Organization |
| GBVC | Gender-based Violence Counselling | UNDP | United Nations Development Programme |
| G-IPT | Group Interpersonal Therapy | UNFPA | United Nations Population Fund |
| IEC | Information, Education and Communication | UNHCR | United Nations High Commissioner for Refugees |
| IMT | Incident Management Team | UNICEF | United Nations Children's Fund |
| INCOS | Initiative for Community Development Services | WASH | Water, Sanitation & Hygiene |
| INGO | International Non-Governmental Organization | WFP | World Food Programme |
| IPC | Integrated Phase Classification | WHH | Welthungerhilfe |
| IYCF | Infant and Young Child Feeding | WHO | World Health Organization |
| MHPSS | Mental Health and Psychosocial Support Service | YONECO | Youth Net and Counselling |
| MIYCAN | Maternal, Infant, Young Child, and Adolescent Nutrition | | |
| MoGCDSW | Ministry of Gender, Community Development and Social Welfare | | |
| MoHP | The Ministry of Health and Population | | |
| MRCS | Malawi Red Cross Society | | |
| MSU | Mobile Storage Unit | | |
| NNGO | National NGOs | | |

How to Contribute

Contribute towards Malawi Flash Appeal

Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanisms in Malawi, as identified in this Flash Appeal.



Contribute through the Central Emergency Response Fund

CERF is a fast and effective way to support rapid humanitarian response. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are received year-round



www.unocha.org/cerf/donate

About

This document is consolidated by OCHA on behalf of the Malawi Humanitarian partners. It provides a shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

FLASH APPEAL
Malawi

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OCHA

OCHA coordinates humanitarian action to ensure crisis-affected people receive the assistance and protection they need. It works to overcome obstacles that impede humanitarian assistance from reaching people affected by crises, and provides leadership in mobilizing assistance and resources on behalf of the humanitarian system.

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Humanitarian Action

ANALYSING NEEDS AND RESPONSE

Humanitarian Action aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

<https://humanitarianaction.info/plan/1151>



ReliefWeb Response (RW Response) is a specialized digital service of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). This service is part of the commitment to the humanitarian community to ensure that relevant information in a humanitarian emergency is available to facilitate situational understanding and decision-making.

<https://response.reliefweb.int/malawi>



The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

<https://fts.unocha.org/countries/134/summary/2023>