

EMERGENCY APPEAL MALAWI

May - October
2020



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Foreword by the Resident Coordinator for Malawi

"This is the time for science and solidarity, the moment to step up for the vulnerable" has alerted United Nations Secretary-General, António Guterres.

The coronavirus disease (COVID-19) has spread across the world at a record speed. It is menacing the whole of humanity – and so the whole of humanity must fight back. More than ever, defeating COVID-19 calls for unity to strengthen health systems, ensure human rights, protect our children and put vulnerable groups at the centre of the response.

The Secretary-General has also noted that the world is only as strong as its weakest health system, meaning all countries must step up their responses to be part of the solution to the pandemic.

The fight against COVID-19 has come at a critical time, when our collective action was propelling the 2030 Agenda for Sustainable Development forward at the start of the decade to deliver on the Sustainable Development Goals (SDGs).

Thus, our battle against COVID-19 is not just about eliminating the virus and its socioeconomic impact, but painstakingly guarding against any losses on the strides we have made and the momentum we have garnered so far to achieve SDGs. We cannot afford to lose the gains we have made

through various development investments over the years.

This Emergency Appeal for Malawi is therefore central to take decisive action to contain the virus and alleviate suffering. It presents a chance to save lives, safeguard livelihoods and sustain an environment for alleviating poverty, hunger and suffering in Malawi. If properly funded, we will be able to mitigate disastrous consequences of the pandemic in the country.

Through this six-month Appeal, the much-needed improvements to boost the health response to detect and stop COVID-19 transmissions; sustain supply and availability of essential services and goods; provide safety nets to the most vulnerable and at-risk communities; and tackle inequalities can be achieved.

The Emergency Appeal for Malawi develops further the framework of the National COVID-19 Preparedness and Response Plan launched by the Government of Malawi on 8 April 2020. The humanitarian community in Malawi appeals for US\$140.1 million to ensure that no one is left behind in the response, while a socio-economic framework for the response to COVID-19 commences its implementation.

The proposals in the plan build on existing capacities of the UN agencies and NGOs that are participating in the Emergency Appeal and are closely coordinated with the national authorities and relevant line Ministries, under the overall leadership of the Ministry of Disaster Management Affairs and Public Events.

Strengthening local planning, local responses and engagement with communities is core to the strategy of this six-month plan.

I therefore appeal to all development partners to strongly support the response plan of the humanitarian community in Malawi to help stem the impact of COVID-19 in an already fragile humanitarian context.

The UN in Malawi has operationalised an SDG Acceleration Fund to enable resource mobilisation and enhance coordination. I invite development partners to consider using this channel that will sustain the gains we have made through various development investments over the years.

As humanitarian and development actors, we will ensure that no one is left behind in the COVID-19 response in Malawi.

We are all in this TOGETHER and we will get through this TOGETHER.

Ms. Maria Jose Torres

United Nations Resident Coordinator

Emergency Appeal at a Glance

PEOPLE IN NEED

8.3M

PEOPLE TARGETED

7.5M

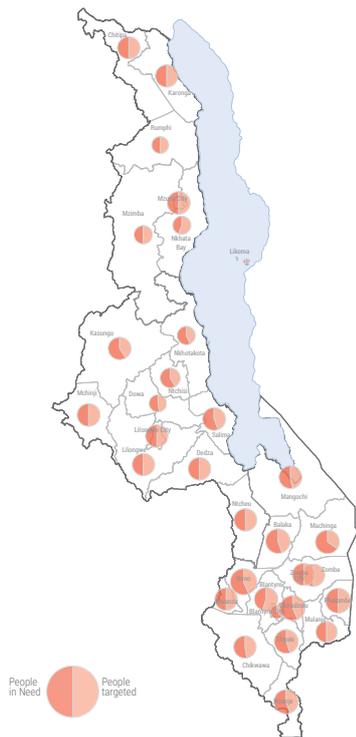
REQUIREMENTS (US\$)

\$140.1M

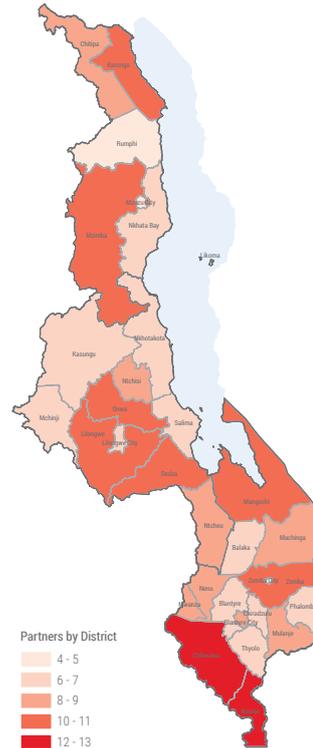
OPERATIONAL PARTNERS

32

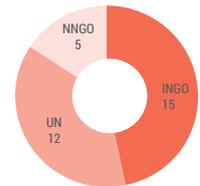
People in Need and Targeted



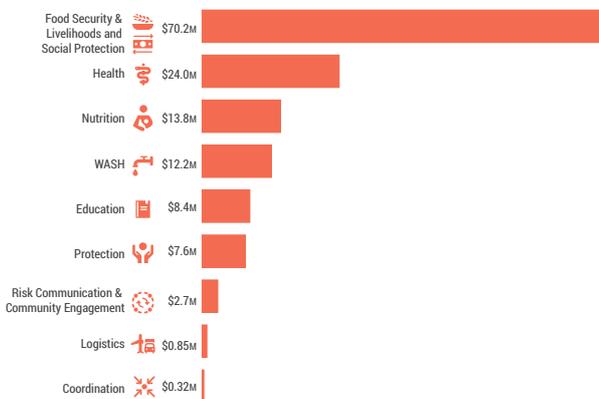
Operational Presence



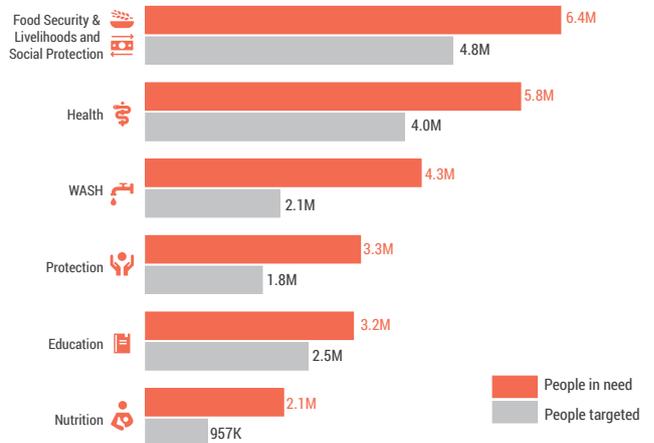
Operational Partner by Type



Requirements by Sector



People in Need and Targeted by Sector



Overview of the Crisis

Coronavirus Disease-19 (COVID-19) was declared a global pandemic on 11 March 2020, and Malawi declared its first case on 2 April. As of 1 May, there were 37 confirmed positive cases of COVID-19 and 3 deaths. A state of disaster was declared by President Arthur Peter Mutharika on 20 March and a 21 day lockdown was to be implemented between on 18 April and – 9 May. A court injunction has since then suspended the lockdown, which is now no longer being implemented.

The COVID-19 pandemic is expected to negatively impact the economic outlook for Malawi, while measures implemented to control the spread of the disease are expected to affect the most vulnerable. Around 70 per cent of the population in Malawi live below the international poverty line of US\$1.90 per day,¹ and 89 per cent of Malawi's workforce are employed in the informal economy. Malawi has one of the lowest per capita Gross National Incomes (GNI) in the world, at just \$320, and its economy -which is heavily reliant on rain-fed agriculture- is vulnerable to shocks. Real GDP is forecasted to shrink by 3.2 per cent in 2020, while slow economic activity and labor mobility are expected to disproportionately affect urban residents who depend on daily incomes. Markets will experience substantial disruptions to supply chain over the coming months, and international trade links are already affecting imports for small industry. While suppliers have relatively good volumes of most products in stock locally, disruption in international supply chains are likely to lead to future shortages or increased cost of basic goods. Tourism, one of the priority growth sectors in Malawi, will be greatly impacted in the period ahead. Malawi also depends on imported petroleum products which have price transmission effects on goods and services. Sudden supply shock will have negative consequences, while the potential reduction in global demand may result in logistical challenges in the neighboring countries, affecting the availability of fuel.

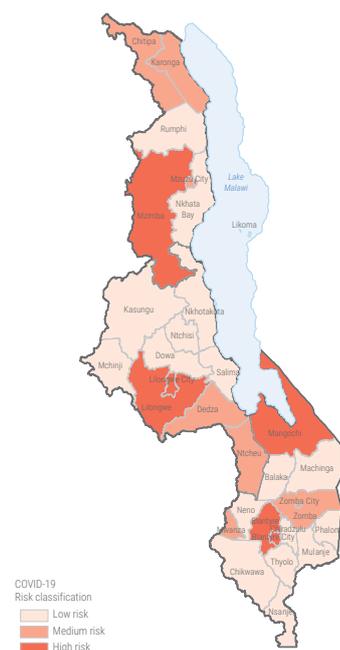
Malawi's health system has limited capacity to deal with the additional burden of COVID-19. There are just 20 ventilators nationwide, for a population of over 18 million, and approximately 25 intensive care unit (ICU) beds. Malawi also has one of the highest health worker shortages in Africa, with only 28 nurses and 2 physicians per 100,000 people.² Owing to the limited critical care infrastructure, there is a risk of health centres quickly becoming overwhelmed, should severe COVID-19 cases rise. This may disrupt routine medical services, reducing existing treatment for HIV, TB, malaria, and maternal, newborn and child healthcare (MNCH). The need to redirect supplies to the treatment of COVID-19, compounded by general supply chain disruptions, could lead to stockouts of resources needed for COVID-19 management (e.g. personal protective equipment to protect hospital frontline workers) and to maintain essential services.

Sustaining access to sexual and reproductive healthcare during

COVID-19 is a specific concern. Malawi registers some of the highest annual birth rates in the world, with approximately 520,000 births recorded per year, according to 2019 trends. Its maternal mortality rate, although declining, remains high, at 349 deaths per 100,000 births³. Approximately 30 per cent of babies in Malawi are born to mothers under 19 years of age, leading to an increase in preterm and underweight babies and contributing to the high maternal and neonatal mortality rate.⁴ Health facilities have limited stock of relevant equipment and supplies for the care of pregnant woman and there are frequent stock outs of essential medicine for managing obstetric complications, as well as shortage of trained personnel to provide emergency obstetric care. In any crisis-affected population, approximately 4 per cent of the total population will be pregnant at any given time, of whom 15 per cent will experience an obstetric complication, while 9 per cent to 15 per cent of newborns will require lifesaving emergency care.

Over 1.9 million people who were estimated to be facing severe food insecurity in Malawi prior to COVID-19 will struggle to cope with the economic strain, escalating an already fragile situation. Despite average harvests, prices of maize and alternative commodities rose by 60 to 100 per cent above average in 2019, even in areas producing a surplus, as private traders withheld stocks for better prices. At the same time, low tobacco prices -a key cash crop in Malawi- led to reduced income and low access to food for many households.⁵ Within this context, the global economic downturn and local economic impact

COVID-19 Risk Classification



of COVID-19-related measures are expected to further deteriorate household food security, particularly for the urban poor. Malnutrition is also expected to rise as access to healthy and nutritious food become more difficult for vulnerable groups. Over 37 per cent of children under 5 in Malawi are stunted. Limited health outreach services, including community-based nutrition screening for children, will impact the ability to detect moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) cases early, potentially resulting in children having to be admitted to SAM treatment facilities in deteriorated condition, adding to the burden of stretched health facilities. Over 2.9 million children in Malawi are currently out of school and lack access to school feeding programmes which serve as a vital source of nutritious food.

Children and youth are at increased protection risks as they are no longer able to access the protective environment education provides and as households come under increased economic strain. Children in already vulnerable situations -such as those in street conditions, living in institutions, or in detention- are at higher risk of infection. Abrupt closure of schools and community services for children have increased children's vulnerability to violence, neglect, and exploitation. As households' ability to cope is exhausted, they may resort to negative coping mechanisms such as child labour and early child marriage. Only 51 per cent of children in Malawi complete of primary school, and there is a risk that girls (especially for vulnerable households) may not return to education once schools reopen. Just 29 per cent of Malawian girls (compared to 36 per cent of boys) complete secondary school.⁶ For youth, entering the job market will become more difficult; many engage in the informal sector which will significantly impacted by movement restrictions.

Gender based violence and intimate partner violence is high across Malawi and expected to increase with the restrictions and the economic strain from COVID- 19. An estimated 14.5 per cent of women have experienced physically abuse and 25.3 per cent of those have experienced sexual violence.⁷ The most common perpetrator of violence is usually a partner or family member and, as family strain increases due to COVID-19 lockdowns and curfews, intimate partner violence is expected to increase. Malawi's child marriage and adolescent birth rates are among the highest in the world,⁸ and COVID-19 will compound the challenges faced by young women and adolescent girls, including: increased gender-based violence; unplanned pregnancies and high violence incidents; increased burden of care; and lack of access to safe spaces. Approximately 47 per cent of girls in Malawi marry before the age of 18 years⁹ 12 per cent marrying before the age of 15. Without legitimate support structures to investigate and resolve these issues, women and girls are unlikely to come forward and seek assistance.

Malawi hosts 46,296 refugees, more than half of whom fled the Democratic Republic of Congo. Dzaleka refugee camp was originally built to host 10,000 refugees but has far exceeded capacity. There are, on average, 450 new asylum-seekers every month exacerbating conditions at the camp. In 2019, the Government of Malawi adopted a prima facie determination for Congolese asylum-seekers from North and South Kivu and it is expected that those seeking asylum from DRC will increase in 2020. The government has allocated additional land for expansion, but refugee populations living in crowded conditions are at risk during an outbreak.



LOYITELE, LILONGWE

Michael Mistone studies at his home in Trans-global Estate T/A Loyitele, Lilongwe. Photo: UNICEF

Strategic Objectives



Strategic Objective 1

Support the public health response to contain the spread of COVID-19 by decreasing morbidity and mortality.

The key focus under this Strategic Objective is to ensure that partners are equipped to support the Government of Malawi with the public health response to mitigate, contain and respond to the COVID-19 pandemic amongst the most vulnerable. In support of the Ministry of Health and the Government health partners will: 1) ensure early detection and holistic management of COVID-19 cases; and 2) reduce the risk of transmission.



Strategic Objective 2

Ensure life-saving continuity of basic services and protect livelihoods, prioritizing the most vulnerable.

Under this Strategic Objective, partners aim to support the most vulnerable, including older persons, people with disabilities, pregnant and lactating women, vulnerable children and people that are immunocompromised, including people with HIV. To this end, partners will: 1) support the continuity and enhancement of basic services and resilience-building activities, in the face of further economic, mobility, health care and livelihoods constraints; 2) strengthen essential protection activities to: provide mental health and psychosocial support to affected populations; address gender-based violence and violence against children; and address specific vulnerabilities of certain groups, including children on the streets or in institutional care; and 3) provide cash interventions for the most vulnerable groups in urban, peri-urban and rural areas.



Strategic Objective 3

Create an enabling environment, leveraging existing platforms to support coordination, social cohesion and resilience.

Under this Strategic Objective, the priority will be to leverage existing mechanisms to develop and disseminate messages related to COVID-19, as well as to strengthen district authorities' and local community engagement in the definition and implementation of COVID-19 response measures. Partners will also ensure activities to eradicate gender-based violence are integrated in all responses and leverage campaign platforms -such as HeforShe and Generation Equality- to develop gender-sensitive messages on stigmatization and positive masculinities, engaging traditional leaders, faith-based leaders, community leaders, government, civil society organizations and youth to encourage men and boys' involvement in domestic work and childcare. Sectors will enhance the capacities of national and district institutions, including national and local civil society organisations, to respond to COVID-19. **To address the secondary socio-economic impacts of COVID-19 pandemic and support resilience, the Appeal will:**

- provide safety net mechanisms for those who lose their income due to the public health measures or the virus itself, or are unable to access adequate food and water;
- protect the health and safety of health workers on the front line of the crisis;
- support continued commitment to freedom of expression and public participation in decision-making through a free press, a vibrant civil society and an independent Human Rights Commission to protect transparency, accountability and responsible implementation;
- commit to zero tolerance for sexual exploitation and abuse, domestic violence and other forms of gender-based violence and strengthen services to ensure access for survivors;
- support interventions to address the significant mental health and psychosocial impact of COVID-19 on the lives of children, youth and community members;
- promote the adoption of economic policies that speed recovery post-pandemic;
- continue advocacy with public institutions and civil society organizations ensuring age and sex are incorporated into their routine monitoring and analysis of COVID-19 activities.

Response Approach

The Emergency Appeal for Malawi calls for \$ 140.1 million to respond to the urgent emergency needs to support the Government of Malawi over the next six months (May – October 2020). Complementing the Government of Malawi's response, the Appeal will focus on: 1) the public health response to COVID-19; and 2) ensuring access to life-saving and life-sustaining services to mitigate against the secondary impacts of COVID-19, ensuring tailored support to vulnerable groups including refugees, migrants along border routes, persons living with HIV/AIDS, persons with disabilities, persons with albinism, single-headed households, the elderly, prisoners, those living in extreme poverty, youth and pregnant women. The appeal focuses on the continuity of life-saving service provision in: primary health care, including sexual and reproductive health services and access to medical services for GBV survivors; education; food security and livelihoods; nutrition; WASH and support to social safety net programmes.

The Malawi Emergency Appeal was developed to complement and support the National COVID-19 Preparedness and Response Plan, which was presented by the Government of Malawi on 8 April 2020, and calls for \$194 million. The reflects the capacity of partners – UN and NGO- to respond and presents time-bound emergency development interventions, focused on:

1. The most urgent needs requiring immediate life-saving interventions for the public health emergency and impacts of COVID-19 for the first 3-months; and
2. Priority interventions to address the impacts of containment measures over the next six months.

In complement to the requirements presented in this appeal, the United Nations and Non-Governmental Organizations in Malawi have undertaken an urgent reprioritization to adapt and adjust their existing and already-funded programmes in light of COVID-19. Through this exercise, partners have already reprogrammed at least \$8.3 million, as summarized in the Annex on Funds Reprogrammed to Respond.

Under the Appeal, partners will prioritize and mainstream the following approaches across all elements of the COVID-19 response:

Do no harm

The United Nations and Non-Governmental Organizations will prioritize safety, dignity and doing no harm throughout the response¹⁰. Guaranteeing safe and unhindered access will be guided by a code of conduct to ensure a do no harm approach, including to ensure that partners under the Appeal do not put people at risk of transmission of the virus. The crisis is likely to increase protection risks for those already potentially marginalized in society, including women, children, older persons, persons with disabilities, and minorities, amongst others.

Prevention of Sexual Exploitation and Abuse

Partners under the Appeal are fully committed to protecting affected communities from sexual exploitation and abuse. Building on on-going work in Malawi, and utilizing existing mechanisms and networks for prevention, reporting and response, the IASC interim guidance on Prevention of Sexual Exploitation and Abuse (PSEA) during COVID-19 will be applied. PSEA compliance must be met by all the partners involved in the COVID-19 response. To this end, the PSEA Core Group established by the United Nations Country Team (UNCT) -consisting of UNFPA, UNICEF, UNHCR, WFP, UN Women and the Resident Coordinator's Office (RCO)- will work closely with the Humanitarian Country Team (HCT), inter-cluster coordination group, Government of Malawi Department of Disaster Management Affairs (DODMA), Ministry of Gender and the UN Resident Coordinator (RC) to facilitate PSEA efforts across all response activities.

Accountability to Affected People

All activities will maximize community engagement to enhance appropriateness and accountability of the response, leveraging existing community, district and national structures. Activities will incorporate meaningful access, accountability, participation and empowerment, supporting community-led action and avoiding the creation of parallel structures. Communications and response activities will be tailored for various populations, ensuring outreach to the most vulnerable and those often left behind, including people with disabilities and those living in extreme poverty.

Cash-Based Interventions

Global best practice and local positive impacts of the use of cash and voucher assistance (CVA) will guide the use of cash-based interventions in the COVID-19 response. Cash-based interventions should be prioritized over food/in-kind support wherever markets are functioning and as part of a multisectoral approach, wherever feasible and appropriate.

Operational Capacity and Access

Under the Appeal, 32 UN Agencies and NGO partners will implement activities across all districts in Malawi, in support of the Government-led response. The priorities have been reviewed and endorsed by the UN Resident Coordinator in Malawi and the Commissioner of DODMA.

The COVID-19 pandemic and related public health measures are expected to impact on multiple aspects of the ability to deliver response, including the: supply chain; and capacity of response personnel. If Malawi follows global trends, further movement restrictions may be put in place by the Government to help control the spread of COVID-19, which could increase the number of people in need, and deepen the needs of the most vulnerable

people who are already being provided lifesaving support. As such, special measures will be put in place for aid to reach affected populations in a timely and effective manner, while adhering to WHO guidelines on safeguards to control the disease.

Coordination and Information Management

A special cabinet committee has been tasked to lead the COVID-19 response in Malawi and will be supported by the National Disaster and Preparedness Technical Committee. The Humanitarian Country Team -co-chaired by the Principal Secretary of the Ministry of Disaster Management Affairs and Public Events and the UN Resident Coordinator- will be pivotal in ensuring an overall coordinated response. The Government has activated sectoral coordination (referred to by the Government as 'clusters'), with seven clusters already activated and co-chaired by the Ministry of Disaster Management Affairs and Public Events and UN Agencies/INGOs. The clusters will be supported by the financing and IM-Data Groups. The main entry point for field coordination will be the District Civil Protection Committees.

Supporting efficient, effective and coordinated response is only possibly through the sharing of operational information.

Information will need to be accessible, inclusive, accountable, verifiable and relevant. Several information management tools have been set up, including a calendar of meetings, group mailing lists, a G-suit drive to store and share information within and across clusters and a 5W (Who What Where When and for Whom interactive dashboard), which provides information on all actors operating in the response. Another critical aspect is constant monitoring and surveillance of key indicators in place to identify quickly the needs and bottlenecks that can be creating them. Issues of food prices, inputs prices, cross-border

trade, post-harvest lost, mobility across the country (terrestrial transportation), increase of cases of acute malnutrition in "hot-spot areas" and pest and diseases for livestock and crops are some of the elements to be taken into account.

Beyond Six Months

The UN and partners will be developing a framework for the immediate socio-economic response to COVID-19 within the coming 12 to 18 months, including to shore up health systems, prevent a breakdown of food systems, restore and build back better basic social services, and other measures to minimize the impact of the pandemic on the most vulnerable. The framework will be premised on the fact that: the risks of leaving many behind from life-saving measures are great and grave; time is of the essence; resources are limited; social protection systems are weak; some people are too often made invisible; and the crisis may exacerbate exclusion and discrimination.

The socio-economic support will be designed to operationalize critical areas outlined by the Secretary-General in his recent report "Shared responsibility, global solidarity: Responding to the socio-economic impacts of COVID-19". As such, this framework will complement the other two efforts to save lives and protect people - through the public health and emergency responses. Five streams will be connected by a strong environmental sustainability imperative to build back better: health first, protecting people, economic recovery, macroeconomic response and multilateral collaboration and social cohesion and community resilience.

Response

Simion Mwale feeds Elia, his 18-month-old son, sweet potato porridge for breakfast as part of the recommended complementary feeding diet after the six months exclusive breastfeeding period. Photo: UNICEF



Education



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.2M	2.5M	\$8.4M	6	6

Response Strategy

School closures in Malawi affected 7.7 million learners aged 3 – 18, of which 3.8 million are girls. Schools provide a protective environment and children from resource poor households could be missing out on essential services including food through feeding programs and menstrual hygiene packs especially for female learners. Prolonged home stay could mean that some learners adopt negative coping strategies and may be at increased risk of abuse. Some students may not return to education due to pressure to support the household in income generation and increases in early childhood marriage and pregnancy.

Schools supplies across Malawi are ill equipped for home study, currently the pupil to book ratio for primary education is one English book to every 3 learners. Many public schools, particularly in rural areas, are ill equipped for distance or remote learning options, including home-based learning as many lack access to internet, television or radios. In Malawi only 33.6 per cent of households have a radio, 11.8 per cent a television and 16.4 per cent internet.

Education sector partners aim to support Early Childhood Development, Primary and Secondary educators and students to access education through training of teachers, Parents Teachers Associations (PTAs) and School Management Committees (SMCs) on home-based learning strategies. Accelerated learning centers will be supported through use of tablets and provision of radios will be provided in priority areas, including Dzaleka camp, to increase learners' access to education platforms. Educational radio programming, lessons and messaging will be supported by sector partners. Educational materials for children with special needs will also be developed and distributed.

Priority Actions - 3 months

- Support Ministry of Education, Science and Technology (MoEST) and Ministry of Gender, Child Development and Community Development (MoGCD&CD) to map available distance learning tools and development of online educational platforms;
- Orient and train teachers, PTAs, SCMs, partners and mentors in

support of community and home-based education;

- Support continued learning through Accelerated Learning Centers, increasing access to online platforms, procurement and distribution of radios to priority areas;
- Engage radio experts and district government partners to produce learning programmes and distribute key messaging about COVID-19;
- Procure and distribute recreational and educational materials (toys, colouring books, crayons);
- Support district education coordination meetings including using technology;
- Youth engagement through use of social media platforms to spread messages of covid-19 control measures using existing school clubs in affected areas;
- Provide hygiene kits for communities and most vulnerable households with learners in collaboration with WASH and Protection clusters.

Key activities for 6-month response:

- Train and prepare primary school teachers on re-opening of education facilities, including in prevention and development of contingency plan to prevent further spreading;
- Provide sanitary pads and soap to adolescent girls for both in primary and secondary schools, in collaboration with WASH Cluster;
- Provide WASH facilities in schools to prevent further spread of COVID-19 in collaboration with the WASH Cluster;
- Continue to facilitate enhanced life skills and leadership building sessions to girls and boys through youth clubs and the Sister to Sister (S2S) approach;
- Mobilize the parents to support continued community and home-based learning;
- Support teacher and facilitators of Accelerated Learning Centers to implement take-home assignments or self-directed learning materials;

- Provision of educational radio programmes in partnership with Community Radio;
- Distribution of recreational and educational materials to preschool children in Dzaleka camp;
- Support dissemination of COVID-19 and Ending Violence Against Girls information through mass media using mobile vans and printed IEC materials in collaboration with C4D/Communication Cluster;
- Support district coordination meetings including using technology;
- Strengthening case management system for violence against children in collaboration with Protection Cluster and promote the existing referral mechanisms;
- Support mobilization campaigns for learners to return to school post COVID-19;
- Support Teachers with lesson planning and delivery to enhance catch up and performance;
- Support MOEST and MoGCD&CD with development and implementation of the Accelerated Education Curriculums to help bridge the learning gap among the children after schools and CBCCs re-open and through community learning camps.
- Build capacity of parents and siblings to support learning of English and Maths at home using the already developed materials in Emergent Literacy and Maths (ELM), Literacy Boost (LB) and Numeracy Boost (NB)
- Facilitate Comprehensive Sexuality Education with a focus on Life Skills Education, reducing child marriages and teenage pregnancies and HIV prevention to girls and boys in schools when they open and through radio programs and youth clubs



Monalisa Malunga learns from home in Chilinde, T/A Mchezo, Lilongwe.
Photo: UNICEF

Food Security & Livelihoods and Social Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
6.4M	4.8M	\$70.2M	15	23

Food Security & Livelihoods

Response Strategy

Over 1.9 million people in Malawi are estimated to be facing severe levels of food insecurity and are just coming out of successive shocks below average rainfall and the destruction from Cyclone Idai in early 2019. As maize prices have increased and global trade disruptions have impacted the tobacco trade, have forced households into negative coping mechanisms including selling of assets to cope.

Food Security sector partners will support critical inputs to ensure the functionality of strategic food value chains, including food corridors and areas affected by severe food insecurity, and support rural livelihoods through provision of vaccines, fertilizers and irrigation inputs. Sector partners will enhance access to food assistance (multi-purpose Cash or in-kind support) to vulnerable households in urban and peri urban areas. Partners will promotion of vegetables gardens and provide seed and training on the establishment and maintenance. Promote post-harvest handling and storage activities to enable farmers to retain produce.

Priority Actions first 3 months

- Support Ministry of Agriculture and Food security in coordination at national and district level;
- Establishment of remote food security monitoring system through mobile calls MEB, market prices, key FS and Nutrition indicators, cross-border trade, market functionality;
- Assess and enhance food assistance (multi-purpose Cash or in-kind support) to vulnerable households in urban and peri urban areas outside the 4 key Urban centers;
- Establishment of remote food security monitoring system through mobile calls MEB, market prices, key FS and Nutrition indicators, cross-border trade, market functionality;

- Establishment of surveillances systems on availability of inputs, cross-border trade, market functionality, pest and diseases;
- Preposition of critical inputs required to ensure functionality of strategic food value chains and support rural livelihoods– next 3-6 months: Vaccines, fertilizers, irrigation basic inputs in hotspot areas, including strategic food corridors and food insecure areas;
- Communication and massive awareness to small –scale farmers, local market agents and private sector about the COVID-19 possible implications in their normal activities, seeking to safeguard steady food production while ensuring safety of Agriculture Value Chain agents.

Key activities for 6-month response:

- Promote climate smart agriculture through Lead farmer approach;
- Facilitate support diet diversification (promotion of homestead vegetable gardens, small stock production);
- Support increased uptake of irrigation to promote increased crop productivity;
- Enhance/adapt surveillance systems (food/inputs prices monitoring, pest and disease surveillance/monitoring);
- Track and report impact of COVID-19 on food and nutrition security at various forums;
- Promote improved post-harvest handling and storage activities to enable farmers to retain produce and reduce food waste due to COVID-19 related containment measures.

Social Protection

Response Strategy

The COVID-19 Urban CASH Intervention (CUCI) also known as Mzati pa COVID (MPC)

Malawi and especially the urban population is expected to experience adverse effects on its economy. The reduced and/or the curtailment of business hours is already affecting the informal markets and businesses potentially resulting in high possibility of loss of jobs and limitation of informal labour opportunities for individuals with high dependence on daily wages

The Government of Malawi, the Donors and the UNCT are therefore rolling out the COVID-19 Urban Cash Intervention (CUCI) as an emergency intervention to support the livelihoods of the urban poor facing precarious employment and vulnerable livelihoods.

The CUCI will provide support to all households in targeted geographical areas (hotspots) where income insecurity is more prevalent in the 4 major cities (Lilongwe, Blantyre, Mzuzu and Zomba) to the tune of the minimum wage (MKW35,000) for an estimated period of 6 months.

Priority Actions - 3 months

- Complete the Mapping hotspot areas by providing ranked lists of hotspots in their ward, including size of the population in the hotspots;
- Enumerators (hired by the Government), with Block Leaders and Committees will register all households in a block using the UBR rapid tool on tablets collecting information on location, name of head of household and her/his alternative, phone number, e-wallet account, NID, gender, household size, ownership of shelter, and occupation;

- UN-agencies and I/NGOs provide technical support and oversight to the entire intervention, comprised of actors from both clusters;
- The Universal Beneficiary Registration (UBR) Management Unit to ensure the proper functioning of UBR app and related data requirements;
- Provide technical and financial support for the intervention as well as conduct direct implementation through the Food Security Cluster and Social Protection Cluster at the request of the Government;
- Coordinated with other key clusters (e.g. nutrition and WASH) to reinforce essential social communication behavior change (SBCC) messages (including dietary diversity, safe hygiene practices, etc.);
- Through the Cash Working Group (CWG) monitor specific household indicators (e.g. prices of commodities, wellbeing etc.) to advise the transfer value and modality. Further data sources (e.g. U-Report) will be used to inform the broader socio-economic impact of COVID-19.

Key activities for 6-month response:

- Provide technical and financial support for the intervention as well as conduct direct implementation through the Food Security Cluster and Social Protection Cluster at the request of the Government
- Through the Cash Working Group (CWG) monitor specific household indicators (e.g. prices of commodities, wellbeing etc.) to advise the transfer value and modality. Further data sources (e.g. U-Report) will be used to inform the broader socio-economic impact of COVID-19.

Health



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
5.8M	4.0M	\$24.0M	9	13

Response Strategy

COVID-19 represents an immediate public health risk to the people of Malawi. As of 30 April there were 36 confirmed positive cases of COVID-19 in Malawi. While containment measures have been implemented including the bans on public gatherings, closure of schools, bans on international flights and cross-border passenger buses there is a need to step up the public health response to contain the outbreak. Interventions to contain the spread of COVID-19 including scaling up disease surveillance; infection, prevention and control measures; containment including quarantine units and case management for COVID-19. Health partners will work in support of the Ministry of Health to stop human-to-human transmission and provide quality of care for those affected by COVID-19.

Experience from previous outbreaks shows that as health resources and services shift to contain the outbreak it has a detrimental impact on other essential health services including sexual and reproductive health (including ante and post-natal care) and illnesses such as malaria, pneumonia, diarrhea and TB. Ensuring access to critical health services for elderly, disabled and those that are immunosuppressed will be critical in preventing excess morbidity and mortality during the pandemic. Health partners will ensure critical functioning of essential services, through provision of essential supplies, drugs and provision of critical care in facilities along with IPC guidelines.

Priority Actions first 3-months:

- Support coordination at national and district levels with Ministry of Health, Health COVID-19 TWG, Christian Health Association of Malawi (CHAM);
- Ensure protocols and guidelines are adjusted to minimize risk for children;
- Renovation/upgrading of facilities, including Infectious Disease Treatment Centers and Quarantine Units;
- Support district level quarantine centers including fuel,

stationery, lunch allowance for Health Care Worker (HCW);

- Strengthen Lab Capacity including procurement of reagents for testing, training of laboratory technologists to test for COVID-19;
- Strengthen Infection, Prevention and Control (IPC) in supported health facilities; identify and train IPC focal points; support isolation, triage and -screening at existing supported health facilities; Enhance surveillance capacity in disease affected locations and support contact tracing capacities;
- Enhance surveillance capacity in disease affected locations and support contact tracing capacities;
- Train district rapid response teams for IPC, Case Management, and Burials;
- Procurement and distribution of medical supplies for COVID-19 including protective gear, ventilator machines, testing materials, laboratory materials;
- Provision of ongoing training in case management as needed for all levels of health workers;
- Provision of psychosocial training including psychological first aid;
- Train and equip, including Personal Protective Equipment, for CHWs;
- Adapt guidance and train Health Surveillance Assistants (HSAs) for community case management;
- Maintenance of existing equipment;
- Equip/upgrade points of entry including separation of infected and non-infected pregnant women;
- Creating special treatment center's for pregnant women for antenatal care, labour and delivery and postnatal care;
- Establishment of maternal and newborn care units (prefabrications and tents) in all COVID-19 treatments centres;
- Train Health workers using the MISP guidelines to ensure no disruption to service delivery.

Key activities for 6-month response:

- Supervision support to all Point of Entry's (PoEs) monthly;
- Development of public health emergency contingency plans for all PoEs;
- Support COVID-19 surveillance activities, contact tracing and investigation;
- Train all health facility workers including non-clinical health workers on IPC measures to be taken during COVID-19;
- Set up COVID-19 isolation/treatment centres; medical supplies, logistics and quality service delivery, if surge capacity required;
- Provide routine Primary Health Care (PHC) services in accordance to WHO standards of infection, prevention and control and use of PPE;
- Work with District Health Management Team to provide supportive supervision for CHWs on COVID-19 as the epidemic progresses, and additional refresher/ revised training as needed;
- Provide essential health services at primary, secondary and community level faith based facilities through provision of training, incentives, supplies, human resources;
- Ensure continuation of Sexual and Reproductive Health services (SRH) in line with the Minimum Initial Service Package for SRH in crisis settings;
- Work with stakeholders to define patient referral pathways access to life-saving services (such as clinical management of rape, emergency obstetric newborn care, contraception, syndromic management of Sexual Transmitted Infections) and support messaging on referral mechanisms.



Health Surveillance Assistant Noah Chipeta gives two-year-old Shakaira Chitano's mother a course of medication to treat malaria at the Chanthuntha community clinic in rural Kasungu District. Photo: UNICEF/Hubbard

Nutrition



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
2.1M	957K	\$13.8M	7	7

Response Strategy

Undernourishment can make people more susceptible to illnesses, especially respiratory infections. Over 37 per cent of children in Malawi experience stunting and limited outreach services often malnutrition goes undetected until children reach deteriorated conditions. In 2020, 42,000 children in Malawi are expected to suffer from Severe Acute Malnutrition (SAM). This figure is higher as a consequence of high levels of anticipated food insecurity. Acute malnutrition is a major risk factor for child mortality. According to the 2015 Cost of Hunger in Africa (COHA) study in Malawi, 23 percent of all child mortality cases in Malawi are associated with under-nutrition. Furthermore, a child with Moderate Acute Malnutrition (MAM) is up to four times more likely to die than a well-nourished child, and a child with Severe Acute Malnutrition (SAM) is nine times more likely to die than a well-nourished child, especially below the age of two.

Nutrition sector partners will focus on ensuring that under 5 children and pregnant and lactating women with moderate or severe acute malnutrition are supported with emergency nutrition interventions. The nutrition sector will continue to work with community health workers on community screening and detection of malnutrition, ensuring early referral toward services. Sectors partners will strengthen risk communication on breastfeeding recommendations, replacement feeding for infants unable to be breastfed, and nutritional support for COVID-19 infected patients.

Sector partners will focus on ensuring continuity of service provision, including procurement and provision of nutrition commodities for those currently enrolled in MAM and SAM programmes. Partners will support health workers in ensuring infection, prevention and control messaging is implemented in all Nutrition Response Units (NRUs). Health workers will be trained on nutrition during COVID-19 and disseminate messaging on IYCF and CMAM programming.

Priority Actions first 3 months

- Provide Vitamin A supplementation for 3 million children 6-59 months;
- Ensure prevention of COVID-19 infection in NRUs for approximately 8000 Children with SAM;
- Provision of food to patients in isolation centres 2500 patients; 3,000 health staff at treatment centers;
- Provision of food to 8,000 caregivers of children in NRUs / treatment centers;
- Community mobilization for caregivers of 500,000 under five children , 200,000 Adolescent Girls and 100,000 Pregnant and lactating mothers received nutrition;

- Treat 332,000 people for Moderate Acute Malnutrition. This includes 120,000 under five children, 56,000 pregnant and lactating women and 156,000 people with chronic conditions
- Provision of blanket supplementary feeding to 187,000 children under 2;
- Develop and print nutrition risk communication materials including job aids;
- Orient health workers on IYCF messages and changes in CMAM programming;
- Risk communication on nutrition in the context of COVID-19 (C4D and MIYCFe);
- Procure life saving supplies and strengthening supply chain integration;
- Strengthen quality Community Based Management of Acute Malnutrition (CMAM);
- Strengthen Information management, monitoring and evaluation;
- Ensure a good integration of nutrition in Water, Sanitation and hygiene (WaSH)
- Strengthen coordination of relevant COVID-19 nutrition structures both at district and community level;
- Support capacity building of community health workers on MIYFC and other nutrition related guidance in context of COVID-19.

Priority activities for 6 months:

- Continue with national and district level coordination on nutrition and related matters;
- Strengthen supply chain coordination and methods and risk identification;
- Support logistical supply of essential nutrition commodities;
- Identify and utilize nutrition-sensitive COVID-19 message dissemination platforms;
- Procure and distribute IEC materials on Nutrition sensitive COVID-19 to communities and health facilities;
- Procure hand washing materials for use in Care Groups (soap, basins, buckets);
- Distribute food rations for the most vulnerable households (child headed, persons living with HIV, female headed and general poor households with pregnant and lactating mothers);
- Work with Catholic Health and CHAM facilities to provide food to the guardians in the NRUs.

Protection



PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
3.3M	1.8M	\$7.6M	15	12

Response Strategy

In Malawi, two in five women experience either physical or sexual violence. An estimated one in five girls experience sexual abuse before the age of eighteen. Women and girls experiencing sexual violence deal with several potentially debilitating consequences including pregnancy, STIs and HIV/AIDS. There are high rates of violence against children including sexual and physical abuse, sexual exploitation, neglect, child labor, early marriage, and trafficking. One in four children is involved in child labour. Widespread closure of schools has interrupted the education of almost 8 million children. Past experiences show that protection concerns are exacerbated during outbreaks. As households experience added strain due to movement restrictions or loss of livelihoods, they may resort to negative coping mechanisms including child marriage and child labor. Abrupt closure of schools and community services serving children has also increased children's vulnerability to violence, exploitation and abuse.

Protection partners will establish and increase existing support for Mental Health and Psychosocial Support (MHPSS) and stigma prevention related to COVID-19. Partners will strengthen and enhance essential protection services for women and children ensuring functioning hotlines, referral systems, case management, monitoring, reporting, feedback. This will require investment to enable services to provide remote support as needed and Personal Protective Equipment where in-person services are required for lifesaving interventions. Protection sector partners will work with the Health sector on ensuring access to health services for GBV cases and referral services for follow up on MHPSS support for survivors. Partners will ensure frontline workers are trained in GBV prevention and response, MHPSS, and stigma prevention and strengthen the capacity of frontline workers to deliver the response.

Priority Actions first 3 months:

- Strengthen cluster and inter-cluster coordination at national and district levels (including through online technology to minimize group settings) and carry out advocacy to ensure inclusion of specific rights, needs and vulnerabilities of women, including elderly women, children, persons with disabilities migrants, and refugees, prison populations, in prevention, early detection, care and treatment strategies and programmes; and participation of women and vulnerable groups especially in district and local level structures;
- Upskill of influencers, youth networks, and religious/faith/traditional leaders, teachers, herbalists, traditional healers, women, male champions of change, on how to respond to COVID-19 including GBV prevention in collaboration with Public Communication Cluster;
- Develop SOPs and referral guidance for MHPSS and protection related to COVID 19;
- Integrate basic MHPSS, stigma prevention, and GBV prevention and response into COVID-19 training of frontline workers – health workers, volunteers, caseworkers, community child protection workers, community leaders, religious leaders, Red Cross volunteers, and youth networks;
- Provision of MHPSS services to survivors of COVID-19 and their affected families, including strengthening capacity for mental health services for women, children and other vulnerable groups;
- Support the national Child Helpline and GBV Crisis Line including to ensure helpline operators can respond and refer COVID-19 concerns including of MHPSS, protection of vulnerable persons, and GBV;
- Procure and distribute chlorine, sanitary equipment, and personal protective equipment at child care institutions, CVSUs, prisons, Port of Entry, or other locations with vulnerable groups;
- Integration of personal hygiene protocols across all protection sector interventions, including procurement of sanitary equipment, and personal protective equipment for Protection Cluster members and frontline service providers such as Child Protection Workers, Gender Officers, Community Policing Structures, Health Units and Police posts in communities;
- Equip Community Policing structures to continue their services of child protection and GBV prevention and reporting;
- Strengthen the Malawi Police diversion programme for children in conflict with the law and support measures to regularly dispose alleged offenders to ensure decongestion of holding cells;
- Support continued delivery of frontline social work focused on family welfare and child protection including to protect children without parental care and to prevent family separation arising from the COVID-19 pandemic through national case management systems;
- Strengthen capacity of Gender Officers and Community

Development Officers to provide essential GBV prevention and management package to reduce COVID 19 induced GBV Case Management Systems;

- Support capacity building of grassroots women's organizations, Community Based Organisations, faith-based and youth organizations to strengthen their response to VAWG and COVID-19, particularly those providing services to hard-to reach, remote and vulnerable populations;
- Strengthen immediate and proactive action by law enforcement and judiciary for the removal of abusers from the home and protection of victims.

Priority Activities for 6 months:

- Continuation of provision of MHPSS services to survivors of COVID-19 and their affected families, including strengthening

capacity for mental health services for women, children and other vulnerable groups;

- Continuation of the coordination support among key players responding to the COVID 19 at both national and district levels, including through online technologies to minimise group settings.
- Continued support to the government to provide social services and justice services to mitigate all forms of violence and ensure child protection services;
- Continued support to the National Child Helpline and GBV Crisis Line.
- Data capturing, documentation and lessons learnt for recovery activities and future programming



Esther Levison teaches her grandson Isaac how to wash his hands using a hand made tap in Chimponda giya, Trans-global Estate T/A Loyitele, Lilongwe. Photo: UNICEF

Risk Communication and Community Engagement (RCCE)



REQUIREMENTS (US\$)

\$2.7M

PARTNERS

7

PROJECTS

7

While not considered a traditional humanitarian sector / cluster, the humanitarian community in Malawi has opted to include RCCE in line with the national COVID-19 response plan and public communication cluster set up for the emergency. This purpose of RCCE is to ensure communication to all stakeholders, in particular at community level, are mainstreamed in all activities. The overall coordination of the sector is under the Ministry of Information and UNICEF.

Response Strategy

Given the high risk that COVID-19 poses to the population it is critical to develop an effective communication plan to ensure people understand the infection risk and prevention measures. With low literacy rate, 62 per cent, communications strategy for messaging about disease risks will need to employ many platforms including mass communications of radio and television, print and IEC materials. Risk communications strategies will ensure that communication materials are shared in local languages. Communication strategies will develop a localized community engagement approach to ensure affected populations know the risks of COVID-19 and how to identify early symptoms, prevent or mitigate transmission, what to do if they or their family members have symptoms and how to minimize the risk of transmission in the household, where to receive medical help, where to find trusted sources of information, and how to engage in two-way communication with humanitarian actors, local authorities, their own communities, and trusted leaders.

The total number of people with disabilities in Malawi is currently at 13 percent of the total population. People with visual impairments form the highest population with 34 percent of the total percentage of people with disabilities. Despite an increase in health promotions and education activities about the prevention. Partners will ensure that COVID-19 education and informative materials are developed for people with disabilities, including materials for those with visual impairments.

Priority Actions first 3 months

- Coordinate at national and district level coordination with Ministry of Health, C4D working group, Ministry of information;
- Conduct COVID-19 risk assessments amongst different populations in the targeted districts including child-sensitive messaging (current gaps include age-appropriate, child-friendly,

materials, video clips and materials in local languages);

- Collaborate with mhealth platforms, digital and mass media for online dissemination of information and develop feedback loops with communities;
- Explore options for remote communication; work with children to assess the risks and impact the virus is having on their lives and develop age and gender appropriate child friendly messaging and community preparedness plans;
- Advocate across government and other duty bearers for child-sensitive preparedness and response activities;
- Integrate MHPSS and stigma prevention in IEC and C4D materials (communication for development);
- Promote behaviour and social change that are relevant and essential for prevention of COVID-19;
- Empower children to recognise and report abuse (harness communication as a tool for empowerment);
- Mobilize and sensitize community leaders/groups to make decisions on how best to safeguard their communities from contracting COVID-19 using CLA approach;
- Production and dissemination of braille information leaflets to persons with visual impairment;
- Production of radio jingles and airing on national and community radios;
- P/A system that will ease communication with the beneficiaries on prevention and ways to prevent further spreading of COVID-19;
- Promotion of DO No-Harm trainings to promote Respect, safety, honesty, confidentiality and non-discrimination as this is one factor that is being feared among people if they test positive.

Priority Activities 6 months

- Continue with mobilization and sensitization of community leaders/groups to make decisions on how best to safeguard their communities from contracting COVID-19 using CLA approach;
- Conduct awareness raising sessions on COVID-19 causes, prevention methods including demystifying myths around the disease;

- Conduct communication activities to small –scale farmers, local structures, market committees using theatre, billboards radio jingles and other IEC materials;
- Develop /adapt COVID-19 prevention specific messages during lockdown;
- Continue with national and district level coordination on communication related matters;
- Lobby for safety nets for people with visual impairment especially those that would be badly affected to be listed to be considered for social cash transfers;
- Production of jingles and radio programs on COVID-19 management;
- Psychosocial related training to the survivor and patients of COVID-19.



Dorin Mcdonald greets her friend Ethel Tchikaman as they practice social distancing, Trans-Global Estate, Lilongwe. Photo: UNICEF

Water, Sanitation & Hygiene (WASH)

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PARTNERS	PROJECTS
4.3M	2.1M	\$12.2M	10	10

Response Strategy

Malawi is particularly vulnerable to COVID-19 due to the challenge in both awareness and limited hygiene practices.

According to JMP 2019, over 31 percent of the total population lacks access to basic water services (35 percent in rural and 24 percent in urban areas) and 74 percent basic sanitation services (75 percent in rural and 66 percent in urban areas). Nine in every ten people in Malawi (15.5 million people) don't practice proper handwashing with soap while six in every hundred people in Malawi (1.1 million people) practice open defecation.

Over 70 percent of Malawi's urban population lives in informal settlements, where water insecurity is high with long queues and waiting times at kiosks and water points and limited access to sanitation services. Vulnerable households struggle to pay for the cost of water, about 40 Malawi Kwacha for 20 litres and, as results, get disconnected from the services.

Gatherings and social events attracting large numbers of people pose a risk for the transmission of COVID-19. Handwashing with soap is critical to stemming the spread of COVID-19, however, the limited availability of supplies from local market is a key challenge.

To address these needs, the WASH sector partners are focusing on immediate interventions to increase access to safe water and sanitation services, on procurement and distribution of WASH supplies (including soap to increase handwashing across communities), targeting those that are most vulnerable to COVID-19.

Specific attention is also given to WASH interventions in Health Care Facilities (HCF), Emergency Treatment Units (ETUs), borders and densely populated urban localities.

WASH partners are complementing the above interventions with massive awareness campaigns in order to increase education in WASH behaviors including public information on proper sanitation and hygiene practices, with specific emphasis on hand washing and disinfection.

The below list of priority actions is in line with the COVID-19 WASH Cluster plan:

Priority Actions for first 3 months

- Emergency WASH IPC services in HCFs/ETU, hot spots and borders (including minor rehabilitations of water and sanitation

facilities);

- Installation of handwashing stations in hot spot locations;
- Water trucking services;
- Water quality monitoring (field monitoring);
- Procure and pre-positioning/distribution of Emergency WASH supplies (buckets, soaps, hand sanitizers, chemicals for water treatment, emergency latrines, sanitary pads.);
- Hygiene promotion (handwashing);
- Information, Education and Communication (IEC) campaigns including radio broadcasting, mobile vans, social medias (etc.) with specific focus on most vulnerable population, including pregnant and lactating women, persons with disabilities, people living with HIV/AIDS and other chronic diseases;
- Support to Water Boards for immediate needs as part of their Business Continuity Plans (extension of water connections to congested urban and peri-urban areas, installation of handwashing stations, installation of communal water points in poorest areas).

Priority Activities for 6 months

- Major rehabilitation of WASH facilities in ETUs, HCFs and communities;
- Installation of additional handwashing stations (follow up from first 3 months);
- Procure and distribution of Emergency WASH supplies (buckets, soaps, hand sanitizers, chemicals for water treatment, emergency latrines, sanitary pads);
- Production and dissemination of IEC material (follow up from first 3 months);
- Water safety planning for water boards;
- Support water boards in medium to long terms interventions as part of their Business Continuity Plans (water network improvements, improve storage facilities, support permanent sanitation services).
- improvements, improve storage facilities, support permanent sanitation services).

Coordination



REQUIREMENTS (US\$) **PARTNERS** **PROJECTS**

\$320K

1

1

Response Strategy

The overall objective of the inter-cluster coordination cluster is to facilitate appropriate coordination arrangements and communication between Government, UN, and NGOs including Malawi Red Cross Society in responding to emergencies including the COVID-19 response. The cluster specific objectives include:

- To strengthen coordination between government, the UN and NGOs for disaster preparedness, response and recovery efforts at national and local levels;
- To support and strengthen coordination at Local Authority level in districts, towns, municipalities and cities.
- The inter-cluster coordination cluster is co-chaired by the Ministry of Disaster Management Affairs and Public Event and the United Nations Resident Coordinator's Office. At district level, the District Civil Protection Committees (DCPCs) act as the entry point for the coordination mechanisms.

Priority Actions first 3 months

- Rapid mapping and assessment of existing Information, Communication and Technology capacities at district Level;
- Acquisition of the list of all DCPCs and Emergency Operation Centres (EOC)s members from each district;
- Establishment of EOCs at district level (where necessary);
- Provision of mobile airtime and data packages to DCPC and EOC members.
- Develop an e-sharing platform on basic emergency response measures, modules, and guidelines for districts;
- Develop basic guidelines on COVID-19 contingency planning for DCPCs and EOCs;
- Develop e-based platforms for contingency planning;
- E-training and induction on COVID-19 Contingency Planning for identified focal persons in DCPCs, EOCs and other implementing partners at district level;
- Support to the DCPCs on Contingency Planning and Disaster Preparedness;

- Develop a cluster response indicator matrix and track implementation progress at national and sub-national level;
- Develop a financial tracking tool and ensuring that resources are tracked.
- Regular acquisition and consolidation of data on critical indicators from districts and development of formats for clusters' situation reports;
- Support the development and utilization of COVID-19 information management tools and knowledge products (i.e. dashboard, snapshots, situation reports, 5Ws etc.);
- Ensure continuous adaptation of existing data repository and sharing of tools and datasets with all humanitarian partners.

Priority Activities 6 months

- Provision of mobile airtime/data packages to DCPC/EOC members, depending on the contingent scenario;
- Support subscription for virtual meetings applications
- Continuous assessment of the relevance of existing containment measures/modules/guidelines for district and adaptation of these, based on contingent scenario;
- Monitoring and follow-up of implementation of COVID-19 District Contingency Plans and identification of gaps/needs
- Support after action review of the COVID -19 Response.
- Support the development of national and district level situation reports
- Ensuring continuous data collection for critical indicators at both district and national level
- Support refinement and utilization of COVID-19 information management tools (i.e. dashboard, snapshots, sitreps, 5Ws etc.)

Logistics


REQUIREMENTS (US\$)
\$850K
PARTNERS
1
PROJECTS
1

Response Strategy

- The Logistics sector will ensure well-coordinated logistics service provision and supply chain management across the response. The sector will enhance existing warehousing support, and establish storage, screening, and isolation capacity where required to support the COVID-19 emergency response. Multimodal inland and cross-border transport needs will be addressed through use of assets and logistics services from the regional humanitarian hub(s), existing logistics fleet and structures, and privately contracted transport companies where necessary to provide rapid support to the movement of supplies across the country. Additionally, the sector will ensure engineering support is provided when needed to rapidly set up logistics bases in strategic locations as identified by partners (under the guidance of the humanitarian coordination group and Humanitarian Country Team).
- The Logistics sector facilitates access to common services to all sectors involved in the COVID-19 response to fill logistics gaps faced by the programmatic sectors, enabling them to implement sectoral response plans and reach people in need across the country. As such, prioritization of the activities for Logistics Cluster is based on the needs of the humanitarian community.
- Priority Actions first 3 months
- Logistics coordination and supply chain management (including information management support);

- Deployment of Mobile Storage Units (MSU) tents for storage, screening, isolation and quarantine;
- Multimodal transport of response goods and personnel;
- Engineering support and set up of Mobile Logistics Bases (MLBs).

Priority Activities 6 months

- Continue logistics coordination and supply chain management (including advanced IM tools);
- Deploy additional Mobile Storage Units (MSU) tents for storage, screening, isolation and quarantine, as required;
- Augmented multimodal transport of response goods and humanitarian passengers as required;
- Engineering support and expanded provision of MLBs, as needed.

Annexes

Frank Simkhalitsa washes his hands with a hand made tap in Chimponda giya, Trans-Global Estate, Lilongwe. Photo: UNICEF



Participating Organizations

ORGANIZATION	REQUESTED (US\$)	AMOUNT REPROGRAMMED (US\$)	ORGANIZATION	REQUESTED (US\$)	AMOUNT REPROGRAMMED (US\$)
CAHESH	87,829		RCO	320,000	139,552
Care	4,570,000	200,000	Save the Children	6,671,642	1,275,000
Concern World-wide	4,508,645	117,000	Self Help Africa	1,200,000	45,000
CRS	17,615,500	975,760	Trocaire	1,400,000	166,000
Development Trust Communications	200,000	-	UNAIDS	95,000	
FAO	4,825,000	8,000	UN Women	500,000	60,000
FHI360	600,000		UNFPA	1,500,000	370,000
Goal	4,859,985	20,000	UNHCR	200,000	
ILO	310,000		UNICEF	27,258,869	558,000
IOM	305,350	6,223	United Purpose	9,063,924	158,982
Irish Rule of Law International and Malawi Red Cross Society	1,900,000		UNODC	253,590	
Jesuit Refugee	30,598		VSO	560,000	63,000
Last Mile Health	996,500	110,000	WaterAid	439,740	
Malawi Red Cross Society	4,200,000	724,000	WFP	34,257,800	3,094,000
Oxfam	3,140,738	70,000	WHO	6,703,011	
Plan	301,881	91,190	World Vision	1,196,617	20,000
Total				140,071,719	8,271,707

Projects

SECTOR: EDUCATION			
AGENCY	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
Care	Adaptive Education Actions to respond to COVID-19	600,000	Jessica Swart jessica.swart@care.org
Jesuit Refugee Service	ECD and Primay connected learning	30,598	Ms. Fatima Mohammed-Cole mohammef@unhcr.org Dr. Peter Chinoko peter.chinoko@jrs.net
OXFAM	Support to Covid 19 Impact Mitigation in the Education Sector	400,738	Ms. Lingalireni Mhowa LMihowa@oxfam.org.uk
Save the Children	Support continued learning and preparations for the safe return to school in Malawi during COVID-19	1,851,084	Kim Koch Kim.Koch@savethechildren.org
UNICEF	UNICEF Malawi, Education Covid-19 response	5,000,000	Kimanzi Muthengi kmuthengi@unicef.org
World Vision Malawi	Tiphunzire nthawi ya Covid 19 Project	500,000	Pennia Mavedzenge Pennia_Mavezgenge@wvi.org
Sub-total		8,382,420	

SECTOR: Food Security & Livelihoods and Social Protection			
AGENCY	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
CARE	Food Security & COVID-19	900,000	Jessica Swart jessica.swart@care.org
CARE	Social Protection Protecting Women and Girls from COVID-19 Impacts	40,000	Jessica Swart jessica.swart@care.org
Concern	Ensuring Food Security during the COVID-19 outbreak in Malawi	1,976,877	Yousaf Jomezai yousaf.jomezai@concern.net
Concern	"Social Protection Support to the Most Vulnerable throughout the COVID-19 Outbreak in Malawi "	1,267,288	Yousaf Jomezai yousaf.jomezai@concern.net
CRS	live saving food assistance to food insecure urban, semi-urban and rural households affected by the impact of COVID-19	15,000,000	Julie Ideh Julie.Ideh@crs.org
FAO	Food Security & Livelihoods and Social Protection	4,825,000	Zhijun Chen Zhijun.Chen@fao.org
Goal	Improving food availability and to vulnerable communities in Nsanje, Chikwawa, Blantyre and Machinga	176,150	Philippa Sackett psackett@mw.goal.ie
Goal	Increasing the resilience of food-insecure households through unconditional cash transfers	1,643,835	Philippa Sackett psackett@mw.goal.ie
ILO	Supporting the roll out of the "Covid-19 Urban Cash Intervention (CUCI) and the institutionalization of social protection cash support mechanisms in urban areas	310,000	Andre Bongestabs bongestabsa@ilo.org
Irish Rule of Law/ Malawi Red Cross Society	Ensuring food and nutrition security amongst prison population	1,500,000	Seona Dillon McLoughlin sdillonmcloughlin@irishruleoflaw.ie"
Malawi Red Cross Society	Social Protection - COVID -19 response to food insecurity in urban and/or rural Malawi targeting Karonga, Chitipa, Mzuzu, Lilongwe, Kasungu, Mchinji, Zomba, Mangochi and Nsanje Districts	2,000,000	Prisca Chisala pchisala@redcross.mw
OXFAM	Protecting Vulnerable Livelihoods of Small Scale Women Entrepreneurs in Malawi in the Covid 19 pandemic	524,000	Lingalireni Mihowa lmihowa@oxfam.org.uk

OXFAM	Protecting Vulnerable Livelihoods of Small Scale Women Entrepreneurs in Malawi in the Covid 19 pandemic	1,806,000	Lingalireni Mihowa lmihowa@oxfam.org.uk
Save the Children	Protecting Vulnerable Livelihoods through Cash Transfers in Malawi	1,342,586	Kim Koch Kim.Koch@savethechildren.org
Save the Children	Support effective targeting, distribution and monitoring of expanded social cash transfers to support family finances.	671,293	Kim Koch Kim.Koch@savethechildren.org
Self Help Africa	Sustaining and restoring food security and livelihoods to support household nutrition and child development outcomes.	1,200,000	Ken McCarthy ken.mccarthy@selfhelpafrica.org
Trocaire	Improving food security and household resilience of poor communities in Karonga and Chitipa Districts	800,000	Conor Kelly conor.kelly@trocaire.org
UNICEF	Supporting the roll out of the "COVID-19 Urban Cash Intervention" (CUCI) and the institutionalization of social protection in urban areas	650,000	Beatrice Targa, btarga@unicef.org
United Purpose	Supporting the roll out of the "COVID-19 Urban Cash Intervention" (CUCI) and the institutionalization of social protection in urban areas	643,400	Kate Hartley-Louis, kate.hartley-louis@united-purpose.org
United Purpose	Emergency Food Security Response for COVID – 19	6,486,396	Kate Hartley-Louis, kate.hartley-louis@united-purpose.org
WFP	Addressing the secondary impact of the COVID-19 outbreak through the provision of social protection services to vulnerable households	10,000,000	Benoit Thiry benoit.thiry@wfp.org
WFP	COVID -19 response to food insecurity in urban and/or rural Malawi	13,000,000	Benoit Thiry benoit.thiry@wfp.org
WFP	Social Protection Response COVID-19	3,047,800	Benoit Thiry benoit.thiry@wfp.org
Sub-total		70,170,625	

SECTOR: HEALTH			
AGENCY	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
Care	Support Health Response to COVID-19, SRH and GBV services	600,000	Jessica Swart Jessica.swart@care.org
Concern	"Supporting Health Workers and Health Facilities to Prevent the Spread of COVID-19 in Malawi"	305,323	Yousaf Jomezai yousaf.jomezai@concern.net
CRS	COVID-19 Preparedness and Response support through the Episcopal Conference of Malawi (ECM), Christian Health Association of Malawi (CHAM), Catholic health facilities, and associated community and church networks	1,000,000	Julie Ideh Julie.Ideh@crs.org
Goal	Reduce transmission of COVID-19 through improved IPC measures in health facilities, and community-led action	600,000	Philippa Sackett psackett@mw.goal.ie
Last Mile Health	Develop and implement responsive and proactive activities to support and enhance existing healthcare delivery systems to stop COVID-19 at the community, district, and national levels.	996,500	Amy Frost afrost@lastmilehealth.org
Irish Rule of Law/Malawi Red Cross Society	Supporting COVID 19 response in prisons through the provision of PPE and handwashing facilities and training of prison staff on COVID 19 response	400,000	Seona Dillon McLoughlin sdillonmcloughlin@irishruleoflaw.ie
Malawi Red Cross Society	Malawi health emergency response to COVID 19 targeting Karonga, Chitipa, Mzuzu, Lilongwe, Kasungu, Mchinji, Zomba, Mangochi and Nsanje Districts	1,500,000	Prisca Chisala pchisla@redcross.mw
Save the Children	Provide support to the health system to strengthen COVID-19 / Coronavirus prevention, detection, and response and foster stronger coordination across sectors.	1,296,765	Kim Koch Kim.Koch@savethechildren.org
UNFPA	Malawi COVID 19 Emergency Response for Continuity of Sexual and Reproductive Health Services	1,000,000	MASAKI WATABE watabe@unfpa.org
UNICEF	Malawi COVID 19 Preparedness and response plan	9,643,869	Tedla Damte tdamte@unicef.org
WHO	Enhancement of Management of COVID-19 Cases	6,057,026	Dr N. Dhlamini dhlaminin@who.int

WHO	Enhancement of Coordination and Leadership for COVID-19 Preparedness and Response	242,711	Dr N. Dhlamini dlaminin@who.int
WHO	Strengthening Surveillance and Screening for timely detection COVID-19 Patients	403,274	Dr N. Dhlamini dlaminin@who.int
Sub-total		24,045,468	

SECTOR: NUTRITION			
AGENCY	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
Care	COVID-19 Nutrition Response	470,000	Jessica Swart Jessica.swart@care.org
CRS	HOPE PROJECT (Karonga, Chitipa and Rumphi) , SCORE ECD (Mzimba,, Nkhotakota, Chiradzulu and Balaka) Nutrition / ECD integration (Mzimba)	1,079,000	Molly Kumwenda Molly.Kumwenda@crs.org "
Goal	Prevention and treatment of acute malnutrition during COVID-19 outbreak and response.	650,000	Philippa Sackett psackett@mw.goal.ie
UNICEF	Strengthening Nutrition Response among Covid-19 affected populations in Malawi	3,725,000	Stanley Mwase svmwase@unicef.org
United Purpose	Emergency Nutrition Preparedness and Response for COVID – 19	298,794	Olivia Sawyer Olivia.sawyer@united-purpose.org
WFP	Strengthening nutrition prevention and treatment response among COVID-19 affected populations in Malawi	7,360,000	Grace Omondi grace.omondi@wfp.org
World Vision Malawi	World Vision Malawi Nutrition Response for COVID-19	180,000	Khataza Chawanda kataza_chawanda@wvi.org
Sub-total		13,763,294	

SECTOR: PROTECTION			
AGENCY	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
Care	Protecting Women and Girls from COVID-19 Impacts	1,600,000	Jessica Swart Jessica.swart@care.org
Concern	Ensuring the Protection of the Most Vulnerable throughout the COVID-19 Outbreak in Malawi	473,862	Yousaf Jomezai yousaf.jomezai@concern.net
Goal	Strengthening integration of protection for vulnerabe groups into Government COVID-19 reponse	800,000	Philippa Sackett psackett@mw.goal.ie
IOM	Strengthening the COVID-19 capacity for frontline officials and border communities to respond to the needs of most vulnerable populations, including migrants, people living with disabilities and HIV/AIDS, prison inmates, refugees, smuggled migrants, survivors of gender-based violence, and victims of trafficking	305,350	Mpilo Nkomo mnkomo@iom.int
OXFAM	Safeguarding the rights of Women, Children and Vulnerable groups in the Covid-19 pandemic	250,000	Lingalireni Mihowa lmihowa@oxfam.org.uk
Plan	Child protection in COVID-19	301,881	Phoebe kasoga Phoebe.kasoga@plan-international.org
Save the Children	Keeping Children Safe, through strengthening Child Proteciton systems and response in Malawi during COVID-19.	979,221	Kim Koch Kim.Koch@savethechildren.org
Trocaire	Integration of GBV prevention and response and messaging into the COVID-19 response	600,000	Conor Kelly conor.kelly@trocaire.org
UN Women	Preventing and Responding to VAWG/ GBV during COVID-19 in Malawi	500,000	Clara Anyangwe clara.anyangwe@unwomen.org
UNAIDS	Strengthening the COVID-19 capacity for frontline officials and border communities to respond to the needs of most vulnerable populations, including migrants, people living with disabilities and HIV/AIDS, prison inmates, refugees, smuggled migrants, survivors of gender-based violence, and victims of trafficking	95,000	Mpilo Nkomo mnkomo@iom.int
UNFPA	Strengthening gbv prevention, management and response during the covid-19 crisis among communities	500,000	Masaki Watabe watabe@unfpa.org

UNHCR	Strengthening the COVID-19 capacity for frontline officials and border communities to respond to the needs of most vulnerable populations, including migrants, people living with disabilities and HIV/AIDS, prison inmates, refugees, smuggled migrants, survivors of gender-based violence, and victims of trafficking	200,000	Mpilo Nkomo mnkomo@iom.int
UNICEF	Protection Services for Children and Women during COVID-19 pandemic	640,000	Afroz Kaviani Johnson, akavianijohnson@unicef.org
United Purpose	Addressing the secondary impact of the COVID-19 outbreak through the provision of social protection services to vulnerable households	112,632	Esther Mweso Esther.Mweso@united-purpose.org
UNODC	Strengthening the COVID-19 capacity for frontline officials and border communities to respond to the needs of most vulnerable populations, including migrants, people living with disabilities and HIV/AIDS, prison inmates, refugees, smuggled migrants, survivors of gender-based violence, and victims of trafficking	253,590	Mpilo Nkomo mnkomo@iom.int
Sub-total		7,611,536	

SECTOR: Risk Communications and Community Engagement (RCCE)

AGENCY	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
Campaign For Health Education, Sanitation & Hygiene (CAHESH)	Inclusive corona virus prevention, contamination and management	87,829	Macdonald Donnie Kaluwa caheshinfo@gmail.com
Development Communications Trust	Enhancing awareness on COVID-19 prevention, case reporting risky and safety management	200,000	Prince Mtelera pmtelera@developmentcom.org
FHI360	Health Communication for Life (HC4L) Project	600,000	Amos Zikusooka AZikusooka@fhi360.org
Goal	Increasing access to relevant COVID-19 information amongst people in Chikwawa, Nsanje, Machinga and Blantyre	550,000	Philippa Sackett psackett@mw.goal.ie
Save the Children	Risk Communication and Community Engagment through child sensitive messaging, communications and campaigns	150,000	Kim Koch Kim.Koch@savethechildren.org

UNICEF	Risk Communication and Community Engagement	600,000	Matteo Frontini mfrontini@unicef.org Parvina Muhamedkhojaeva pmuhamedkhojaeva@unicef.org
VSO	Youth engagement covid-19 response with a focus on persons with disability	560,000	Philip Thomas Philip.thomas@vsoint.org
Sub-total		2,747,829	

SECTOR: WATER, SANITATION & HYGIENE

AGENCY	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
Concern World-wide	"Reducing the spread of COVID-19 in Malawi through improved handwashing and hygiene practices."	485,295	Yousaf Jomezai yousaf.jomezai@concern.net
CRS	WASH Emergency Response to COVID-19 Pandemic in Chitipa, Karonga, Mzimba, Blantyre, Zomba and Chikwawa Districts	536,000	Julie Ideh Julie.ideh@crs.org
Goal	Reduce transmission of COVID-19 through improved IPC measures and access to essential WASH services in Nsanje, Machinga, Blantyre and Chikwawa.	440,000	Philippa Sackett psackett@mw.goal.ie
Malawi Red Cross	Malawi WASH Emergency Response to covid19 – Karonga, Lilongwe City, Blantyre City, Mzuzu City, Zomba, Chikwawa, Nsanje and Ntcheu districts	700,000	Prisca Chisala pchisla@redcross.mw
OXFAM	Support to prevention and reduction to further spread of Covid 19	160,000	Lingalireni Mihowa lmihowa@oxfam.org.uk
Save the Children	Supporting health and community settings with hygiene materials and risk communication awareness raising.	380,693	Kim Koch Kim.Koch@savethechildren.org
UNICEF	UNICEF COVID-19 WASH response for Malawi	7,000,000	Michele Paba mpaba@unicef.org
United Purpose	Emergency WASH Preparedness and Response for Corona Virus Disease outbreak (COVID – 19) Project in Malawi	\$1,522,702	Smorden Tomoka Smorden.tomoka@united-purpose.org

Water Aid	Emergency Preventive Intervention to Covid-19 (EPIC) in Malawi	\$439,740	Mercy Masoo mercymasoo@wateraid.org
World Vision Malawi	WVM COVID -19 Preparedness and Response Plan	516,617	Deborah Muheka deborahmuheka@wvi.org
Sub-total		12,181,047	

SECTOR: COORDINATION			
AGENCY	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
Resident Coordinator Office	Inter-Cluster Coordination	320,000	Max Bonnel max.bonnel@one.un.org
Sub-total		320,000	

SECTOR: LOGISTICS			
AGENCY	PROJECTS	AMOUNT REQUESTED (US\$)	CONTACT
WFP	Logistics coordination and service support in response to COVID-19	850,000	Patrick Mills Lamptey patrick.millslamptey@wfp.org
Sub-total		850,000	

End Notes

- https://databank.worldbank.org/data/download/poverty/33EF03BB-9722-4AE2-ABC7-AA2972D68AFE/Global_POVEQ_SSA.pdf
- https://www.unicef.org/about/annualreport/files/Malawi_2016_COAR.pdf
- <https://data.unicef.org/topic/maternal-health/maternal-mortality/>
- https://www.unicef.org/about/annualreport/files/Malawi_2018_COAR.pdf
- http://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_AcuteFoodSec_Malawi_2019Nov2020March_UpdateProjection_Summary.pdf
- https://www.unicef.org/about/annualreport/files/Malawi_2018_COAR.pdf
- <https://dhsprogram.com/pubs/pdf/FR319/FR319.pdf>
- https://www.unicef.org/about/annualreport/files/Malawi_2016_COAR.pdf
- https://www.unicef.org/about/annualreport/files/Malawi_2018_COAR.pdf
- NGOs have aligned behind a Code of Conduct, currently signed by 31 organizations.

How to Contribute

Contribute to the Malawi SDG Acceleration Fund and the Humanitarian Window to support the Emergency Appeal



The UN Malawi SDG Acceleration Fund is a country-level pooled fund that operates as a financing coordination mechanism, in which the Government of Malawi, Development Partners and the United Nations agree on joint priorities and mobilize resources for key interventions. It is administered by an independent UN Trustee (MPTF Office), and receives contributions from multiple financial partners and allocates such resources to multiple implementing entities.

The Fund is structured in thematic windows. To ensure urgent and timely support for the response and impact of COVID19, a Humanitarian Window is established under the Fund.

The overall goal of the UN Malawi SDG Acceleration Fund is to support the achievement of the SDGs in Malawi by supporting key catalytic interventions. It is intended for strengthening planning coordination processes, and channel consistent and predictable resources towards joint priority areas. The recipients of funds are UN Agencies and partners that implement projects according to their internal rules and regulations, as they apply in the country.

Some of the Fund and the Humanitarian Window features are:

- Joint definition of priorities and strategic allocation of resources through an inclusive and transparent decision-making structure;
- Improved collaboration and dialogue for strengthening coordination, evaluation, planning and communication;
- Efficiency and reduced costs by pass-through mechanism, avoiding duplication of operating procedures, minimizing implementation delays and transaction costs.
- Broaden financial base including emerging, non-resident, non-traditional, philanthropy, and private donors
- Transparency and accountability through real time access to information on contributions/disbursements.

Contribute to the Malawi Emergency Appeal



Donors can contribute directly to aid organizations participating in the international humanitarian coordination mechanism in Malawi as identified in this Emergency Appeal.

For further information please contact:

SDG Acceleration Fund Coordinator

Santiago.quinones@one.un.org

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This document is consolidated by OCHA on behalf of the Humanitarian Country Team and 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