.

**The Republic of Malawi**

**Department of Disaster Management Affairs**

**Ministry of Health**

**(Developed in collaboration with UN Humanitarian Country Team and Partners)**



**REPUBLIC OF MALAWI**

**NATIONAL COVID-19 PREPAREDNESS AND**

**RESPONSE PLAN**

**JULY– DECEMBER, 2020**

# 

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# acronyms

AIDS Acquired Immunodeficiency Syndrome

ADMARC Agricultural Development and Marketing Corporation

CBCC Community-Based Childcare Centre

CBO Community Based Organization

CERF Central Emergency Response Fund

CHAM Christian Health Association of Malawi

CLTS Community Led Total Sanitation (an approach)

CMT Country Management Team

CPCs Civil Protection Committees

COVID-19 Coronavirus Disease 2019

DC District Commissioner

DfID Department for International Development (UK)

DHO District Health Office(r)

DNHA Department of Nutrition HIV and AIDS

DoDMA Department of Disaster Management Affairs

EMT Emergency Management Team

GBV Gender Based Violence

GoM Government of Malawi

HCT Humanitarian Country Team

HIV Human Immunodeficiency Virus

IEC Information, Education and Communication

MCH Maternal and Child Health

MDF Malawi Defence Force

MoAIWD Ministry of Agriculture, Irrigation and Water Development

MoDMAPE Ministry of Disaster Management Affairs and Public Events

MoFEP&D Ministry of Finance, Economic Planning and Development

MoEST Ministry of Education, Science and Technology

MoGCCD Ministry of Gender, Children and Community Development

MoH Ministry of Health

MoHS Ministry of Homeland Security

MPS Malawi Police Service

MRCS Malawi Red Cross Society

NDPRC National Disaster Preparedness and Relief Committee

NEC National Epidemic Committee

NFI Non-Food Item

NGO Non-Governmental Organisation

NRU Nutrition Rehabilitation Unit

OPC Office of the President and Cabinet

OVC Orphans and other Vulnerable Children

PEP Post Exposure Prophylaxis

PLWHA People Living with HIV and Aids

PLW Pregnant and Lactating Women

SFP Supplementary Feeding Programme

SGBV Sexual and Gender Based Violence

SGR Strategic Grain Reserves

Sphere Humanitarian Charter and Minimum Standards in Disaster Response

SRHR Sexual and Reproductive Health and Rights

TfaC Theatre for a Change

UN United Nations

UNDP United Nations Development Programme

UNFPA United Nations Population Fund

UNHCR United Nations High Commissioner for Refugees

UNICEF United Nations Children’s Fund

UNRCO United Nations Resident Coordinator’s Office

VSU Victim Support Unit

WaSH Water, Sanitation and Hygiene

WHO World Health Organization

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# Executive Summary

Malawi recognizes the serious threat that the on-going COVID-19 global outbreak poses on the country. The Government of Malawi, in fulfilling its primary role of protecting the lives of its vulnerable citizens during disasters and reducing their exposure to risk through preparedness, spread control and case management led the development of the National Coronavirus Disease (COVID-19) Preparedness and Response Plan.

The plan has been developed to establish operational procedures for preparedness and response to COVID-19 based on risks identified by the Ministry of Health (MoH) and the World Health Organization (WHO) and other emerging context-based criteria. This multi-sectoral plan aims to ensure prevention of further spread of COVID-19 into the country, preparedness and timely, consistent and coordinated response to COVID-19 pandemic. This Response Plan is based on the worst case scenario of multiple cases in multiple locations with increased local transmission.

The plan has been developed through the cluster system approach led by the Department of Disaster Management Affairs. There are 15 operational clusters in the plan namely: Health, Inter-cluster coordination Protection and Social Support, Water, Sanitation and Hygiene (WaSH), Education, Food Security, Transport and Logistics, Nutrition, Agriculture and Shelter and Camp Management. The following have been included as ad hoc clusters: Public Communication Cluster, Economic Empowerment Cluster and Security and Enforcement Cluster, Local Governance; and Employment and Labour Force Protection. The Government of Malawi (GoM) through the Department of Disaster Management Affairs is responsible for the overall coordination while the Ministry of Health is the technical lead for implementation of the plan.

The Presidential Committee on COVID-19 is the high level coordination structure instituted by the State President to oversee Cross-Government preparedness and response activities of the COVID-19 outbreak. The Committee is being supported by the National Covid-19 Secretariat which is manned by a National Covid-19 Coordinator. The National Disaster Preparedness and Relief Committee (NDPRC) chaired by the Secretary to the President and Cabinet comprising Controlling Officers from all government ministries provides policy guidance and leadership in implementation of the plan.

The implementation of the plan requires a total of USD299,798,957.93 (about MK221,798,688,868.20. A total of USD102,529,853.60 (about MK75,872,091,664.00) has been made available, leaving a gap of USD197,269,104.33 (about MK145,387,329,891).

The plan will be resourced through government and partner funding. Using this plan, government, in collaboration with the UN Resident Coordinator’s office will engage partners, including the private sector, to technically and financially support the implementation of the plan.

# 1.0 Introduction

* 1. **Country Profile**

Located in sub-Saharan Africa, Malawi is a landlocked nation bordering Tanzania to the north, Mozambique to the east and south, and Zambia to the west. The country has an area of 118, 500 sq km, of which one-fifth is water surface, largely dominated by Lake Malawi. According to UN projections, the country’s population in 2020 is 18,932,282 and 85% predominantly live in the rural areas. The country is divided into 29 health districts located in three geographical regions; Northern, Central and Southern.

**1.2 Health**

The Ministry of Health provides about 70% of the health care services in the country. The services are categorized as promotive, curative and preventive and these are currently provided at four levels: community, primary, secondary and tertiary facilities.

**1.3 Points of Entry**

Malawi has ten (10) main points of entry. These include two (2) international airports; Kamuzu International Airport in Lilongwe and Chileka Airport in Blantyre. The eight (8) main formal ground crossings include: Songwe in Karonga, Mbirima Border in Chitipa, Mwami Border in Mchinji, Biriwiri Border in Ntcheu, Dedza Border in Dedza, Mwanza Border in Mwanza, Mlodza Border in Mulanje, Chiponde Border in Mangochi and Marka Border in Nsanje. All these points of entry have established port health services. However, these port services are facing serious challenges in terms of inadequate staff, lack of holding rooms and quarantine structures. In addition to the ten formal points of entry, Malawi has extensive porous borders with Mozambique, Zambia and Tanzania.

**1.4 Plan Development Process**

The COVID-19 Preparedness and Response Plan was developed as a collaborative effort and consultative process under the guidance of the Department of Disaster Management Affairs and Ministry of Health through the national cluster system, which is composed of members from government ministries and departments, UN Agencies, NGO, Malawi Red Cross Society and other humanitarian actors.

There are 15 operational clusters: Health, Inter-cluster coordination; Protection and Social Support, Water, Sanitation and Hygiene (WaSH), Education, Food Security and Transport and Logistics, Nutrition, Agriculture, Shelter and Camp Management. The following have been included as ad hoc clusters: Public Communication Cluster, Employment and Labour Force Protection, Economic Empowerment Cluster, Security and Enforcement Cluster and Local Governance. All clusters are required to align their preparedness and response interventions to this plan’s strategic objectives.

These clusters have mainstreamed monitoring and reporting into their activities to track preparedness and response activities. The purpose of this is to enable government to be informed of progress, existing capacity and resource gaps with respect to the response, as well as to generate information for resource mobilization. It also enables clusters to fulfil their accountability responsibilities. Inter-Cluster Coordination is therefore crucial by ensuring that the activities of all clusters are coordinated, monitored and evaluated.

**1.5 Objectives**

The main objective of this COVID-19 Plan is to prevent further spread, rapidly detect and effectively respond to the COVID-19 pandemic thereby reducing morbidity and mortality in the country.

Due to the evolving nature of the novel coronavirus, the Preparedness and Response Plan will be updated by December, 2020 or on a need basis.

**1.6 Cluster Requirements**

Specific cluster targets are outlined in respective cluster preparedness and response plans. The following table (1) outlines overall financial requirements for each cluster.

**Table 1. Overall Financial Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Cluster** | | **Total Requirements (USD)** | **Available (USD)** | **Gap (USD)** |
| 1 | Inter-Cluster Coordination and Assessment | | **1,527,000.00** | **780,000.00** | **746,300.00** |
| 2 | Public Communication | | **2,833,657.00** | **0** | **2,833,657.00** |
| 3 | Health | | **58,120,005.00** | **28,314,931.00** | **29,805,074.00** |
| 4 | Water, Sanitation and Hygiene | | **20,820,000.00** | **7,678,124.00** | **13,141,876.00** |
| 5 | Protection and Social Support | Protection | 7,551,000.00 | 1,786,121.00 | 5,764,879.00 |
| Social Support | 48,369,780.64 | 48,092,753.62 | 277,027.02 |
|  | **Total** | **55,920,780.64** | **49,878,874.62** | **6,041,906.00** |
| 6 | Economic Empowerment | | **351,800.00** | **0** | **351,800.00** |
| 7 | Employment and Labour Force Protection | | **1,353,223.00** | **124,682.00** | **1,228,541.00** |
| 8 | Education | | **18,473,061.00** | **11,121,123.00** | **7,351,938.00** |
| 9 | Security and Enforcement | | **6,341,045.06** | **0** | **6,341,045.06** |
| 10 | Food Security | | **3,820,000.00** | **290,000.00** | **3,530,000.00** |
| 11 | Transport and Logistics | | **1,378,400.00** | **110,000.00** | **1,268,400.00** |
| 12 | Agriculture | | **22,750,000.00** | **3,251,419.00** | **19,498,581.00** |
| 13 | Nutrition | | **12,823,294.00** | **980,000.00** | **11,843,294.00** |
| 14 | Shelter and Camp Management | | **256,166.00** | 0 | **256,166.00** |
| 15 | Local Governance | | **5,634,944.11** | 0 | **5,634,944.11** |
|  | **Total (USD)** | | **212,403,375.81** | **102,529,153.62** | **109,873,522.17** |
|  | **Total (MK)** | | **156,541,287,971.97** | **75,563,986,217.94** | **80,976,785,839.29** |

# HAZARDS, Scenarios, Risk And capacity analysis

**2.1 Coronavirus Disease, COVID-19 (The hazard)**

Coronaviruses belong to a large family of viruses causing a wide spectrum of illness, ranging from very mild i.e. Common cold to severe illness such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). Numerous other coronaviruses circulate among animals, including camels and some bat species. Rarely, some animal coronaviruses can evolve to cause illness in people. Sometimes coronaviruses may develop the ability to spread from person to person, for example MERS-CoV which was first reported in Saudi Arabia in 2012, and the SARS-CoV, first recognized in China in 2002. The COVID-19 is a new strain that has not been previously identified in humans.

**2.1.1 Transmission**

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans. Several known coronaviruses are circulating in animals that have not yet infected humans. The actual source of the COVID-19 has not been established but is suspected to have been transmitted from snakes to humans. The novel Coronavirus is transmitted from human to human through droplets and direct or close personal contact with an infected individual.

**2.1.2 Signs and symptoms**

Novel Coronavirus signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

Laboratory findings include low white blood cell particularly lymphopenia. Typical chest radiograph of COVID-19 patients shows bilateral ground glass appearance and sub segmental consolidation.

The incubation period, that is, the time interval from infection with the virus to onset of symptoms is up to 14 days, but this may be subject to change as the disease evolves and new information is discovered. People are infectious when they are showing symptoms of the disease and very few cases have been identified in people who have mild symptoms amongst their very close contacts.

**2.2. Situation of Covid-19 in Malawi**

Malawi is registering increased numbers of Covid-19 confirmed cases and related deaths. There has been increasing local community transmissions of the Covid-19 pandemic. The influx of returnees from various countries has led to the increase of cases and continues to pose a threat of further spread of the disease. Therefore, the response levels have been categorized into 4 pillars: community, points of entry, health facility and infectious disease treatment centres.

**2.3. Scenarios and Planning Assumptions**

This Preparedness and Response Plan is based on the worst case scenario. The response levels are also categorized into 4 pillars: community, points of entry, health facility and infectious disease treatment centres. Table below summarizes the scenario, description and planning assumptions and risk analysis:

| **Scenario** | **Description** | **Planning Assumptions** |
| --- | --- | --- |
| 3 | Worst case.  Confirmed Cases in multiple locations (urban/ semi-urban) or overwhelming numbers of cases | * There is rapid spread of the disease among the general population of Malawi with high infection rate. * Severe infection will be high amongst the elderly population and those with underlying conditions and compromised immunity, and mortality rates will be high among this population. * A significant proportion of staff are not able to report to work. * Non-attendance rates may be 30% for a period of six weeks. Essential services and governance, law and order will deteriorate within the affected areas. * The main aim is to manage and contain the case to prevent further spread of the disease. The level also aims to promote the adoption of prevention measures and increase public awareness and engagement including risk communication. |
|  | **RISK ANALYSIS** | |
| **Factors** | **Degree of Risk** | **Comments** |
| Probability | Certain | Increasing cases of Covid-19 cases and as well as local transmissions. |
| Consequences | Major | Severe consequences to lives, livelihoods and service delivery as well as governance, law and order.  There may be need for strong containment measures by relevant stakeholders including communities and citizens. |
| Overall Risk  Likely Triggers  Timeframe | Very high | The whole population of Malawi is at risk if novel coronavirus. Health workers, the elderly and persons with underlying conditions are at higher risk.  Ever increasing confirmed covid-19 cases as well as the local transmissions and the emerging issues of Malawi returning migrants from Covid-19 affected countries.  Adequate levels of response and containment measures should be put in place by Government and all stakeholders.  Risk, confirmation and Transmission of COVID-19.  July to December 2020 |

**2.4 Risk Classification**

In line with the worst-case scenario, the whole country is at risk of Covid-19 pandemic. Under this classification the risk of coronavirus will be more from local transmission than imported from affected countries.

**2.5 National Emergency Response Capacity Analysis**

The Disaster Preparedness and Relief Act of 1991 was enacted by Parliament to make provision for the coordination and implementation of measures to address the effects of disasters. It included the establishment of a National Disaster Appeal Fund (NDAF) and the National Disaster Preparedness and Relief Committee (NDPRC) to assist with policy guidance and the National Disaster Preparedness and Relief Technical Committee (NDPRTC) to work on technical issues.

Government institutions at the national and district level face many challenges, including the following:

* Limited financial resources for maintenance of existing disaster response structures and to ensure effective emergency response;
* Inadequate Early Warning and Surveillance Systems for many disasters including disease outbreaks;
* Inadequate transport and communication facilities impeding dissemination of early warning messages, rapid assessments, verifications and emergency response;
* Inadequate capacity (human, technical, material and financial) for coordination at both national and district levels which negatively impact timely and effective assessment, response and information management during disasters;
* Inadequate cross border coordination at both national and district level;

The following capacity areas and gaps are being highlighted for effective COVID-19 preparedness and response.

**2.5.1 Points of Entry**

All the 10 main points of entry have port health workers who can be trained to conduct screening services. Kamuzu and Chileka Airports have quarantine facilities, however, the main challenge is lack of space/holding rooms for suspected cases and office for port health workers. In addition, most of the crossings are impacted by Porous informal long borders which undermines the impact of the health services provided at the formal ground crossings.

**2.5.2 Infectious Disease Treatment Centres**

As part of preparedness to 2014 Ebola Virus Disease (EVD) outbreak in West Africa, with financial support from World Bank, the country built 6 Infectious Disease Treatment Centres(IDTCs) in Karonga, Mzuzu, Dedza, Mchinji, Blantyre, Mwanza and Lilongwe. The IDTCs have been assessed and there is need to renovate, refurbish and equip them with standard and advanced medical kits. There is limited facilities for isolation in the country. Each district has now identified an area for ETUS for moderate to severe cases, but the ETUs need to be renovated and there is an urgent need for supply of oxygen and related equipment

**2.5.3 Capacity for Coronavirus case management**

In districts where IDTCs were built, health care workers were trained on highly infectious disease case management, with a focus on Ebola. The training was conducted in 2019 and most of these health workers will only need orientation to the specifics of coronavirus disease such as respiratory support, IPC precautions and specimen collection. All districts and central hospitals need to have core teams that are committed and motivated to work in environment of highly infectious diseases. These teams will lead in serving all district including those without IDTCs that were not targeted for trainings.

**2.5.4 Covid-19 Supplies**

Funding is required to procure and distribute IPC materials, drugs, supplies and medical equipment for prevention, investigation and management of novel coronavirus cases. The Covid-19 infection prevention and control measures are also resulting in delays in procurement and delivery of supplies.

**2.5.5 Coronavirus Surveillance Activities**

As part of preparedness, the country has intensified screening and surveillance at PoE where travelers from very high risk areas are identified and monitored for 14 days. There are limited quarantine facilities for these travelers hence the self-quarantine option in their homes was opted for. However, resources to maintain daily visits to clients and to ensure compliance of IPC and mobility rules for the travelers under surveillance are inadequate.

**2.5.6 Decentralized Response and Local Governance**

The national DRM institutional structure spans from the central to district and community level. There has been limited capacity of the district and community structures in the management, implementation as well as surveillance of Covid-19 cases and interventions.

With increased local transmissions, a decentralized response using the robust local government structures is required. There is need for funding and investment in strengthening the district structures in case management, testing infrastructure, coordination, monitoring and surveillance for a robust response to Covid-19 pandemic.

# IMPLEMENTATION, COORDINATION, COMMUNICATION AND MONITORING ARRANGEMENTS

This section provides a summary of how implementation, coordination, communication and monitoring of emergency activities will be carried out.

**3.1 Coordination and Implementation Arrangements**

The Presidential Committee on COVID-19 is the high level coordination structure overseeing Cross-Government preparedness and response activities of the COVID-19 outbreak. The Committee will be supported by the National Covid-19 Secretariat which will be manned by a National Covid-19 Coordinator. The National Disaster Preparedness and Relief Committee (NDPRC) chaired by the Secretary to the President and Cabinet comprising Controlling Officers from all government ministries will provide policy guidance and leadership in implementation of the plan. The Department of Disaster Management Affairs and the UNRCO are responsible for facilitating resource mobilization, effective and efficient implementation of COVID-19 preparedness and response for UN- Agencies and development partners through the Humanitarian Country Team (HCT).

The Department of Disaster Management Affairs is responsible for overall coordination of the COVID-19 Response. The Ministry of Health is the technical lead institution for implementing COVID-19 preparedness and response activities and will provide all the necessary technical support and expertise.

**Table 3: Cluster Leads and Co-Leads**

| **Cluster** | **Lead (Ministry/Department)** | **Co-Lead** |
| --- | --- | --- |
| Inter-Cluster Coordination | DoDMA | UNRCO |
| Local Governance | MoLGRD | UNDP |
| Health | MoH | WHO/UNAIDS |
| Public Communication | MoICT/MoH | UNICEF |
| Water & Sanitation, Hygiene | MoAIWD | UNICEF |
| Employment and Labour Force Protection | MoLSI | ILO |
| Protection and Social Support | MoGCDSW | UNICEF |
| Security and Enforcement | MoHS |  |
| Economic Empowerment | MoFEP&D | World Bank |
| Education | MoEST | UNICEF/SC |
| Food Security | DoDMA | WFP |
| Nutrition | DNHA | UNICEF |
| Agriculture | MoAFS | FAO |
| Shelter and Camp Management | MoLHUD | MRCS |
| Transport and Logistics | MoTPW | WFP |

An Emergency Operation Centre (EOC) has been set up at PHIM to ensure efficient coordination of activities. At the district level, similar structures/clusters are replicated.

**3.2 Communication and Information Management**

Effective communication and information management is crucial in implementation of the Plan. This plan has also established a communication sub-cluster to spearhead proper messaging and communication on the Covid-19. Key to the sub-cluster would be the development and implementation of the COVID-19 Communication Strategy. Clusters will also use several mediums and networks to enhance risk communication and community engangment.

**3.3 Monitoring and Evaluation**

Government, in collaboration with the activated clusters and its humanitarian partners, will closely monitor the situation and interventions to ensure progress and accountability. Cluster leads and co-leads in the relevant areas of interventions, will provide technical, coordination and leadership support to guide and prioritize interventions.

Strategic and cluster objectives have been developed around the priorities. In order to measure cluster objective, various clusters identified a set of priority activities. The clusters will regularly monitor their implementation using the monitoring and evaluation (M &E) framework.

**Coordination Structure**

**Presidential Committee on Covid-19**

**National Disaster Preparedness and Relief Committee**

**Humanitarian Country Team**

**Coordination Cluster**

**Clusters**

**District Civil Protection Committee**

**Area Civil Protection Committee**

**Village Civil Protection Committee**

**Figure 1: Coordination Structure**

# 4.0 CLUSTER PREPAREDNESS, RESPONSE AND EARLY RECOVERY PLANS

# 4.1 INTER-CLUSTER COORDINATION AND ASSESSMENT

The DoDMA leads the Co-ordination, Communication and Assessment operation for preparedness, emergency response and recovery while the UNRCO co-leads.

**4.1.1 Overall Objective**

To facilitate appropriate coordination arrangements and communication between Government, UN, and NGOs including MRCS in responding to emergencies and during Preparedness and Response planning process.

**4.1.2 Specific Objectives**

1. To strengthen coordination between government, the UN and NGOs for Covid-19 preparedness, response and recovery efforts at national and local levels;
2. To support coordination at Local Authority level (District, Town, Municipal and City)
3. To coordinate joint resource mobilization effort.

****

**4.1.4 Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | | | | | **Responsible Agencies** | **Budget (USD)** | | | |
| **Total** | **Available** | **Gap** | |
| **J** | **A** | **S** | | **O** | | **N** | | | **D** |
| Improved Coordination of Covid-19 response | Facilitate NDPRC and PTF Covid-19 Meetings | No of meetings | 2 per month | 4 per month |  |  |  | |  | |  | | |  | DoDMA  OPC | 100,000.00 | 20,000.00 | 80,000.00 | |
| Facilitate Inter-cluster coordination meetings and EOC Operations | No of meetings | Fortnightly | Weekly |  |  |  | |  | |  | | |  | DoDMA  UNRCO  MoH | 15,000.00 | 15,000.00 | 0 | |
| Facilitate reception of returnees | No. of returnees received per week | 250 | 250 |  |  |  | |  | |  | | |  | DoDMA  MoH | 1,082,000.00 | 675,700.00 | 406,300.00 | |
| Coordinate cluster response planning and implementation | No of Response planning meetings |  |  |  |  |  | |  |  | | | |  | DoDMA | 25,000.00 | 15,000.00 | 10,000.00 | |
| Conduct Monitoring and Assessment of Covid-19 response interventions | Number of monitoring reports | 0 | 6 |  |  |  |  | | | |  | |  | Cluster leads & Co-leads | 50,000.00 | 20,000.00 | 30,000.00 | |
| Facilitate joint resource mobilization as needed (eg. Flash Appeal or CERF). |  |  |  |  |  |  |  | | | |  |  | | DoDMA | 10,000.00 | 0 | 10,000.00 | |
| **Total** | | | | | | | | | | | | | | | | **1,282,000** | **745,700.00** | | **536,300.00** |

**4.1.5 Covid-19 Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| Improved coordination of Covid-19 recovery activities | Coordinate evaluation and review meetings | Number of review meetings | 1 | 2 |  |  |  |  |  |  | DoDMA  UNRCO | 20,000.00 | 15,000.00 | 5,000.00 |
| Facilitate the development of after action review (AAR) with lessons learned | Number of AARs | 1 | 1 |  |  |  |  |  |  | DoDMA  UNRCO | 10,000.00 | 5,000.00 | 5,000.00 |
| In-depth independent review & assessment of the response plan | Number assessments | 0 | 1 |  |  |  |  |  |  | DoDMA  UNRCO | 30,000.00 | 0 | 30,000.00 |
| **Total** | | | | | | | | | | | | **60,000.00** | **20,000.00** | **40,000.00** |
| **Grand Total** | | | | | | | | | | | | **1,527,000.00** | **780,000** | **746,300** |

# 4.2 PUBLIC COMMUNICATION

**4.2.1 Overall Cluster Objective**

The core objective of the Public Communication Cluster is to enhance information flow amongst all stakeholders and the general public on Covid-19.

**4.2.2 Specific Objectives**

1. Provide timely communication which will among other things, counter spread of fake news on Covid-19
2. Raise awareness amongst stakeholders and the general public on Covid-19
3. Equip and empower communication front-line workers with knowledge on Covid-19
4. Coordinate and monitor the implementation of communication interventions for all Covid-19 stakeholders
5. Fight stigma against suspected Covid-19 cases

**4.2.3 Target population**

The communication plan targets all stakeholders and the general public. These include: The Media, MDA’s Donor community, the clergy, traditional leaders, etc

**4.2.4 Covid-19 risks to the cluster**

1. Intermittent funding towards the Cluster’s activities which paralyze positive behavioural outcomes as behaviour change communication requires on-going interventions
2. Lack of PPEs to cluster members in carrying out their activities
3. The weekly physical meetings since virtual meetings are costly
4. Orientation sessions with various stakeholders such as media, district clusters and community structures
5. Generating content for messaging process for video documentaries and other Information, Education and Communication (IEC) Materials
6. Communication pre-testing processes pose a threat as selected target group members need to be engaged

**4.2.5 Covid-19 Spread Prevention and Control activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| Enhanced knowledge, awareness and behavior change on Covid-19 pandemic | Conduct Media briefings through (Online presence and press releases) | Number of media briefings conducted | 5 | 24 |  |  |  |  |  |  | MoI | 29,200 | 0 | 29,200 |
| Orient Media on Covid- 19 reporting and awareness | Number of media orientations conducted | 1 | 2 |  |  |  |  |  |  | MoI | 85,000 | 0 | 85,000 |
| Orient Community radio stations on Covid-19 reporting | Number of community radio stations oriented | 0 | 29 |  |  |  |  |  |  | MoI | 115,000 | 0 | 115,000 |
| Conduct community sensitization – tradition leaders, religious and structure leaders, | Number of sessions conducted | 0 | 29 |  |  |  |  |  |  | MoCENU | 198,101 | 0 | 198,101 |
| Disseminate IEC materials through online platforms | Number of online platforms utilized | 15 | 40 |  |  |  |  |  |  | MoCENU | 41,200 | 0 | 41,200 |
| Organize weekly phone-in programmes where experts will be engaged | Number of radio and TV phone-ins programs organized | 0 | 24 |  |  |  |  |  |  | MoI &MoCENU | 67,520 | 0 | 67,520 |
| Procure newspaper space for weekly Covid-19 updates | Procurement newspaper space for weekly Covid-19 updates | 0 | 24 |  |  |  |  |  |  | MoI & MoCENU | 127,272 | 0 | 127,272 |
| Produce and print monthly vernacular newsletter | Number of newsletter produced | 0 | 6 |  |  |  |  |  |  | MoI & MoCENU | 181,081 | 0 | 181,081 |
| Enhanced awareness on Covid-19 prevention measures | Produce radio and TV spots, jingles and comedies | Number of radio and TV jingles produced | 1 | 12 |  |  |  |  |  |  | MoI & MoCENU | 106,000 | 0 | 106,000 |
| Air jingles through Community and national radios and TV | Number of Community and national radios and TV engaged | 5 | 35 |  |  |  |  |  |  | MoI | 294,000 | 0 | 294,000 |
| Engage Celebrity, influential and opinion leaders’ endorsement | Number of celebrities and influential leaders engaged | 0 | 30 |  |  |  |  |  |  | MoI &MoCE | 67,547 | 0 | 67,547 |
| **Total Budget for Spread control** | | | | | | | | | | | | **1,311,921** | **0** | **1,311,921** |

**4.2.6. Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | Responsible Agencies | **Budget (USD)** | | | | | |
| **J** | **A** | **S** | **O** | **N** | **D** | **Total** | | **Available** | | **Gap** | |
| Enhanced communication interventions on Covid-19 | Review of the national communication Strategy for Covid-19 | Number of communication Strategy reviewed | 0 | 1 |  |  |  |  |  |  | MoCENU &  MoI | 35,400 | | 0 | | 35,400 | |
| Print Covid-19 Communication Strategy | Number of copies printed | 0 | 500 |  |  |  |  |  |  | MoCENU | 29,810 | | 0 | | 29,810 | |
| Print IEC materials like flyers, leaflets and brochures | Number of IEC materials produced | 0 | 35,000 |  |  |  |  |  |  | MoCENU &  MoI | 426,667 | | 0 | | 426,667 | |
| Disseminate IEC materials | Number of disseminated IEC materials | 5,000 | 35,0000 |  |  |  |  |  |  | MoCENU &  MoI | 85,933 | | 0 | | 85,933 | |
| Conduct coordination meetings | Number of meetings conducted | 0 | 12 |  |  |  |  |  |  | MoCENU | 18,453 | | 0 | | 18,453 | |
| **Total Budget for response** | | | | | | | | | | | | | **596,263** | | **0** | | **596,263** | |

**4.2.7. Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| Enhanced positive behaviour al change practices on Covid-19 | Develop Behavioural Change Communication (BCC) messages | Number of messages developed | 0 | 50 |  |  |  |  |  |  | MoCENU | 35,233 | 0 | 35,233 |
| Pre-test BCC messages | Number of pre-test sessions conducted | 0 | 2 |  |  |  |  |  |  | MoCENU &  MoI | 26,267 | 0 | 26,267 |
| Produce radio and television jingles | Number of radio and TV jingles produced | 0 | 20 |  |  |  |  |  |  | MoI | 36,000 | 0 | 36,000 |
| Print BCC messages in various media formats | Number IEC materials printed | 0 | 100,000 |  |  |  |  |  |  | MoCENU &  MoI | 426,667 | 0 | 426,667 |
| Distribute IEC messages | Number IEC materials distributed | 0 | 100,000 |  |  |  |  |  |  | MoCENU &  MoI | 50,933 | 0 | 50,933 |
| Conduct Community Sensitization activities | Number of community sensitizations conducted | 0 | 87 |  |  |  |  |  |  | MoCENU | 176,373 | 0 | 176,373 |
| Air radio and TV jingles through community and National media stations | Number of radio and TV station engaged | 0 | 50 |  |  |  |  |  |  | MoCENU &  MoI | 174,000 | 0 | 174,000 |
| **Total Budget for recovery** | | | | | | | | | | | | **925,473.00** | **0** | **925,473.00** |
| **GRAND TOTAL** | | | | | | | | | | | | **2,833,657** | **0** | **2,833,657** |

# 4.3 HEALTH CLUSTER

**4.3.1 Overall Goal**

The overall goal of the health cluster is to prevent the further escalation of the epidemic, rapidly detect new infections, reduce morbidity and mortality from COVID-19 in the country.

**4.3.2 Specific Objectives**

1. To strengthen coordination and leadership for the health sector response towards the COVID-19 epidemic in Malawi by December 2020
2. To provide meaningful, relevant, accurate and actionable information on COVID-19 to all Malawians through to December 2020
3. To detect COVID-19 cases and contacts in Malawi through to December 2020.
4. To strengthen all POEs in order to minimize the transmission of COVID-19 from other countries to Malawi by December 2020
5. To provide timely and quality testing services for COVID-19 to ensure early detection for rapid appropriate interventions by December 2020.
6. To manage all COVID-19 confirmed cases through provision of clinical, nursing and psychosocial care at all levels of health service delivery by December 2020
7. To prevent and control the spread of COVID -19 through implementation of IPC measures at all levels by 2020
8. To mobilize COVID-19 supplies, medicines, equipment, and pre-position and deliver them by December 2020.
9. To strengthen capacity of all district and central hospitals to deliver services for moderately and severely ill patients affected by COVID-19 and isolate cases by December 2020
10. To maintain equitable access to essential health services delivery to minimize consequences and mitigate the impact of COVID-19 on the population through to December 2020.
11. To provide adequate and qualified surveillance, lab, clinical and relevant health human resources for COVID-19 response

**4.3.3 Target population**

The response plan of the health cluster is targeting the entire population residing and incoming in Malawi. The different strategies and activities are applied to tackle to the susceptible population for preventing from infection, the exposed population to reduce morbidity, the infected population to reduce mortality, and recovered population for holistic health recovery. Specific activities were proposed to target general population and health related workers for COVID-19 response.

**4.3.4 COVID-19 risks to the cluster**

The COVID-19 pandemic poses strong risk to the whole health cluster. Directly, the novel SARS-COV-2 is a health threat to the whole population in Malawi by the fact that everyone is susceptible to infection. Excess mortality and disability are expected due to the disease. Indirectly, the highly transmissibility of the virus may interrupt the routine essential health service delivery, reduce the quality of care and increase other disease morbidity and mortality. The disease can also affect the health work force to provide necessary services and escalate its impact in the overall population health in country.

**4.3.5. COVID-19 Preparedness, Prevention and Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcomes** | **Activities** | **Indicators** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible** | **Budget (USD)** | | |
| **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| **Pillar 1. Coordination, Leadership and Resource Mobilization** | | | | | | | | | | | | | | |
| **Outcome 1.**  Enhanced capacity of the EOC to effectively coordinate all functions. | Engage staff for the EOC | Incident manager appointed  Number of data clerks recruited  Number of IMS operators recruited Triage manager recruited | 0  0  6 | 1  10  12 |  |  |  |  |  |  | PHIM/CDC | 869,267 | 0 | 869,267 |
| Finalize the EOC Handbook and TORS | Handbook and TORs finalized and adopted | 1 | 1 |  |  |  |  |  |  | PHIM | 4,543 | 0 | 4,543 |
| operations costs for EOC | Percentage of budget for EOC operations funded (Cross check on coordination cluster if so remove and put on coordination cluster) |  | 100% |  |  |  |  |  |  | Treasury | 117,432 | 0 | 117,432 |
| Build capacity of the EOC through minor renovations of the EOC office building | EOC office building renovated | 0 | 1 |  |  |  |  |  |  | PHIM/world bank | 654,767 | 654,767 | 0 |
| Procure a 32 bus seater for EOC and NRRT activities | No of buses procured | 0 | 1 |  |  |  |  |  |  | PHIM/world bank | 88,000 | 88,000 | 0 |
| **Outcome 2.**  Improved multisectoral coordination of the outbreak response at all health sector levels | Review COVID-19 Coordination Structures to minimize duplication of efforts and resources including Restructuring the EOC- elevate the EoC Status | Report on review of coordination structures Percentage of key sectors with Senior Staff representation in EOC | 0 | 1 |  |  |  |  |  |  | MOH | 6,977 | 0 | 0 |
| Provide Support to coordination structures at district level – Support visits | Proportion of councils conducting weekly PHEMC/DCPC meetings (% Councils visited | 0 | 29 |  |  |  |  |  |  | PHIM  District Councils | 90,000 | 0 | 90,000 |
| **Outcome 3.**  Quick and responsive decision-making processes in the EOC | Produce multi sectoral reports covering the response- | Proportion of weekly reports submitted |  | 24 |  |  |  |  |  |  | PHIM  MoH Planning | 0 | 0 | 0 |
| Compile a multi disciplinary and multi sectoral COVID-19 guidelines Booklet | COVID-19 guidelines booklet complete |  | 3 |  |  |  |  |  |  | PHIM  QMD | 60,000 | 0 | 60,000 |
| Print the COVID-19 guidelines booklet | Number of booklets printed |  | 1000 |  |  |  |  |  |  | PHIM | 34,000.00 | 0 | 34000 |
| **Outcome 4.**  Adequate resources for response and early recovery mobilised | Collect and update the COVID-19 resource mobilization, allocation, programmatic implementation information (5 Ws &RM) | Number of updated resource mapping and 5Ws reports produced | 0 | 6 |  |  |  |  |  |  | MoH Planning | 0 | 0 | 0 |
| **Sub-Total Pillar 1** | | | | | | | | | | | | **1,924,986** | **742,767** | **1,175,242** |
| **Pillar 2. Risk Communication and Community Engagement** | | | | | | | | | | | | | | |
| **Outcome 5.**  Coordinated critical risk communication and community engagement. | Conduct Risk Communication & Community Engagement QA/QI Sub-Committee weekly meetings | Number of meetings conducted | 12 | 36 |  |  |  |  |  |  | HES | 10,420 | 0 | 10,420 |
| Conduct community health interface/dialogue meetings | Number of dialogue meetings conducted |  |  |  |  |  |  |  |  | Community Health  HES | 34,913 | 0 | 34,913 |
| **Outcome 6.**  Increased awareness and understanding of COVID-19 messages | Maintain PHIM Website, Facebook Page, Twitter - Prep and Response | Number of days of PHIM website accessible  Number of Days Facebook and Twitter pages updated | 14 | 275  275 |  |  |  |  |  |  | PHIM | 0 | 0 | 0 |
| Conduct phone in radio program and round table discussion and re-broad cast on COVID-19 Response and Prevent Spread | Number of Phone in programs conducted |  |  |  |  |  |  |  |  | HES | 2,713 | 0 | 2,713 |
| Broadcast on National TVs and community radios COVID-19 adverts, TV scrolls, TV Drama.- Response | Number of people reached through broadcasts on National TV |  |  |  |  |  |  |  |  | HES/GIZ/Global Fund/DFID | 84,263 | 57,894 | 26,369 |
| **Outcome 7.**  Effective proactive information and education programs on COVID-19 delivered | Review, develop and print targeted IEC material and pretesting including Vulnerable groups and Sexual and Reproductive Health | Number of targeted IEC materials developed disaggregated for Pregnant and breastfeeding reached. Number of vulnerable groups reached. |  |  |  |  |  |  |  |  | HES  RHD | 71,165 | 55,582 | 15,583 |
| Produce COVID-19 documentaries – | Number of documentaries produced by theme |  |  |  |  |  |  |  |  | HES  Digital Health | 10,879 | 0 | 10,879 |
| Set up Production Studio for IEC Material Production | IEC material production studio set up  Number of graphic computers and printers procured | 0 | 1 |  |  |  |  |  |  | HES | 10,350 | 0 | 10,350 |
| **Outcome 8.**  Positive behaviour change on COVID-19 | Support Community Health ambassador on their advocacy role with private sector and donors | Number of advocacy meetings conducted | 0 | 10 |  |  |  |  |  |  | Community Health | 1,503 | 0 | 1,503 |
| Conduct media tours for positive stories on COVID-19 activities- | Number of media tours conducted |  | 12 |  |  |  |  |  |  | Community Health | 4,571 | 0 | 4,571 |
| **Outcome 9.**  Effective dissemination of COVID 19 RCCE | Conduct supportive supervision and monitoring of RCCE activities - | Proportion of supportive supervision conducted |  | 29 |  |  |  |  |  |  | HES  Community Health | 21,641 | 0 | 21,641 |
| Conduct communication needs assessment for districts- | Number of districts with RCCE needs quantified |  | 29 |  |  |  |  |  |  | HES | 21,366 | 0 | 21,366 |
| Recruit communications support personnel (interns)- | Number of interns recruited | 0 | 10 |  |  |  |  |  |  | HES  HR | 38,456 | 38,456 | 0 |
| Train local theatre groups in districts Preparedness and Response | Number of districts with trained local theatre groups |  | 29 |  |  |  |  |  |  | Councils  HES | 32,846 | 0 | 32,846 |
| **Outcome 10.**  Effective contribution of all stakeholders in the COVID-19 risk communication process | Sensitize the Parliamentary Committee on Health, Judiciary and other government institutions- Response | Number of sensitization meetings conducted |  |  |  |  |  |  |  |  | HES  Community Health  PHIM | 15,486 | 0 | 15,486 |
| Conduct monthly updates to the media on Infectious Disease and emerging public health threats and engage media on IEC materials – Response and Early Recovery | Number of monthly updates to the media on infectious disease and emerging public health threats sessions conducted  No of media engagement sessions |  | 6  2 |  |  |  |  |  |  | HES  PHIM | 34,434 | 15,094 | 19,340 |
| Cross cutting contribution from DPS to be assigned to activities |  |  |  |  |  |  |  |  |  |  | 66,562 | 66,562 | 0 |
|  | | | | | | | | | | | | **461,568.00** | **233,588.00** | **227,980.00** |
| **Pillar 3. Surveillance** | | | | | | | | | | | | | | |
| **Outcome 11.**  Early detection of COVID-19 cases | Orient health workers on revised surveillance (IDSR )guidelines including case definitions | Number of districts with H/W oriented |  | 29 |  |  |  |  |  |  | PHIM | 76,803 | 167,368 | 0 |
| Train RRTs in COVID-19 case detection and confirmation at national and sub-national levels | RRT trained |  | 30 |  |  |  |  |  |  | PHIM | 117,988 | 117,988 | 0 |
| Procure phones for reporting immediately notifiable conditions. | Percentage of phones procured |  | 100 |  |  |  |  |  |  | PHIM-EPID | 104,003 | 0 | 104,003 |
| Conduct review meetings for contact tracing at national and district levels | No. of district  review meetings on contact tracing  percentage of districts that have conducted at least one review meeting | 0 | 29 |  |  |  |  |  |  | PHIM-EPID | 7,863 | 7,200 | 663 |
|  | Procure transport motorcycles for COVID-19 surveillance (detection, contact listing, contact tracing, follow up) | No of motorcycle procured (to cost not budgeted)  No of ambulances  No of utility vehicles | 0 | 43  11  14 |  |  |  |  |  |  | PHIM/World Bank | 1,440,766 | 1,440,766 | 0 |
|  | Maintenance of vehicles | Maintenance of vehicles |  |  |  |  |  |  |  |  | PHIM/World Bank | 604,490 | 604,490 | 0 |
| **Outcome 13.**  Updated and documented epidemiological situation of COVID-19 in Malawi are available | Procure computers, phones, printers and stationery to support COVID-19 surveillance data collection and storage at national and district levels | Computers, phones, printers, stationery |  |  |  |  |  |  |  |  | PHIM | 487,404 | 487,404 | 0 |
| Conduct supportive supervision and mentorship to strengthen COVID-19 surveillance activities and data management. | Percentage of districts supervised and mentored on data management |  | 100 |  |  |  |  |  |  | PHIM | 38,246 | 38,246 | 0 |
| Provide support to production of daily situation reports (TA) | Number of completed daily reports compiled |  | 183 |  |  |  |  |  |  | PHIM | 37,286 | 37,286 | 0 |
| Assess the effectiveness of the current policies, guidelines and protocols in controlling the COVID-19 pandemic | Review meetings on best practices carried out  Bi monthly evaluation and learning |  | 6 |  |  |  |  |  |  | PHIM | 15,305 | 0 | 15,305 |
| Conduct operational research meeting and carry out operational research | Monthly Research coordination meeting  No of research studies carried out |  | 6  2 |  |  |  |  |  |  | PHIM | 206,496 | 0 | 206,496 |
| **Outcome 14.**  Effective response to Covid-19 | Develop/update Surveillance SOPs / Protocols, reporting Flow charts. | SOPs, protocols and reporting flow charts in place |  | 1 |  |  |  |  |  |  | PHIM | 7,863 | 0 | 7,863 |
| Conduct review sessions for RRTs at zone level (training refreshed | Number of review sessions conducted | 0 | 5 |  |  |  |  |  |  |  | 48,000 | 48,000 | 0 |
| Adapt 3rd Edition IDSR Technical guidelines, consolidation of TGs and data collection tools , training, modules printing and distribution | 3RD Edition of IDSR Technical guidelines adapted | 0 | 1 |  |  |  |  |  |  | PHIM | 85,510 | 0 | 85,510 |
| Procure devices for electronic IDSR | Number of devices procured | 0 | 65 |  |  |  |  |  |  | PHIM | 5,902 | 0 | 5,902 |
| Develop and rollout Quarantine management system |  |  |  |  |  |  |  |  |  | PHIM | 37,000 | 37,000 | 0 |
| Train IDSR focal persons on the use of IDSR to support COVID-19 reporting | No. of IDSR officers trained | 0 | 29 |  |  |  |  |  |  | PHIM | 19,282 | 0 | 19,282 |
| **Sub-total Pillar 3** | | | | | | | | | | | | **3,635,262** | **3,033,415** | **692,412** |
| **Pillar 4. Point of Entry** | | | | | | | | | | | | | | |
| **Outcome 15.**  PoE workers and surrounding communities knowledgeable on COVID-19 | Orient multi-sectoral PoE workers in 9 PoE | No. of PoE with multi-sectoral stakeholders briefed on COVID-19 | 8 | 17 |  |  |  |  |  |  | PHIM  EHS | 14,944 | 14,944 | 0 |
| **Outcome 16.**  All incoming travellers screened and tested for COVID-19 | Procure, distribute & calibrate equipment for temperature screening procure PCR /genexpart machines, supplies and phones for reporting and bicycles | No. of scanners procured and distributed to POEs | 0 | 8 |  |  |  |  |  |  | PHIM  EHS | 3,340,207 | 2,985,748 | 445,024 |
| No of functioning infrared thermometers at POES |  | 100 |
| No of push bikes distributed |  | 10,000 |
| No of POEs with testing facilities |  | 17 |
| Procure utility vehicles for border districts & national level | Vehicles procured and distributed | 0 | 7 |  |  |  |  |  |  | PHIM  EHS | 345,726 | 0 | 345,726 |
| Print and distribute Health Declaration Forms and PoE Algorithms and SOPs | No. of Health Travelers Declaration forms, POE Algorithms and SOPs printed and distributed |  | 60,000 |  |  |  |  |  |  | PHIM  EHS | 5,088 | 2,000 | 3,088 |
| Establish quarantine facilities for 8 PoE | Percentage of POEs with quarantine facilities | 1 | 8 |  |  |  |  |  |  | EHS, PHIM, Planning | 21139 | 21,139 | 0 |
| Support PHOs to participate in patrols for unchartered routes and screening for all passengers | Percentage of districts supported with resources for patrols |  |  |  |  |  |  |  |  | District Councils | 5,283 | 2,862 | 2421 |
| Provide resources for teams managing returnees (NRRT & DRRTs) | % funding of returnee budgets |  |  |  |  |  |  |  |  | PHIM  Districts | 379,327 | 0 | 379,327 |
| **Outcome 19.**  Enhanced capacity of PoEs | Assist all PoEs to Develop public health emergency contingency plans | Percentage of POEs with public health emergency contingency plans | 0 |  |  |  |  |  |  |  | PHIM | 2,070 | 0 | 2,070 |
| Support supervision at all PoEs at least quarterly | No of POEs visited per quarter | 0 | 17 |  |  |  |  |  |  | PHIM  EHS | 7,463 | 0 | 7,463 |
| Procure motorcycles for 17 PoE | No. of motor cycles procured | 0 | 17 |  |  |  |  |  |  | PHIM  EHS | 34,592 | 0 | 34,592 |
| Conduct induction trainings for Port Health Officers (Point of entry) | No. of PHOs trained | 0 | 34 |  |  |  |  |  |  | PHIM  EHS | 12,086 | 0 | 12,086 |
|  | Procure desktop computers & printers to enhance data management for 17 PoE | No. of POEs supplied with computers and printers | 0 | 17 |  |  |  |  |  |  | PHIM  EHS | 37,829 | 0 | 37,829 |
|  | Conduct Bi-annual National Review meetings | Percentage of review meetings conducted |  | 2 |  |  |  |  |  |  | PHIM  EHS | 7,863 | 0 | 7,863 |
|  | Strengthen PoE surveillance 24/7at air/land crossings port health |  |  |  |  |  |  |  |  |  | PHIM | 36,000 | 36,000 | 0 |
| **Sub-total Pillar 4** | | | | | | | | | | | | **1,335,060** | **502,595** | **832,465** |
| **Pillar 5. Laboratory and Diagnostics** | | | | | | | | | | | | | | |
| **Outcome 20.**  Coordinated and strengthened COVID-19 laboratory testing services | Conduct weekly laboratory subcommittee meetings | Number of weekly meetings conducted | 12 | 36 |  |  |  |  |  |  | NPHRL | 5,210 | 0 | 5,210 |
| Provide EQA to all 40 COVID -19 Testing sites | Percentage of facilities conducting COVID-19 received EQA |  | 40 |  |  |  |  |  |  | NPHRL  HTSS | 4,312 | 0 | 4,312 |
| Review guidelines and SOPs on COVID-19 handling in the lab | % guidelines and SoPs reviewed |  | 85 |  |  |  |  |  |  | NPHRL | 4,511 | 0 | 4,511 |
| Forecast, quantify and monitor reagents required for testing in all laboratories | Stock out days for testing reagents in the laboratories |  | 0 |  |  |  |  |  |  | HTSS  NPHRL | 0 | 0 | 0 |
| Procure RT-PCR machines for Central Hospital Labs and National Ref lab | Number of RT- PCR Machines procured | 0 | 5 |  |  |  |  |  |  | HTSS  NPHRL | 331,500 | 301,194 | 0 |
| Renovate and service Bio-Safety Level 3 National Microbiology Reference Laboratory and services PCR machines | Number of BSL 3 laboratory renovated  PCR machines serviced | 0  0 | 1  14 |  |  |  |  |  |  | Planning  NPHRL | 116,558 | 100,398 | 16,160 |
| Validate COVID-19 antibody and antigen tests | Percentage of tests validated | 0 |  |  |  |  |  |  |  | NPHRL | 16,282 | 0 | 16,282 |
| **Outcome 21.**  Strengthen  capacity for COVID-19 Testing | Train additional laboratory staff on COVID-19 testing and refresher training | Number of laboratory staff trained on COVID-19 testing |  |  |  |  |  |  |  |  | NPHRL | 80,656 | 80,656 | 0 |
| Conduct Mentorship visits to all labs doing COVID-19 testing | Percentage of COVID-19 testing laboratories mentored | 0 |  |  |  |  |  |  |  | NPHRL  HTSS | 81,531 | 0 | 81,531 |
| **Outcome 22.**  Turn-around time for COVID-19 testing in all facilities at 24 hours | Support Laboratory Staff on COVID-19 testing | Percentage of laboratory staff conducting COVID-19 testing compensated for overtime |  |  |  |  |  |  |  |  | Treasury | 1,094,165 | 125,111 | 969,054 |
| Procure 29 motorbikes and fuel to facilitate transportation of COVID-19 samples | Number of motorbikes procured  % of COVID-19 samples transported to testing sites within 24 hours of collection | 0 | 29 |  |  |  |  |  |  | Procurement | 64,444 | 0 | 64,444 |
| **Outcome 23.**  Efficient Laboratory Information Management System for COVID-19 | Provide digital LIMS to laboratories conducting COVID 19 testing in all testing facilities | Percentage of laboratories conducting COVID-19 testing with digital LIMS | 15 | 60 |  |  |  |  |  |  | NPHRL  QMD | 840,000 | 0 | 840,000 |
| Conduct supportive supervision visits on laboratory data management and reporting | Percentage of supportive supervision visits on laboratory data management and reporting conducted | 0 | 40\*2 |  |  |  |  |  |  | NPHRL  HTSS | 3,377 | 0 | 3,377 |
| **Sub-total Pillar 5** | | | | | | | | | | | | **2,642,546** | **607,359** | **2,004,881** |
| **Pillar 6. Clinical Care and Treatment for Case Management** | | | | | | | | | | | | | | |
| **Outcome 24.**  Increased capacity of Health workers in case management | Develop Health Workers training plan and schedule management database (digital system) to manage progress of all the COVID related trainings | training plan and digital database in place to manage Health Worker Training on COVID | 0 | 1 |  |  |  |  |  |  | Clinical | 150,000 | 0 | 150,000 |
| Conduct district level and facility level trainings on case management , health record and data management in each district (online ) | Number of districts completed training for health workers disaggregated by Faith based and private |  | 29 |  |  |  |  |  |  | Clinical | 86,331 | 86,331 | 0 |
| Conduct joint clinical case management supervision to all district for the quality of care | No of districts with clinical supervision a least twice | 0 | 29 |  |  |  |  |  |  | QMD  RHD  Clinical  CHs  PHIM  Nursing | 3,377 | 0 | 3,377 |
|  | Conduct death audits on all deceased patients (including definitions of direct and associated and direct causes of death )and publication of results (anonymous ) | No of audits completed  No of reports |  |  |  |  |  |  |  |  |  | 0 | 0 | 0 |
| **Outcome 25.**  Strengthened Referral system for COVID-19 severe and critical cases | Finalize and activate referral system, including digital tools enhancement plan | Developed referral system with digital platform | 0 | 1 |  |  |  |  |  |  | Clinical | 0 | 0 | 0 |
| Procure ambulances for districts | Numbers of ambulance |  | 56 |  |  |  |  |  |  | HTSS/World Bank | 4,405,506 | 4,405,506 | 0 |
| **Outcome 26.**  Guidelines and SoPs for case management developed and disseminated | Revise Case Management Manual including clinical pathways, maternal health management, record keeping, etc. modified protocols and provide rapid training mechanisms and job aids for key capacities | Revised case management manual | 0 | 1 |  |  |  |  |  |  | Clinical  RHD | 21,750 | 21,750 | 0 |
| Print guidelines SOPS | SOPS printed | 0 | 3500 |  |  |  |  |  |  | Clinical | 47,684 | 0 | 47,684 |
| Provide evidence on the efficacy of potential treatments for COVID-19 |  |  |  |  |  |  |  |  |  | Clinical/COM | 152,329 | 152,329 | 0 |
| Develop home care guidelines | home care guidelines in place | 0 | 1 |  |  |  |  |  |  | Clinical | 2,070 | 0 | 2,070 |
| Develop Policy on infected health workers | Developed policy | 0 | 1 |  |  |  |  |  |  | Clinical | 0 | 0 | 0 |
| **Sub-total Pillar 6** | | | | | | | | | | |  | **4,869,047** | **4,665,916** | **203,131** |
| **Pillar 7. Infection Prevention and Control** | | | | | | | | | | | | | | |
| **Outcome 27.**  Strengthened Capacity in IPC at all levels | Develop IPC training content as module with clinical Health Worker Training Plan | Developed IPC training content for all Health Workers |  |  |  |  |  |  |  |  | QMD & Clinical | 16,499 | 0 | 16,499 |
| Conduct district level trainings on IPC in each district to government and non government facilities | Numbers of training conducted |  |  |  |  |  |  |  |  | QMD | 47,759 | 0 | 47,759 |
| Conduct joint supportive supervisions on IPC with clinical for the quality of care | Number of supervision | 0 | 100 |  |  |  |  |  |  | QMD | 81,492 | 81,492 | 0 |
| Train district trainers, community structures and sensitise communities on community waste management guidelines | Number of districts with trained community structures and sensitized communities |  |  |  |  |  |  |  |  | EHS, CHSS, District and city councils | 129,086 | 129,086 | 0 |
| **Outcome 28.**  IPC Guidelines developed | Revise all IPC and WASH guidelines and review other sectoral guidelines as required | Revised guidelines | 0 | 1 |  |  |  |  |  |  | QMD | 34,900 | 0 | 34,900 |
| Finalise print and disseminate guidelines on community waste management | Guidelines available | 0 | 1 |  |  |  |  |  |  | EHS | 42,776 | 0 | 42,776 |
| **Outcome 29.**  Adherence to IPC & WASH measures | Conduct assessments, mentor ship and supervision in IPC & WASH in health facilities, public insitutions | Numbers of supervision | 0 | 100 |  |  |  |  |  |  | QMD | 2,742 | 0 | 2,742 |
| Conduct assessments, mentorship and supervision in IPC & WASH in public, private institutions and public places | Numbers of supervision | 0 | 100 |  |  |  |  |  |  | QMD | 5,484 | 0 | 5,484 |
| **Sub-total pillar 7** | | | | | | | | | | | | **360,738** | **210,578** | **150,160** |
| **Pillar 8.**  **Logistics and Supplies Management** | | | | | | | | | | | | | | |
| **Outcome 30**  Efficient and effective country wide logistics system for the delivery of supplies and medical equipment in place | Provide warehousing in each region including site supervision and enhancement assessment | Warehouse status report | 0 | 3 |  |  |  |  |  |  | HTSS | 26,843 | 26,843 | 0 |
| Update standardized supplies delivery bi-weekly report template, SOP and platform | Updated standardized | 0 | 1 |  |  |  |  |  |  | HTSS | 4,753 | 0 | 4,753 |
| Provide transport for delivery of supplies and commodities, including oxygen, to all health facilities and health units including hard to reach areas | Bi-weekly Supply chain report with location (warehouse) of supplies, delivery time, types and quantity of supplies to districts and facilities | 0 | 8 |  |  |  |  |  |  | HTSS | 7,318 | 0 | 7,318 |
| **Outcome 31.**  Information on commodities and supplies logistics available. | Establish timely reporting mechanism of commodities and supplies logistical information from facilities to central level using digital methods and display on dashboard (USSD/SMS/Internet system) | Weekly reports from all levels consolidated and published reflected in (integrated with OpenLMIS, DHIS2/HMIS and EOC dashboard) | 0 | 1 |  |  |  |  |  |  | HTSS with Digital Health | 17,096 | 0 | 17,096 |
| Update OpenLMIS to cover all commodities, supplies in all facilities related to COVID-19 response and provide weekly reports | Updated OpenLMIS functions | 0 | 1 |  |  |  |  |  |  | HTSS with Digital Health | 0 | 0 | 0 |
| Train health product management to promote accountability reporting | All Districts and CHS key staff trained | 0 | 400 |  |  |  |  |  |  | HTSS | 39,000 | 0 | 39,000 |
| Develop supervision tools for management of commodities in facilities COVID19 commodity tracking and data quality supervision | Developed supervision tool  No of supervision visits | 0 | 1 |  |  |  |  |  |  | HTSS | 8,000 | 0 | 8,000 |
| **,Outcome 32.**  Available supplies for responding to the COVID-19 pandemic | Conduct regular quantification exercises at facility, district and national level for all commodities on monthly basis | District Quantification reports from each district  National Quantification reports | 0  0 | 165  0 |  |  |  |  |  |  | HTSS | 0 | 0 | 0 |
|  | Procure supplies (PPEs) |  |  |  |  |  |  |  |  |  | HTSS Pharm | 35,313,446 | 16,198,682 | 19114764 |
| **Outcome 33.**  Established real time tracking systems for COVID-19 critical supplies in all health facilities | Establish real-time tracking system to track COVID-19 critical supplies from the source to the delivery point using digital methods | Established real-time (nearly real-time) tracking system | 0 | 1 |  |  |  |  |  |  | HTSS with Digital Health | 58,900 | 0 | 58,900 |
| **Sub-total Pillar 8** | | | | | | | | | | | | **35,475,356** | **16,225,525** | **19,249,831** |
| **Pillar 9. Infrastructure and Equipment** | | | | | | | | | | | | | | |
| **Outcome 34.**  Equipped and functional treatment centres in place (target needed based on expected BOD) | Provide resources for renovation of treatment centres | Renovated treatment centres in each district | 0 | 33 |  |  |  |  |  |  | Planning | 436,010 | 383,958 | 52,052 |
| Assess equipment needs and supplies for treatment centres | Need assessment report | 0 | 33 |  |  |  |  |  |  | Planning/GAVI/GIZ/Irish Aid, HTSS (PATH , UNICEF) and Clinical | 0 | 0 | 0 |
| Provide/procure necessary equipment according to the need assessment result (initial costing in supplies above )likely to increase | Number of treatment centres equipped with necessary equipment  Weekly procurement progress reports | 0  0 | 50  6 |  |  |  |  |  |  | Planning, HTSS | 0 | 0 | 0 |
| Procure and install and maintain oxygen plants and equipment (costs for equipment in supplies above ) | Monthly installation report  Monthly Maintenance report | 0  0 | 6  6 |  |  |  |  |  |  | HTSS | 1,600,000 | 800,000 | 800,000 |
|  | Train biomedical engineers and operators on maintenance of Oxgyen equipment (not yet costed ) | No of engineers and end users trained in maintenance of oxygen equipment |  |  |  |  |  |  |  |  |  | 0 | 0 | 0 |
| **Outcome 35.**  Established Isolation and quarantine facilities in each district and POE | Assess need for quarantine and isolation facilities in each district | Need assessment report (infrastructure) of quarantine facilities from each district | 0 | 29 |  |  |  |  |  |  | Surveillance, with Clinical and QMD-IPC | 0 | 0 | 0 |
| Establish and Procure/provide necessary equipment/material for quarantine and isolation facilities in each district | Monthly procurement reports (progress report)  Number of quarantine facilities equipped with necessary equipment | 0 | 29  TBD |  |  |  |  |  |  | HTSS/ District councils(to be costed ) | 370,822 | 370,822 | 0 |
| **Outcome 36.**  Improved digital health infrastructure for data and information services | Procure container type data centre | Procured, installed and functioning container type data centers | 0 | 3 |  |  |  |  |  |  | Digital Health and IT | 2,100,000 | 0 | 2,100,000 |
| Enhance Networking infrastructure for health information traffics | Enhanced connectivity infrastructure | 0 | 1 |  |  |  |  |  |  | Digital Health and IT | 70,000 | 0 | 70,000 |
| Procure Servers for computing capacity to manage all nationwide health related data | Numbers of new server | 10 | 40 |  |  |  |  |  |  | Digital Health and IT | 450,000 | 0 | 450,000 |
| **Outcome 37.**  Established testing/triage facilities in the health service system | Assess public and CHAM health facilities’ testing/triage point in each district and central hospitals | Assessment report in each district and central hospitals | 0 | 34 |  |  |  |  |  |  | Clinical and  QMD-IPC | 0 | 0 | 0 |
| **Subtotal Pillar 9** | | | | | | | | | | | | **5,026,832** | **1,554,780** | **3,472,052** |
| **Pillar 10. Human Resource Development** | | | | | | | | | | | | | | |
| **Outcome 38.**  Enhanced Health and related workforce capacity | Establish evaluation and assessment mechanism for current health and related workforce of the COVID-19 response | Developed evaluation and assessment tool | 0 | 1 |  |  |  |  |  |  | HR | 2,400 | 0 | 2,400 |
| Establish digital health and related workforce capacity building/training digital platform | Established capacity building/training digital platform | 0 | 1 |  |  |  |  |  |  | Digital Health and HR | 0 | 0 | 0 |
| **Outcome 39.**  strengthened capacity of health workers to respond to COVID-19 | Conduct gap analysis of health and related workforce human resource gaps in the country | Gap analysis report |  |  |  |  |  |  |  |  | HR | 0 | 0 | 0 |
| Identify potential staff from other organisations to fill the human resource gaps (i.e. volunteers, students and interns) | List of potential staff |  |  |  |  |  |  |  |  | HR | 0 | 0 | 0 |
| Recruit and deploy health worker (port health officers HSAs, clinical, nursing, lab, EH and other staff) | Numbers of newly recruited staff |  | 700 |  |  |  |  |  |  | HR | 1,982,786 | 1,982,786 | 0 |
|  | Recruit extra staff to manage COVID-19 in case of surge (Surge capacity) | Multidisciplinary staff recruited |  | 1000 |  |  |  |  |  |  | HR  PHIM | 2,050,000 | 0 | 2,050,000 |
|  | Train newly recruited staff and surge staff in COVID-19 (Surveillance, contact tracing & follow up, sample collection & testing, RRT, case management) | Newly recruited staff trained |  | 1700 (57 sessions) |  |  |  |  |  |  | PHIM  HR  Clinical  Nursing | 1,520,000 | 0 | 1,520,000 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sub-Total for Pillar 10** | | | | | | | | | | | | **5,555,186** | **1,982,786** | **3,572,400** |
| **Total Budget for Preparedness and Response and recovery** | | | | | | | | | | | | **57,853,648** | **28,314,931** | **29,538,717** |

**4.3.6. Early Recovery Activities**

| **Outcomes** | **Activities** | **Indicators** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible** | **Budget (USD)** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| **Pillar 11.**  **Continuity of Health Services** | | | | | | | | | | | | | | | |
| **Outcome 40.**  Strengthened coordination mechanism for essential health service continuity | Develop guidelines for reorganizing delivery of essential health service | Developed guideline on reorganizing EHS delivery | 0 | 1 |  |  |  |  |  |  |  | 5,080 | 0 | 5,080 |
| Support supervision by the national coordinating unit to the district level | Numbers of supervision | 0 | 66 |  |  |  |  |  |  |  | 12,053 | 0 | 12,053 |
| Develop print and disseminate guidelines for health facility occupational health and workplace safety in COVID-19 pandemic | Guidelines on health facility occupational health and safety in the workplace developed , printed and disseminated | 0 | 1  3000 |  |  |  |  |  |  |  | 11,537 | 0 | 11,537 |
| Create a roadmap for phased implementation of the strategies for timely scale-up. | Monthly updated roadmap of EHS implementation of strategies | 0 | 6 |  |  |  |  |  |  |  | 0 | 0 | 0 |
| Enhance monitoring mechanism for essential health services delivery and coordination within the health system | Monthly EHS delivery and coordination reports using HMIS/DHIS2 data | 1 | 6 |  |  |  |  |  |  |  | 0 | 0 | 0 |
| **Outcome 41.**  Established effective patient flow | Establish screening/triage of all patients on arrival at all sites using the most up-to-date COVID-19 guidance and case definitions. | Enhanced screening/triage capacity in all health facilities | 0 | 1546 |  |  |  |  |  |  | PHIM | 5,118 | 0 | 5,118 |
| Establish mechanisms for isolation of patients in all care sites using the most up-to-date COVID-19 guidance | Enhanced isolation capacity in all health facilities | 33 | 1546 |  |  |  |  |  |  |  | 0 | 0 | 0 |
| Establish cough clinic in health facilities for acuity-based triage, isolation and testing of clients | Established cough clinic in all health facilities | 0 | 1546 |  |  |  |  |  |  |  | 0 | 0 | 0 |
| Establish clear criteria and protocols for targeted referral (and counter-referral) pathways | Developed and updated referral protocol | 0 | 1 |  |  |  |  |  |  |  | 0 | 0 | 0 |
| **Outcome 42.**  Increased availability and accessibility of essential quality health service | Generate a list of priority essential services based on the EHP | List of priority EHS amid COVID-19 pandemic | 0 | 1 |  |  |  |  |  |  |  | 0 | 0 | 0 |
| Redirect chronic disease management to focus on maintaining supply chains for medications and needed supplies, with a reduction in provider encounters | Guideline of redirection of chronic diseases management | 0 | 1 |  |  |  |  |  |  |  | 0 | 0 | 0 |
| Establish outreach mechanisms as needed to ensure delivery of essential services | Guideline of outreach mechanism amid the COVID-19 pandemic | 0 | 1 |  |  |  |  |  |  | Community health | 22,416 | 0 | 22,416 |
| Identify routine and elective services that can be delayed or relocated to less affected areas | List of tolerable relocation or delayed services | 0 | 1 |  |  |  |  |  |  | Clinical QMD planning | 0 | 0 | 0 |
| Develop guidelines for provision of medicine refills for longer periods of time to minimize hospital visits | Guideline of provision of medicine refills | 0 | 1 |  |  |  |  |  |  | HTSS clinical nursing | 0 | 0 | 0 |
| Enforce PPE usage for all health workers and clients attending services with updated guideline and measures (according to new legislation for COVID-19 | PPE usage supervision and assessment reports | 0 | 66 |  |  |  |  |  |  | QMD, Clinical,  EHS | 0 | 0 | 0 |
| Disseminate guidance on safe care seeking behavior to the public | Developed guideline published to public for safe care seeking behavior | 0 | 1 |  |  |  |  |  |  | QMD Nursing clinical | 0 | 0 | 0 |
| **Outcome 43.**  Strengthened reporting and monitoring of health service delivery | Conduct systematic data collection processes using digital approaches (integrated with DHIS2/HMIS and EOC Dashboard) at all levels (community, facility, district and central hospitals) | Digital tool for health service delivery data collection process developed | 0 | 1 |  |  |  |  |  |  | CMED /Digital health | 0 | 0 | 0 |
| Review of routine monitoring data to assess health service delivery | Monthly review reports | 0 | 6 |  |  |  |  |  |  | CMED /Digital health /EOC | 0 | 0 | 0 |
| Document anecdotal reports on disruption of essential health services at both national and district level | Monthly anecdotal reports on service disruption | 0 | 6 |  |  |  |  |  |  | CMED /QMD Digital health /EOC | 0 | 0 | 0 |
| Use national hotline for service disruption issues (Ombudsman records) | Numbers of service disruption issues reported through national hotline service on monthly basis | N/A | <50 |  |  |  |  |  |  | QMD | 0 | 0 | 0 |
| Conduct routine causal analysis for disruption of health services for targeted interventions | Monthly causal analysis report | 0 | 6 |  |  |  |  |  |  | QMD/Clinical preventive (HIV, TB RHD) | 0 | 0 | 0 |
| **Outcome 44.** Enhanced capacity for health services delivery | Map health worker requirements (including critical tasks and time expenditures) in all COVID-19 scenarios. | Report on health workers requirement mapping result in all COVID-19 scenarios | 0 | 1 |  |  |  |  |  |  | HR, Nursing RHD preventive clinical Directorates | 0 | 0 | 0 |
| Maximize occupational health and staff safety measures in all categories by providing adequate trainings, supplies and operation resources (as above in IPC , Clinical case management ) | Occupational health and staff safety | 0 | 66 |  |  |  |  |  |  | HR Ministry of labour) QM nursing /clinical | 0 | 0 | 0 |
| Conduct a functional mapping of health facilities, including those in public, private, and military systems | Functional review report in each district | 0 | 33 |  |  |  |  |  |  | CMED Planning | 21,581 | 0 | 21,581 |
| Allocate finances for timely payment of salaries, overtime, sick leave, and incentives or hazard pay, including that for temporary workers | Monthly on-time payment rate report of salaries and related financial reimbursements | 0 | 6 |  |  |  |  |  |  | City and district councils , HR | 0 | 0 | 0 |
| Map public and private pharmacies and suppliers | List of public and private pharmacies and suppliers | 0 | 1 |  |  |  |  |  |  | HTSS | 10,563 | 0 | 10,563 |
| Assess public and private Maternal/Under 5 Health Services Care and Client Flow |  |  |  |  |  |  |  |  |  | RHD, Clinical, CMED, QMD, Nursing | 38,773 | 0 | 38,773 |
| **Outcome 45.**  Established Thresholds for normal health services amidst COVID-19 | Establish triggers/thresholds that activate a phased reallocation of routine comprehensive service capacity towards essential services | Developed guideline and standard (threshold) | 0 | 1 |  |  |  |  |  |  | Planning, Clinical Preventive, HIV, TB, RHD | 5,118 | 0 | 5,118 |
| Establish alert level system of indicators and thresholds for guiding restriction of non-health essential services | Developed guideline and standard (threshold) | 0 | 1 |  |  |  |  |  |  | Clinical, CME, Planning RHD HIV nursing | 0 | 0 | 0 |
| Provide support for developing guidelines for operating other services in accordance with COVID-19 measures | Developed guideline for operating other services | 0 | 1 |  |  |  |  |  |  | Clinical nursing QMD | 5,118 | 0 | 5,118 |
|  | Finalize the Public Health Act | PHA approved |  | 1 |  |  |  |  |  |  | PHIM | 120,000.00 | 0 | 120,000.00 |
|  | Allocate land for PHIM infrastructure | 10 hectare land allocated |  | 10 |  |  |  |  |  |  | Lands | 0 | 0 | 0 |
|  | Develop a plan for PHIM infrastructure | Plan developed |  | 1 |  |  |  |  |  |  | PHIM consultant | 9,000.00 | 0 | 9,000.00 |
|  | develop |  |  |  |  |  |  |  |  |  |  | 0 | 0 | 0 |
|  | Recruit PHIM board members | Board members recruited |  | 13 |  |  |  |  |  |  |  | 0 | 0 | 0 |
|  | Recruit PHIM staff | PHIM staff recruited |  | 150 |  |  |  |  |  |  |  | 0 | 0 | 0 |
|  |  |  |  |  |  |  |  |  |  |  |  | 0 | 0 | 0 |
| **Total Budget for Response and Early Recovery** | | | | | | | | | | | | **266,357** | **0** | **266,357** |
| **GRAND TOTAL** | | | | | | | | | | | | **58,120,005** | **28,314,931** | **29,805,074** |

# 4.4 WATER, SANITATION AND HYGIENE

**4.4.1 Overall Goal**

The overall objective of the WASH cluster program is to ensure that the most vulnerable affected people (women, girls, boys and men) have increased, equal and sustained access to safe and appropriate water, sanitation services and hygiene promotion, which will contribute to the reduction of morbidity and mortality caused by Coronavirus through providing timely, coordinated and appropriate preventive and response WASH services and activities.

**4.4.2 Specific Objectives**

1. To provide safe water supply in adequate quantities to affected population in ETUs, schools, HCFs, transit centers, IDPs and other deprived surrounding vulnerable communities.
2. To provide gender responsive sanitation and hygiene facilities in emergency treatment units and other transit centers for Corona affected populations.
3. To continue promoting hand washing with soap in strategic places in collaboration with the communication Cluster.
4. To ensure a coordinated WASH response to the Corona virus outbreak with other service providers at national, district and sub district levels – particularly with the health and colleagues to avoid duplication of effort; contradictions and for leveraging of use of resources.
5. To ensure that the Covid-19 response is integrated into existing WASH programmes.
6. To ensure effective Information management and sharing about the WASH response to the Corona outbreak.
7. To preposition adequate Health and WASH supplies to respond to perceived outbreaks of Coronavirus and returnees.
8. Increase access to WASH especially for highly vulnerable populations and advocacy for WASH response resourcing.

**4.4.3 Target Population**

The WaSH cluster will target a population of 9million people – about 50% of the Malawi Population in (in overcrowded places, markets, borders, high case load districts, IDPs, schools, HCF,) and a case load of 30’000 positive cases with WaSH services for the prevention of the spread of coronavirus outbreak.

**4.4.4 Covid-19 Risks to the WaSH Cluster**

1. The limited financial resources to respond to the huge number of people who might be affected w
2. The lack of proper and adequate protection of health and other frontline workers involved in promoting WASH.
3. High illiteracy, poverty and naivety that goes with these, preventing uptake of WASH related messages. People are still attending gatherings and events beyond the presidential election campaigns.
4. The current huge critical water supply and sanitation needs across the country.
5. The delayed availability of WASH data on HCFs and schools, would prevent the quickest planning by partners.
6. Hygiene promotion may be challenged by the imminent lockdowns & absence of permanent handwashing facilities risks that people stop handwashing practices.
7. Slow adaptation to long held cultural and traditional practices by the populace in activities like weddings (and associated rites), funerals, religious functions, and other generally accepted norms of cultural and communal association and interactions.

**4.4.5 WaSH Cluster Plan**

Below a tentative summary of the cluster workplan per the 4 different response phases with details

**4.4.6 Covid-19 Spread Prevention and Control activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcomes** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | | **Responsible Agencies** | **Budget (USD)** | | | |
| **J** | | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | | **Gap** |
| Strengthened WaSH capacity | Mobilize resources | Amount of resources mobilized | 7.6m US$ | 20.825m US$ |  | |  |  |  |  |  | Dept of Water  UNICEF | 0 | 0 | | 0 |
| Assess WaSH needs in ETU’s, HCF, schools and other transit centre | No of Assessments | 0 | 12 |  | |  |  |  |  |  | All INGOs (Cluster Members) | 60,000 | 30,000 | | 30,000 |
| Procure and preposition emergency WASH supplies | WaSH supplies are available as and when required | 1 | 6 |  | |  |  |  |  |  | All INGOs (Cluster Members) | 700,000 | 360,071 | | 339,929 |
| Facilitate water trucking to serve crowded places and affected areas to ensure availability of clean water | Emergency water supplies to crowded poor places is made available | Currently working in borders, Markets, crowded places | All districts |  |  | |  |  |  |  | All INGOs (Cluster Members) | 1,500,000 | 225,801 | | 1,274,199 |
| Raised awareness on disease outbreak prevention | Disseminate hand washing Promotion and Covid-19 prevention messages to communities around ETU's using various Media (extension workers, radio, theatre) | All forms of messaging as appropriate is available to the affected population | 6 million people reached | 9 million people |  | |  |  |  |  |  | All INGOs (Cluster Members) | 1,000,000 | 695,609 | | 304,391 |
| Improved access to hygiene and handwashing facilities in all hot spot areas | Install and Operationalize Communal hand washing stations in hot spots areas | Number of communal handwashing stations | Borders, ETUs, HCFs, Schools, markets | All districts |  | |  |  |  |  |  | All INGOs (Cluster Members) | 1,500,000 | 250,000 | | 1,250,000 |
| Distribute WaSH supplies (buckets, soap, chlorine, etc) | WaSH supplies are available as and when required | Enough to last 1 more month | 6  -month supplies |  | |  |  |  |  |  | All INGOs (Cluster Members) | 500,000 | 239,000 | | 261,000 |
| Provide additional latrines in additional isolation units in areas of hot spots | Number OF ETUs/ isolation centres with access to sanitation facilities | 12 | 32 |  | |  |  |  |  |  | All INGOs (Cluster Members) | 950,000 | | 200,189 | 749,811 |
| **Total Budget for Spread control** | | | | | | | | | | | | | **6,210,000** | **2,000,670** | | **4,209,330** |

**4.4.7 Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **J** | **A** | **S** | | **O** | | **N** | | **D** | | **Total** | **Available** | **Gap** |
| Improved sanitation and WaSH for returnees and vulnerable groups | Provide minimum WaSH package for survivors (hygiene kit – 20 litre pails with lead and tap, soap tablet and chlorine) | Number of people benefitting from WaSH packages | 3000 | 30000 |  |  |  | |  | |  | |  | | UNICEF  WaterAid  United Purpose  Other cluster partners | 200,000 | 100,000 | 100,000 |
| Construct new water schemes in ETU’s, schools, HCFs & other transit centres | No of water schemes constructed | 5 | 100 |  |  |  | |  | |  | |  | | All cluster members | 7,000,000 | 1,418,257 | 5,581,743 |
| Construct latrines in ETUs, and other transit centre | No of latrines | 12 | 30 |  |  |  | |  | |  | |  | | All cluster members | 1,500,000 | 853,507 | 646,493 |
| Provide permanent hand washing facilities in ETU’s, transit centres, schools, communities & institutions | No of permanent handwashing in strategic sites (markets, boarders etc facilities per district | No info | 150 |  |  |  | |  | |  | |  | | All cluster members | 1,500,000 | 684,378 | 815,622 |
| Conduct post-mortem of the WASH response to document lessons | No of review meetings | 1 review done | 2 |  |  |  | |  | |  | |  | | All cluster members | 50,000 | 0 | 50,000 |
| Provide support to Water Boards | Water boards and over 30 WUAs receive guidance as needed | 5 water boards5 water boards13 WUAS | 5 Water boards  30 WUAs |  |  |  | |  | |  | |  | | All cluster members | 2,500,000 | 2,500,000 | 0 |
| Strengthen WUA’s capacity to function effectively; | No of WUA’s supported and strengthened. | 13 |  |  |  | |  | |  | |  | |  | All cluster members | 800,000 | 0 | 800,000 |
| **Total Budget for response** | | | | | | | | | | | | | | | | **13,550,000** | **5,556,142** | **7,993,858** |

**4.4.8 Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcomes** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | | | | | **Responsible**  **Agencies** | **Budget (USD)** | | |
| **J** | **A** | **S** | | | **O** | | **N** | | **D** | **Total** | **Available** | **Gap** |
| Improved sanitation and WaSH  interventions and response | Promote hand washing with soap | Number of people reached with handwashing messaging | 6million | 12 million |  |  |  | | |  | |  | |  | All WaSH Cluster partners | 360,000 | 0 | 360,000 |
| Construct Communal Solar powered water systems in hot spot areas (each scheme to serve average of 3,000 people for recovery phase + improvements during ongoing response) | Number of communal solar-powered water systems | 5 | 15 |  |  |  | |  | | |  | |  | UNICEF  WHH  MRCS  Water Mission  Any other WASH INGO upon funding | 650,000 | 121,312 | 497,969 |
| Conduct post-mortem of the WaSH response to document lessons | No of post-mortem meetings | 0 | 1 |  |  | |  | | |  | |  |  | All WaSH Cluster partners | 50,000 | 0 | 50,000 |
| **Total Budget for recovery** | | | | | | | | | | | | | | | | **1,060,000** | **121,312** | **907,969** |
| **Total WASH Cluster Budget** | | | | | | | | | | | | | | | | **20,820,000** | **7,678,124** | **13,141,876** |

# 4.5 PROTECTION and social support

**A. Protection**

**4.5.1. Overall Cluster Goal**

i. To reduce protection threats for affected populations, and to protect all vulnerable groups from violence, exploitation, abuse and neglect during disasters and ensure that human rights are respected.

ii. To cushion the socio-economic impact of Covid-19 on the poor and vulnerable.

**4.5.2. Specific Objectives**

*Protection:*

To prevent and address the impacts of the COVID-19 outbreak through coordination and support to:

1. Advocate for inclusion of specific rights, needs and vulnerabilities of vulnerable groups (including women, girls, and children, persons with disabilities, the elderly, migrants, refugees and asylum-seekers, and persons deprived of liberty) in the prevention, early detection, care and treatment strategies and programmes implemented by other clusters.
2. Ensure gender and protection services are adequately mainstreamed at inter-cluster planning and service delivery levels.
3. Provide mental health and psychosocial support (MHPSS) and stigma prevention for all affected populations.
4. Support continued essential protection services for the general population.
5. Provide targeted support for vulnerable groups at risk of infection and those affected by COVID-19.
6. Risk mitigation of gender-based violence (GBV) and all forms of violence, abuse, exploitation and neglect, including the risks for people in isolation and quarantine
7. Prevent separation of children from caregivers.
8. Strengthen coordination of protection partners at national, district and community levels for an effective response to COVID-19

**B. Social Support**

1. Prevent the poor and vulnerable from falling further into poverty and assist them to cover their basic needs including food security;
2. Support the continuous uptake of nutritious meals to help prevent the outbreak of opportunistic diseases during the pandemic;
3. Protect the poor and vulnerable from engaging in negative coping mechanisms and selling off of productive assets as a result of loss of livelihood sources due to strict crowd control measures aimed at controlling spread of the disease;
4. Promote health seeking behaviors of the poor and vulnerable during the Coronavirus disease outbreak in Malawi;
5. Assist the poor and vulnerable reconstruct their livelihoods post the Coronavirus disease outbreak

**4.5.3. Target population**

The plan targets: 1) populations and families affected by the outbreak of COVID-19 both health-wise and socio-economically, especially those marginalized and vulnerable, including children, women, elderly, people with disabilities, children in institutions, migrants, refugees, and asylum-seekers, victims/survivors of GBV, persons deprived of liberty, people with HIV/AIDS and chronically ill, and those in hard-to-reach locations or with poor access to services; 2) service providers to ensure continued provision of essential GBV and protection services as well as ensure prevention and response to sexual exploitation and abuse (PSEA); 3) poor and vulnerable segments of the population

**4.5.4. COVID-19 risks to the cluster**

1. Risk of transmission of COVID-19 to the protection and social support workforce (including social workers, police, health and community workers and volunteers)
2. Risk of discontinuation of protection services due to the limited capacity and resources to provide remote services or inadequate provision of personal protective equipment (PPE) or containment measures precluding provision of protection services
3. Increased risks of GBV, violence against children, child marriage, and teenage pregnancy, including due to prolonged school closures
4. Negative impact on the mental health and psychosocial wellbeing of the affected population, including frontline health and protection workforce

**Protection**

**4.5.5 Covid-19 Preparedness and Capacity Building Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator (s)** | **Baseline** | **Target** | **Timelines** | | | | | | **Responsible Agencies** | **Budget (USD)** | | | |
| **Total** | **Available** | | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** | **Government Contribution** | **Partner contribution** |
| Increased capacity of social service workforce to provide preventive and response services for COVID -19 | Train the social service workforce to provide protection services (essential GBV prevention, case management packages) to prevent and respond to COVID-19 | Number of social service workforce that are able to provide essential GBV prevention and case management packages to reduce COVID-19 linked GBV  Number of people, including community structures and frontline workers, trained on PSEA | 0  0 | 350  500 |  |  |  |  |  |  | MOGCDSW, UN Women, UNFPA, Save the Children, Red Cross, One Community, SOS Children’s Village, Action Aid, CARE, Malawi Interfaith AIDS Association (MIAA), Tithetse Nkhanza, Theatre For a Change | 200,000 |  | 81,111 | 118,889 |
| Train district and community level protection structures on how to support vulnerable populations in preventing and responding to COVID-19 (including GBV prevention and response) | Number of community structures oriented to support vulnerable populations on COVID-19 prevention and response | 3000 | 250,0000 |  |  |  |  |  |  | MOGCDSW, UN Women, Action Aid, CARE, Concern Worldwide, Goal, Red Cross, OXFAM, Plan International, Tithetse Nkhanza, United Purpose, UNFPA, Trust PSS, Trocaire, Save the Children, USAID CARE Titukulane, YONECO, Malawi Police Service, UNFPA | 345,000 |  | 310,000 | 35000 |
| Conduct MHPSS related training and capacity building for frontline workers and partners to support COVID-19 affected populations | Number of frontline workers and partners that have received training for MHPSS | 130 | 600 |  |  |  |  |  |  | MOGCDSW, Ministry of Health, District Social Welfare Offices, UNICEF, World Vision International, Action Aid, Fountain of Life, MIAA, Trust PSS, Concern Worldwide, Plan International | 350,000 |  | 82,178 | 267,822 |
| Develop and disseminate SOPs and referral guidance for MHPSS and protection related to COVID-19 | Number of SOPs and referral guidance for MHPSS and protection related to COVID-19  Number of engagements with District/urban level to distribute relevant guidance | 0  0 | 1  35 Councils |  |  |  |  |  |  | 50,000 |  | 39,500 | 10,500 |
| Review screening and other protocols to ensure that protocols and facilities are child-friendly and address rights and needs of vulnerable populations, including people with disabilities | Number of screenings done for quarantine facilities in districts/urban councils | 0 | 20 |  |  |  |  |  |  | MOGCDSW and its stakeholders | 20,000 |  |  | 20,000 |
| Procure and distribute equipment and resources for prevention awareness and monitoring response and service delivery (phones, airtime, national help line, radio programmes, reporting etc.) | No of equipment and supplies | 0 | 100 |  |  |  |  |  |  | MOGCDSW, UNICEF, UNFPA, and its stakeholders | 100,000 |  | 40,000 | 60,000 |
| Enhanced protection of frontline workforce to prevent them from contracting COVID-19 while performing duties | Provide sanitary equipment and PPE for frontline workers, including social service, police, and justice workforces | Number of sanitary equipment and PPE procured | 0 | 700 |  |  |  |  |  |  | MOGCDSW, UN Women, Action Aid, CARE, Every Girl in School, Goal, Plan International, UNFPA, Save the Children, OXFAM and other stakeholders | 250,000 | 20,000 | 25,000 | 205,000 |
| Protection planning and service delivery mainstreamed in key sectors | Mainstream gender activities in all clusters | Number of cluster plans with gender mainstreamed | 0 | 15 |  |  |  |  |  |  | MOGCDSW, UN Women, Goal, OXFAM, USAID CARE Titukulane, Red Cross and other stakeholders | 10,000 |  | 10,000 | 0 |
| Mainstream protection services in schools through Safe School programs to ensure protective learning environments for children | Number of schools with safe school programs mainstreamed | 0 | 250 |  |  |  |  |  |  | MOGCDSW, Ministry of Education, UNICEF, OXFAM and other stakeholders | 200,000 |  |  | 200,000 |
| Enhanced delivery of quality and equitable, rights-based protection services to vulnerable populations affected by COVID-19 | Advocate for surveillance systems to include systematic collection of age/sex categories as well as vulnerabilities | Number of advocacy documents and advocacy engagements | 0 | 50 |  |  |  |  |  |  | MOGCDSW, UNICEF, Red Cross, OXFAM, UNFPA, and other stakeholders | 20,000 |  | 2,500 | 17,500 |
| Strengthened coordination of protection service providers for effective prevention and response to COVID-19 | Conduct district/ urban coordination and logistical support meetings | Number of coordination meetings convened | 0 | 35 |  |  |  |  |  |  | UNICEF, UNFPA, MOGCDSW and other stakeholders (SOS Children’s Village, Action Aid, Concern Worldwide, Goal, Tithetse Nkhanza, Red Cross, UN Women, UNICEF, Save the Children)  M, UNFPA etc) | 50,000 | 6,700 | 43,300 | 0 |
| Support cluster coordination activities at national level | Number of coordination meetings convened | 16 | 48 |  |  |  |  |  |  | 20,000 |  |  | 20,000 |
| **Total Preparedness and Capacity Building** | | | | | | | | | | | | **1,615,000** | **26,700** | **633,589** | **954,711** |

**4.5.6 Cov****id-19 Spread Control activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | | |
| **Total** | **Available** | | **Gap** |
| **Govt. Contribution** | **Partner Contribution** |
| Increased information access to vulnerable populations on COVID-19 prevention and response | Disseminate information on COVID-19 prevention and response to vulnerable groups at risk of contracting the disease (women, children, persons with disabilities, PLHIV, street connected children, migrants, refugees, and other vulnerable groups) | No of newly reported cases of violence against women, girls and boys | 5,000  0 | 500,000  3,000 |  |  |  |  |  |  | MOGCDSW, UN Women, Action Aid, CARE, Concern Worldwide, Goal, Red Cross, OXFAM, Plan International, Tithetse Nkhanza, United Purpose, UNFPA, Trust PSS, Trocaire, Save the Children, USAID CARE Titukulane, YONECO, Theatre for a Change | 300,000 |  | 148,463 | 151,537 |
| Conduct SRHR and GBV awareness to young women and older women focusing on service provision in health facilities such as provision of contraceptives and water and sanitation needs in maternity facilities | Number of advocacy sessions on SRHR awareness to young women and older women focusing on service provision in health facilities | 0 | 800 |  |  |  |  |  |  | 80,000 |  | 60,000 | 20,000 |
| Disseminate protection referral pathway for COVID-19 response in communities (as well as in refugee camps) | Number of remote dissemination sessions in communities (TA Level) | 0 | 480 |  |  |  |  |  |  | 100,000 |  | 40,000 | 60,000 |
| Increased number of vulnerable populations accessing COVID-19 preventive and response services including GBV, MHPSS, diversion, alternative care, SRHR | Conduct screening and assessment of returnees, provide them with appropriate services including psychological First Aid, and safely repatriate them | Number of returnees screened, assessed, counselled and safely repatriated | 700 | 8,000 |  |  |  |  |  |  | MOH and MOGCDSW | 400,000 |  | 14,000 | 386,000 |
| Provide support services communities/ families for shielding elderly to prevent contracting COVID-19 | Number of communities stocked with PPEs to support the elderly | 0 | 500 |  |  |  |  |  |  | MOGCDSW, Malawi Liverpool Welcome Trust and other stakeholders | 100,000 | 13,400 |  | 86,600 |
| Number of elderly provided with social protection (of all elderly in the village) | 0 | 100 |  |  |  |  |  |  | 150,000 |  | 64,000 | 86,000 |
| Provide tailored support using GBV/child protection case management to people affected by COVID-19 and other vulnerable groups such as PLHIV, people in isolation, people with disabilities, children in reformatory centres, prisons, police stations, teen pregnancies, teen mothers, truck drivers, and sex workers | Number of vulnerable populations reached with COVID-19 prevention /response services including GBV | 0 | 3000 |  |  |  |  |  |  | MOGCDSW, District Social Welfare Offices, UNICEF, Lilongwe Catholic Health Commission, YONECO, One Community, SOS Children’s Village, MIAA, Plan International, Save the Children, Theatre for Change, Tithetse Nkhanza, Women Judges Association of Malawi, Trocaire, Action Aid, UNFPA, The Gender and Justice Unit, Goal, Fountain of Life, MIAA, OXFAM, Malawi Police, Malawi Prisons and other stakeholders | 460,000 | 6,700 | 228,521 | 224,779 |
| No. of children without parental or family care provided with appropriate alternative care arrangements | 0 | 100 |  |  |  |  |  |  |
| Repatriate street connected children and other vulnerable groups on the street | Number of street connected children and other vulnerable groups on the street (including the elderly and persons with disability) supported | 0 | 2000 |  |  |  |  |  |  | MOGCDSW and other stakeholders | 300,000 | 27,026 |  | 272,974 |
| Divert children in conflict with the law and institute other measures to reduce the number of people detained as a result of arrest or criminal charges to ensure decongestion of holding cells | Number of children diverted from criminal justice system | 0 | 2,000 |  |  |  |  |  |  | MOGCDSW, Judiciary, Malawi Police, UNICEF, Irish Rule of Law International and other stakeholders | 300,000 |  | 10,000 | 290,000 |
| Provide sanitary equipment and PPE to protection structures (child care institutions, reformatory centres, CVSUs, PVSUs, CBOs, One Stop Centres, Courts, prisons, and other places with vulnerable populations). | Number of structures supported with sanitary equipment and PPE for the vulnerable populations | 0 | 300 |  |  |  |  |  |  | MOGCDSW, UN Women, Action Aid, CARE, Every Girl in School (EGISA), Goal, Plan International, UNFPA, OXFAM, Tithetse Nkhanza and other stakeholders | 250,000 |  | 20,000 | 230,000 |
| Provide Psychosocial First Aid and necessary referrals for child protection, GBV and to other COVID-19 related cases through the National Helpline, GBV Crisis Helpline) and police Mthetsa Nkhanza line | Number of children, parents and primary caregivers provided with community based mental health and psychosocial support | 0 | 4000 |  |  |  |  |  |  | MOGCDSW, UNICEF, Tithetse Nkhanza, UNFPA and other stakeholders | 350,000 |  | 154,500 | 195,500 |
| Operationalise Community Based Complaints and Feedback Mechanism including referral pathways | Number of functional CBCFM | 0 | 3,000 |  |  |  |  |  |  | MOGCDSW, UNICEF, DSWOs, UN Women, Plan International, UNFPA and other stakeholders | 350,000 |  | 39,000 | 311,000 |
| Strengthened coordination of protection service providers for effective prevention and response to COVID-19 | Conduct Protection Cluster coordination activities at national and district levels | Number of coordination meetings convened | 16 | 48 |  |  |  |  |  |  | MOGCDSW, SOS Children’s Village, Action Aid, Concern Worldwide, Goal, Tithetse Nkkhanza, Red Cross, UN Women, UNICEF, Save the Children)  M, UNFPA and other stakeholders | 55,000 |  | 55,000 | 0 |
| Enhanced delivery of quality and equitable, rights-based protection services to vulnerable populations affected by COVID-19 | Carry out Protection monitoring at national and district levels | Number of fortnightly protection monitoring bulletins produced | 0 | 8 |  |  |  |  |  |  | MOGCDSW Red Cross, OXFAM, UNFPA, and other stakeholders | 200,000 |  |  | 200,000 |
| Conduct data collection at a district level on the impacts on girls’ protection as a result of closure of schools due to COVID-19 pandemic | Report on the impacts on girls’ protection as a result of closure of schools due to COVID-19 pandemic | 0 | 1 |  |  |  |  |  |  | MoGCDSW and other stakeholders | 21,000 |  |  | 21,000 |
| **Total Budget for Spread control** | | | | | | | | | | | | **3,416,000** | **47,126** | **833,484** | **2,535,390** |

**4.5.7 COVID-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | **Responsible Agencies** | **Budget (USD)** | | | |
| **Total** | **Available** | | **Gap** |
| **Gvt. Contribution** | **Partners** |
| 1. Increased access to information on COVID -19 preventive and response services of vulnerable populations including GBV, MHPSS, diversion, alternative care, SRHR | Provide MHPSS to vulnerable groups and other affected populations | Number of children, parents and primary caregivers provided with community based mental health and psychosocial support | 5,807 | 21,000 |  |  |  |  |  | MOGCDSW, District Social Welfare Offices, UNICEF, Lilongwe Catholic Health Commission, YONECO, One Community, SOS Children’s Village, MIAA, Plan International, Save the Children, Theatre for Change, Tithetse Nkhanza, Women Judges Association of Malawi, Trocaire, Action Aid, UNFPA, The Gender and Justice Unit, Goal, Fountain of Life, MIAA, OXFAM and other stakeholders | 600,000 |  | 89,293 | 510,707 |
| Provide GBV and Case Management through protection service points or mobile services | Number of people reached with GBV related case management | 0 | 120,000 |  |  |  |  |  | MOGCDSW, District Social Welfare Offices, UNICEF, Lilongwe Catholic Health Commission, YONECO, One Community, SOS Children’s Village, MIAA, Plan International, Save the Children, Theatre for Change, Tithetse Nkhanza, Women Judges Association of Malawi, Trocaire, Action Aid, UNFPA, The Gender and Justice Unit, Goal, Fountain of Life, MIAA, OXFAM and other stakeholders | 600,000 |  | 132,660 | 467,340 |
| Provide child-friendly and protective quarantine spaces especially for women and girls, with relevant equipment and activity packs for children to learn and play | Number of Child-friendly and protective quarantine spaces that have activity packs for children to learn and play | 0 | 2,000 |  |  |  |  |  | MOGCDSW, Malawi Prisons Service, and other stakeholders | 200,000 |  |  | 200,000 |
| Strengthened coordination of protection service providers for effective prevention and response to COVID-19 | Provide support for district coordination and other logisticss including provision of PPEs | Number of district Social Welfare Offices that have accessed logistical support | 0 | 29 |  |  |  |  |  | MOGCDSW, UNICEF, UNFPA, SOS Children’s Village, Action Aid, Concern Worldwide, Goal, Tithetse Nkhanza, Red Cross, UN Women, Save the Children)  M, and other stakeholders, Plan International | 100,000 |  | 20,000 | 80,000 |
| Conduct Protection Cluster coordination activities at national level | Number of Coordination meetings convened | 16 | 48 |  |  |  |  |  | 100,000 |  | 3,269 | 96,731 |
| **Total Budget for response** | |  |  |  |  | | | | |  | **1,600,000** | **0** | **245,222** | **1,354,778** |

**4.5.8. Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | **Responsible Agencies** | **Budget (USD)** | | | |
| **Total** | **Available** | | **Gap** |
| **Govt. Contribution** | **Partner Contribution** |
| Strengthened psychological first aid (PFA) in communities to affected and survivors of the COVID 19 through case management | Provide post placement PFA support to vulnerable groups and other COVID-19 affected populations | Number of children, parents and primary caregivers provided with community post placement PFA support. | 5,807 | 21,000 |  |  |  |  |  | MOGCDSW, District Social Welfare Offices, UNICEF, Lilongwe Catholic Health Commission, YONECO, One Community, SOS Children’s Village, MIAA, Plan International, Save the Children, Theatre for Change, TithetseNkhanza, Women Judges Association of Malawi, Trocaire, Action Aid, UNFPA, The Gender and Justice Unit, Goal, Fountain of Life, MIAA, OXFAM and other stakeholders | 400,000 |  |  | 400,000 |
| Number of children affected by COVID-19 accessing PFA services through case management services | 0 | 300 |  |  |  |  |  |
| Number of people reached by gender-based violence (GBV) post placement support recovery services through referral pathways | 0 | 38,000 |  |  |  |  |  | 200,000 |  |  | 200,000 |
| Strengthened COVID-19 Community based complaints and feedback mechanisms through community victim support units and OSC | Provide technical and material support to community level GBV prevention and response structures | Number of the community level structures supported | 0 | 486 |  |  |  |  |  | MOGCDSW, SOS Children’s Village, Action Aid, Concern Worldwide, Goal, TithetseNkkhanza, Red Cross, UN  Women, UNICEF, Save the Children), UNFPA and other stakeholders | 100,000 |  |  | 100,000 |
| Conduct Protection Cluster coordination activities at national level | Number of Coordination meetings convened | 16 | 48 |  |  |  |  |  | 100,000 |  |  | 100,000 |
| Strengthen post placement support to families of street connected children and other vulnerable groups | Provide post placement support (material, emotional etc.) to families of street connected children and other vulnerable groups | Number of families and other vulnerable groups supported with post placement support | 0 | 496 |  |  |  |  |  | MOGCDSW, and other stakeholders | 120,000 |  |  | 120,000 |
| **Total Budget for recovery** | | | | | | | | | | | **920,000** |  |  | **920,000** |
| **Grand Total** | | | | | | | | | | | **7,551,000** | **73,826** | **1,712,295** | **5,764,879** |

**B. SOCILA SUPPORT**

**4.5.9 Covid-19 Preparedness and Capacity Building Activities**

| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timelines** | | | | | | **Responsible Agencies**  **The agency that will take lead** | **Budget (USD)** | | |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Government Contribution** | **Partner contribution** | **Gap** |
| 1. Increased capacity of social service workforce to provide preventive and response services for COVID -19 | Orient District Social Support Services Training Team (DTT) on COVID-19 awareness, prevention and response. | Number of Social Support Services Officers trained on the Covid-19 awareness, prevention and response. | 0 | 154 |  |  |  |  |  |  | MOGCDSW | 13,513051 | 13,513.51 |  | 0 |
| Print and disseminate Covid-19 IEC materials to raise awareness on the available Covid-19 preventative measures. | Number of districts that have received the Covid-19 IEC materials. | 0 | 11 |  |  |  |  |  |  | MoDCDSW | 4,054.05 | 4,054.05 |  | 0 |
| 1. Enhanced enforcement and adherence to SCTP Standard Operating Procedures (SOPs). | Review SCTP Payment and Case Management SOPs. | Number of SOPs reviewed.  Number of Districts using the revised SOPs. | 0  0 | 5 |  |  |  |  |  |  | MoGCDSW | 5,045.05 | 5,045.05 |  | 0 |
| **Sub Total** |  |  |  |  |  |  |  |  |  |  |  | **13,522,150.00** | **13,522,150.00** | 0 | 0 |

**4.5.10 COVID-19 Response Activities**

| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timelines** | | | | | | **Responsible Agencies**  **The agency that will take lead** | **Budget (USD)** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total** | **Available** | | | | Gap |
| **Government Contribution** | **Partner Contribution** | |  | |
| 1. Improved welfare of vulnerable population. | Cash transferred to vulnerable households in the 4 cities for 3 months | Number of households registered in MIS. (disaggregated by city, hotspot)  Number of households receiving cash transfer (disaggregated by city, hotspot, MNO)  Total amount disbursed (disaggregated by city, hotspot)  Total disbursement costs. (disaggregated by city, hotspot | 0  0 | 185,000  185,000 | A | S | O | N | D | | MoGCDSW, MoFEPD, NLGFC, ILO, GIZ, EU, WFP, UNICEF | 34,405,405.41 |  | 34,405,405.41 | | 0 | |
| Data collection in the cities to Fast track payment of Urban Cash Intervention targeting households in the informal employment | Number of households enrolled into programme. (disaggregated by city, hotspot) | 0 | 185,000 |  |  |  |  |  | | MoGCDSW, MoFEPD, NLGFC, ILO, GIZ, EU, WFP, UNICEF | 675.67 |  | | 675.67 | | 0 |
| Conduct base line survey on the triggers of Covid-19 response in the 4 Cities. | Number of cities covered.  Number of triggers identified. | 0  0 | 2 |  |  |  |  |  | | MoGCDSW, MoFEPD, NLGFC, ILO, GIZ, EU, WFP, UNICEF | 9,459.46 | 9,459.46 | |  | | 0 |
| 1. Improved Transparency and accountability | Set up Grievances Redress Mechanism (call center) | Number of call centres established.  Number of cases received  Number of cases resolved.  Percentage of case resolved. | 0  0  0  0 | 1 |  |  |  |  |  | | MoGCDSW, MoFEPD, NLGFC, ILO, GIZ, EU,WFP, UNICEF | 229,729.73 | 6,756.76 | |  | | 222,973 |
| Provide support towards GRM Committees | Number of GRM Committees supported. | 0 |  |  |  |  |  |  | | ` | 6,756.76 | 6,756.76 | |  | | 0 |
| 1. Improved coordination, planning and monitoring. | Conduct Joint monitoring of the urban cash Intervention.  Hold monthly coordination meetings. | Number of joint monitoring visits carried out per quarter.  Number of Coordination meetings held. | 0  0 | 3  3 |  |  |  |  |  | | MoGCDSW, MoFEPD, NLGFC, ILO, GIZ, EU, WFP, UNICEF | 13,513.51 |  | |  | | 13,513.5 |
| **Total Budget for response** | |  |  |  |  | | | | |  | | **34,658,783.78** | **16,216.22** | | **34,406,081.08** | | **236,486.48** |

**4.5.11 Early Recovery Activities**

| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timelines** | | | | | | | | | **Responsible Agencies** | **Budget (USD)** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total** |  | | |
| **Government Contribution** | **Partner Contribution** | **Gap** |
| 1. Increased resilience of SCTP beneficiaries. | Lump sum once off recovery cash transfer to existing SCTP households (equivalent to 3 months transfers | Number of households received lump sum | 0 | 293,000 | A | S | O | | N | | D | | MoGCDSW/NLGDC | | 148,306.32 |  | 148,306.32 | 0 |
| 1. Improved Programme Implementation. | Monitoring Visits | Number of monitoring visits. | **0** | **3** |  |  | |  |  |  | | **MoDCDSW, EPD, UNICEF, NLGFC** | | | 40,540.54 |  |  | 40,540.54` |
| **Sub Total for recovery** | |  |  |  |  |  | |  |  |  | |  | | | **188,846.86** | **0** | **148,306.32** | **40,540.54** |
| **GRAND TOTAL** | |  |  |  |  |  | |  |  |  | |  | | | **48,369,780.64** | **13,538,366.22** | **34,554,387.4** | **277,027** |

# 

# 4.6 ECONOMIC EMPOWERMENT

**4.6.1 Overall Cluster Objective**

The objective of this cluster is to provide short, medium and long term mitigating policy measures to counter the disturbances that Coronavirus has caused on different sectors of the economy.

**4.6.2 Specific Objectives**

1. To enhance Coordination and Leadership for COVID-19 related interventions aimed at lessening the suffering of businesses;
2. To raise awareness among the affected stakeholders on what Government and other stakeholders can do/are doing to lessen the effects of Coronavirus;
3. To undertake studies aimed at assessing how specific sectors of the economy have been affected;
4. To provide recommendations on policies that should be implemented to preserve businesses and livelihood in this period of the pandemic;
5. To provide leadership on efforts being undertaken to address the economic effects of the coronavirus on the economy;
6. To verify data on perceived effects of Coronavirus on specific sectors of the economy;
7. To provide expert advice to researchers on assessments of the effects of Coronavirus on the economy;
8. To monitor implementation of policies aimed at lessening the effects of Coronavirus on different sectors of the economy;
9. To mobilize resources including ideas on how best to address the negative effects of Coronavirus; and
10. To conduct periodic reviews on the Economic Empowerment Cluster response plan.

**4.6.3 Target population**

The Economic Empowerment Cluster will target Micro, Small and Medium Enterprises (MSMES) as well as large scale businesses operating in Malawi with the aim of saving businesses which employ Malawians and pay taxes to the Government. In addition, intervention of the Cluster will ensure that livelihood of the general population is not severely disturbed.

**4.6.4 Covid-19 risks to the cluster**

The pandemic has negatively affected almost all the productive sectors of the economy. In view of this, there is an urgent need for Government to intervene by, among other things, instituting policies that will revive growth of the sectors. This will assist in saving jobs and avoid continued loss of businesses and livelihood. The Economic Empowerment Cluster, however, faces a number of risks that may delay its operations including the following:

1. Limited resources to support businesses that have severely been affected by the pandemic;
2. Lack of proper and adequate tools and skills to be used when assessing the actual effect of the Coronavirus on individual business establishment in different sectors of the economy;
3. Overestimation of possible effect of Coronavirus on individual businesses with the aim of inflating associated claims; and
4. Timeliness of interventions for economic activities that are at the verge of collapsing due to pandemic.

**4.6.5 Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | | | | | | | **Responsible**  **Agencies** | | **Budget (USD)** | | | |
| **J** | **A** | **S** | | | **O** | | | **N** | | **D** | | **Total** | **Available** | | **Gap** |
| Estimate effect of COVID-19 on the economy | Assess impact of COVID-19 on the economy | Number of business establishments assessed |  | 500 |  |  |  | | |  | | |  | |  | | MEPD&PSR | | 100,000.00 | 0 | | 100,000.00 |
| Analyse data on the COVID-19 effects on the economy | Information on the effects of COVID-19 on the economy |  | 1 |  |  |  | | |  | | |  | |  | | MEPD&PSR | | 30,250.00 | 0 | | 30,250.00 |
| Compile assessment report on COVID-19 effect. | Report on the effect of COVID-19 on the economy |  | 1 |  |  |  | | |  | | |  | |  | | MEPD&PSR | | 25,500.00 | 0 | | 25,500.00 |
| Formulate economic Recovery Strategy for COVID-19 | Draft the Economic Recovery Strategy | Recovery Strategy formulated |  | 1 |  |  |  | | |  | | |  | |  | | MEPD&PSR | | 90,000.00 | 0 | | 90,000.00 |
|  | Recovery Strategy printed |  | 1,000 |  |  |  | |  | | |  | | |  | | MEPD&PSR | | 20,000.00 | 0 | | 20,000.00 |
| Improved business environment | Monitor unfair trading, goods hoarding and overpricing | Number of enterprises monitored |  | 200 |  |  |  | |  | | |  | | |  | | Ministry of Trade | | 40,300.00 | 0 | | 40,300.00 |
| Conduct Mini survey to quantify the capacity of local industries to produce essential goods and services | Number of enterprises assessed |  | 150 |  |  | |  | | |  | | |  | |  | | Ministry of Industry | 45,750.00 | | 0 | 45,750.00 |
| **Total Budget for recovery** | | | | | | | | | | | | | | | | | | | **351,800.00** | | **0** | **351,800.00** |

# 4.7 EMPLOYMENT AND LABOUR FORCE PROTECTION

**4.7.1. Overall Cluster Goal**

To develop and protect the labour force through enhancement of labour Relations; Occupational Safety, Health and Welfare; worker’s compensation services and skills development in the wake of COVID-19 pandemic as it impacts the workplace.

**4.7.2. Specific Objectives**

1. To protect jobs,
2. To protect vulnerable workers
3. To promote safety and health at work
4. To mitigate against COVID-19 spread.

**4.7.3. Target population**

Employers, workers, job seekers and laid off workers both in formal and informal economy

**4.7.4. Covid-19 risks to the cluster**

The ILO estimates that up to 25 million people could become unemployed due to COVID-19 globally. Enterprises of different sizes will be stop operating, cut off operations and lay off workers. So far the Ministry has received a number of notifications of retrenchments particularly from hospitality and aviation sectors. Already, the aviation is on the verge of collapse as it has issued an official statement on flight cancellation of all carriers expect those carrying cargo and personnel under the category of emergency services. Many workers, particularly those in lower positions, are losing or are likely to lose their jobs. In Malawi, the unemployed are not eligible for unemployment benefits. Casual workers, day laborers and informal traders will not be spared. They will have no means to ensure that they have food on the table. In the long term cycles of poverty and inequality will drastically increase. Overcrowding of some workplaces also poses a risk of accelerating workplace transmission of COVID-19.

**4.7.5 Covid-19 Emergency Preparedness and Capacity-Building Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | | **N** | | **D** |
| Develop and enforce Framework to address Covid-19 in workplaces | Develop COVID 19 Workplace Guidelines | Guideline  Document | 1 | 1 |  |  |  |  | |  | |  | MoL | 10,723 | 10,723 | 0 |
| Print Guidelines | Copies of the guidelines | 0 | 1,000 |  |  |  |  | |  | |  | MOL | 10,000 | 6,757 | 3,243 |
| Disseminate  Guidelines | Report of meeting | 4 | 8 |  |  |  |  | |  | |  | MOL | 50,000 | 2,702 | 47,298 |
| Conduct workplace education programmes | Reports | 0 | 50 |  |  |  |  | |  | |  |  | 450,000 | 0 | 450,000 |
| Enforce the guidelines through inspections | Inspection Reports | 400 | 800 |  |  |  |  | |  | |  | MOL | 200,000 | 33,658 | 166,342 |
| Increased knowledge on COVID-19 | Conduct Training of officers on COVID-19 | Number of Trainings | 3 | 10 |  |  |  |  | |  | |  | MOL | 40,000 | 22,588 | 17,412 |
| Conduct four TOTs on workplace guidelines targeting affiliates of ECAM and MCTU | Number of Training | 0 | 4 |  |  |  | |  | |  |  | MOL | 20,000 | 0 | 20,000 |
| **Total Budget for Preparedness and Capacity-Building** | | | | | | | | | | | | | | **780,723** | **76,428** | **704,295** |

**4.7.6 Covid-19 Spread Prevention and Control activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Increased use of Personal Protective Equipment by members of staff | Procure masks, sanitizers,  disinfectants, detergents | Number of masks, sanitizers | 0 | 22,600 Masks and 12,600 sanitisers, soap |  |  |  |  |  |  | MOL | 410,000 | 13,513 | 396,487 |
| **Total Budget for Spread control** | | | | | | | | | | | | **410,000** | **13,513** | **396,487** |

**4.7.7 Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| Improved dialogue among social partners | Conduct national social dialogue meetings with Technical Working Group involving social partners and stakeholders. | Meeting reports | 3 | 6 |  |  |  |  |  |  | MOL | 30,000 | 22,404 | 7,596 |
| Organise Tripartite Labour Advisory meeting | Meeting report | 1 | 2 |  |  |  |  |  |  | MOL | 10,000 | 5,837 | 4,163 |
| Reviewed workplace related legal and regulatory framework | Develop a position paper from the employers’ perspective of pieces of legislations that need to be reviewed to enable job creation and relation. | A position paper is developed with key legal and legislative changes proposed as enablers for sustainable job creation and retention in Malawi | Zero | 1 |  |  |  |  |  |  | MOL  ECAM  MCTU | 15, 000 | 0 | 15, 000 |
| **Total Budget for response** | | | | | | | | | | | | **55,000** | **28,241** | **26,759** |

**4.7.8. Covid-19- Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| Increased COVID-19 Workplace Prevention  Best Practices | Document COVID-19 replicable workplace best practices | Sector based COVID-19 workplace best practices documented | Zero |  |  |  |  |  |  |  | ECAM  MOL | 10, 500 | 0 | 10, 500 |
| Validate of COVID-19 Workplace best practices | The documented best practices are validated by stakeholders | Zero |  |  |  |  |  |  |  | ECAM  MOL | 5, 500 | 1, 000 | 4, 500 |
| Validate of COVID-19 Workplace best practices | The documented best practices are validated by stakeholders | Zero |  |  |  |  |  |  |  | ECAM  MOL | 5, 500 | 1, 000 | 9, 000 |
| Publicize of COVID-19 Workplace best practice | The validated best practices are published to facilitate dissemination (Flyers-2000 and, posters- 2000) | Zero | Flyers 2000  Posters 2000 |  |  |  |  |  |  | ECAM  MOL | 9, 000 | 0 | 9,000 |
| Disseminate COVID-19 Workplace best practices | COVID-19 workplace best practices disseminated to 500 companies/organisations- including SMEs | Zero | 500 Companies/Organisations including SMEs |  |  |  |  |  |  | ECAM  MOL | 15, 000 | 3, 000 | 12, 000 |
| Developed knowledge of COVID-19 Economic and Labour Impact Market | Disseminate COVID-19 Economic and Labour market Impact Assessment findings conducted by ECAM | Brochures  Publication  Media broadcast | Zero | 200 Organisations/Institutions |  |  |  |  |  |  | ECAM  MOL | 7, 500 | 2, 500 | 5, 000 |
| Increased engagement with employers’ contribution to the COVID-19 response | Conduct meetings with employers to seek their support in cash and kind to respond to COVID-19 impact | Donations | 0 | 15 employers/companies/organisations |  |  |  |  |  |  | ECAM | 10, 000 | 0 | 10, 000 |
| Up skilling in preparedness for the post COVID-19 working environment | Conduct a study on skills needs assessment | Report of the study | 0 | 1 |  |  |  |  |  |  | ECAM | 10,000 | 0 | 10,000 |
| Increased subsidies for early recovery | Register the most vulnerable employers  Provide subsidies to the most affected employers | Employer Register | 0 | 1 register |  |  |  |  |  |  | ECAM | 10,000 | 0 | 10,000 |
| **Total Budget for Recovery** | | | | | | | | | | | | **77,500** | **6,500** | **71,000** |
| **GRAND TOTAL** | | | | | | | | | | | | **1,353,223** | **124,682** | **1,228,541** |

# 4.8 EDUCATION CLUSTER

**4.8.1 Overall Cluster Objective**

The Education Cluster will ensure that teaching and learning continues through innovative solutions and creating an enabling environment in communities with special attention given to vulnerable groups[[1]](#footnote-2)in the education sector.

**4.8.2 Specific Objectives**

1. Awareness raising, social and behaviour change and capacity building
2. Safety and decongestion (when schools re-open)
3. Coordination and communication
4. Continuity of learning (when schools are closed)

**4.8.3 Target population**

1. ECD: 2,014,820 children (1,027,559 boys and 987,261 girls) from ECD and preschools including those with disabilities.
2. Primary School: 6,361 primary schools with the enrolment of 5,303,188 learners (girls: 2,677,650 and boys: 2,625,538)
3. Secondary School: 1,452 secondary schools with the enrolment of 379,025 learners
4. Higher education: 34,924 students are currently studying at higher education institutions
5. Teacher population at primary 66, 350 (25,970 females and 40,380 males); At secondary 14, 398 (3, 292 females and 11, 106 males).

**4.8.4. Covid-19 risks to the cluster**

1. Education institutions being utilised as receiving centres for returnees
2. Front line staff (e.g. teachers) who may get in contact with potential Covid19 victims
3. Materials sustainable availability for ensuring learning environments are safe from covid19 spread; would the government ensure sustainability? Would the parents ensure sustainability of protective measures such as face masks, sanitizers?
4. Learners and teachers adhering to covid19 preventive and safety measures when schools reopen

**4.8.5. Covid-19 Spread Prevention and Control activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcomes** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
|  |  | **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| Raising awareness, social and behaviour change and capacity building | Develop and adapt Child friendly messages including translating to Chichewa and to promote home learning for all children including girls and children with disabilities and special education needs (including referral system) | Key friendly messages developed and translated | 1 | 1 |  |  |  |  |  |  | MoEST/ Cluster members | 281,649 | 281,649 | - |
| Translate school reopening guidelines into Chichewa, and printing | Number of Translated guidelines | 0 | 100 |  |  |  |  |  |  | MoEST/ Cluster members | 100,000 | 100,000 |  |
|  | Number of radio jingles produced |  |  |  |  |  |  |  |  |  |  |  |  |
| Conduct promotional and awareness campaigns conducted on various media channels (Radio/TV/Print media) including safety and behaviour change | Number of Awareness campaigns | 0 | 17 |  |  |  |  |  |  | MoEST/ Cluster members | 180,000 | 166,541 | 13,459 |
| Carry out community capacity building to support home learning and COVID-19 prevention | Number of community structures sensitised | 0 | 1000 |  |  |  |  |  |  | MoEST/ Cluster members | 100,000 | - | 100,000 |
| Conduct training/capacity building to caregivers/guardians on home school instruction program | Number of caregivers trained | 1496 | 3000 |  |  |  |  |  |  | MOEST/ Save the Children/ WVI | 100,000 | 93,000 | 7,000 |
| **Total Budget for Spread control** | | | | | | | | | | | | **761,649** | **641,190** | **120,459** |

**4.8.6. Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| To promote safety of all learners including girls and those with disabilities and teachers in schools through provision of water and sanitation facilities | Facilitate provision of safe teaching and learning environment | No learners and teachers reached | 0 | 2.5m |  |  |  |  |  |  | MoEST/ Save the Children | 200,000 | 65,196 | 134,804 |
| Procure and distribute PPEs for frontline education staff and teachers and training in Psychological First Aid in collaboration with Ministry of Gender | Number of frontline staff bought PPE | 0 | 3400 |  |  |  |  |  |  | MoEST/  Cluster members | 100,000 | 88,731 | 21,898 |
| Strengthen coordination with other clusters and within the cluster (national, district, and school levels) in COVID-19 preparedness, response, recovery and case management. | Build capacity of structures to support implementation (District Council Structure, District Education Clusters, DEM’s office and zonal level education set up- PEA) | No of district staff oriented  No of District Education Clusters activated and operational | 0  5 | 5000  34 |  |  |  |  |  |  | MoEST/  Save the Children/UNICEF | 200,000 |  | - |
| Provide technical assistance for monitoring, information and data management | Monitoring visits | 0 | 18 |  |  |  |  |  |  | MoEST/  UNICEF/Save the Children | 260,000 | 260,000 | - |
| Conduct risk assessment/analysis to guide the education response to COVID-19 | No of assessments conducted | 1 | 2 |  |  |  |  |  |  | MoEST/  UNICEF and Cluster Members | 400,000 | 52,300 | 47,700 |
| Ensure continuity of teaching and learning for all children including those with disabilities and special education needs while schools are closed due to the COVID-19. | Support development and airing of radio programmes, printing and distributions to communities and community dialogues/sensitization for Comprehensive Sexuality Education during COVID-19 with a focus on Life Skills Education, Sexuality Education and Reduction of Teenage Pregnancies and Child Marriages | No of learners reached | Above 50% | 5m |  |  |  |  |  |  | MoEST/  UNESCO/Save the Children and Cluster members | 200,000 | 41,993 | 158,007 |
| Establish radio station for radio learning at Malawi College of Distance Learning | Radio station established at MCDE | 0 | 1 |  |  |  |  |  |  | MoEST | 278,455 | 278,455 | - |
| Purchase tablets to support innovative digital learning solutions vulnerable children in poor household | No of tablets distributed | 0 | 5000 |  |  |  |  |  |  | VSO/  UNHCR | 332,500 | 332,500 | - |
| Develop and print modules for lower secondary (English, Math, Agric, Physics, Chemistry, Biology and Chichewa) | Modules developed and printed | 0 | 7 |  |  |  |  |  |  | MoEST/  UNICEF | 839,997 | 839,997 | - |
| Procure and provide solar powered radio to vulnerable families (Radio, multiband, solar, wind-up) | No of solar powered radios procured | 0 | 15000 |  |  |  |  |  |  | MoEST/  UNHCR | 700,000 | 622,440 | 77,560 |
| Air IRI radio programs and print and distribute paper packaged home learning tools | No of ECD children reached through IRI | 1,350,000 | 1,800,000 |  |  |  |  |  |  | MoEST/  Save the Children/ /  UNICEF | 394,203 | 329,617 | 64,586 |
| Development of the distance Learning Management System | Distance LM system in place | 0 | 1 |  |  |  |  |  |  | MoEST/  UNICEF | 66,200 | 66,200 | - |
| Provide take home rations | No of learners supported with THR | 300,000 | 1,800,000 |  |  |  |  |  |  | WFP/  Marys meals | 9,000,000 | 5,813,254 | 3,186,746 |
| **Total Budget for response** | | | | | | | | | | | | **12,971,355** | **8,790,683** | **4,180,672** |

**4.8.7. Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| **Safety and decongestions (when schools re-open):** To promote safety of all learners including girls and those with disabilities and teachers in schools through provision of water and sanitation facilities; promotion of hygiene and among other things promotion of the overlapping or double shift policy at primary level. | Provide Child Protection Services in schools (complaint boxes, referral pathways, school police) | No of schools with established child protection services | 0 | 300 |  |  |  |  |  |  | MoEST/  Cluster members | 200,000 | 180,600 | 19,400 |
| Procure and provide minimum WaSH package in schools and TTCs | No of schools with minimum WaSH packages | 0 | 20,000 |  |  |  |  |  |  | MoEST/  Cluster members | 208,510 | 208,510 | - |
| Distribute WaSH materials for Covid19 prevention in Education institutions | No of schools with minimum WASH packages | 0 | 20,000 |  |  |  |  |  |  | MoEST/  Cluster members | 6,328 | 6,328 |  |
| Enhance compliance of Covid19 prevention in examination centres of Education institutions | All Education centres | 0 | 34 |  |  |  |  |  |  | MoEST/  Cluster members | 23,082 | 23,082 |  |
| Pay licensure examination fees for nurses council of Malawi | Nurses council | 0 | 1 |  |  |  |  |  |  | MoEST | 27,137 | 27,137 |  |
| Promote second chance education- CBE, FAL | No of schools reached | 0 | 680 |  |  |  |  |  |  | MoEST/  Cluster members | 969.000 | 969,000 | - |
| Facilitate resumption of school feeding | No schools with school feeding program resumed | 0 | 100 |  |  |  |  |  |  | MoEST  /Cluster members | 2,250,000 | - | 2,250,000 |
| Develop remedial and accelerated programmes for different grades (printing materials/ workbooks) | No of remedial and accelerated programs | 0 | 8 |  |  |  |  |  |  | MoEST/ Save the Children, CharChar/  Cluster members | 364,000 | 0 | 364,000 |
| Conduct Back to school campaigns - mass media, divisions, district and school/community | No of districts reached | 0 | 34 |  |  |  |  |  |  | MoEST/  UNICEF/ Cluster members | 17,000 | 0 | 17,000 |
| Hire Volunteer teachers (IPTE graduates waiting for deployment) to support accelerated learning and to decongest classrooms - for one term with focus on schools with high PTR (Pupil/Teacher Ratio) | No Volunteer teachers hired | 0 | 50 |  |  |  |  |  |  | MoEST/ CharChar/ Save the Children/Cluster members | 500,000 | 149,593 | 350,407 |
| Sanitize and disinfect schools | No schools disinfected | 0 | 100 |  |  |  |  |  |  | MoEST/  Cluster members | 100,000 | 100,000 | - |
| Procurement of school bags for primary learners to motivate them to go back to schools | No of learners supported | - | 10,005 |  |  |  |  |  |  | UNICEF | 25,000 | 25,000 | - |
| Prepare the system, schools and teachers for reopening of schools after long closures and difficult circumstances and supporting education financing | Comprehensive school safety system in place with well-prepared schools, teachers and learners | 0 | 1 |  |  |  |  |  |  | MoEST/  UNICEF/ Save the Children | 50,000 | 0 | 50,000 |
| **Total Budget for recovery** | | | | | | | | | | | | **4,740,057** | **1,689,250** | **3,050,807** |
| **Grand Total** | | | | | | | | | | | | **18,473,061** | **11,121,123** | **7,351,938** |

# 4.9 SECURITY AND ENFORCEMENT

# 4.9.1 IMMIGRATION

**4.9.1.1 Overall Objective**

To execute pro-active Coronavirus operation while executing its mandate of managing people entering and exiting the country taking into cognizance that the transmission of the Coronavirus is accelerated through mobility of people.

**4.9.1.2 Specific Objectives**

1. To strengthen screening of people entering Malawi at the port of entry in liaison with port health officials
2. To conduct border patrols to counter illegal entry to subject the culprits to thorough screening by health officials
3. To mount permanent and temporary roadblocks where health officials will also be present for screening purposes
4. To suspend issuance of border passes and visas in order to minimize cross border activities
5. To procure operation vehicles and sanitization items

**4.9.1.3 Target population**

1. Target population is the traveling community and foreigners’ resident in Malawi

**4.9.1.4 Covid-19 risks to the Cluster**

1. Exposure of officers to affected persons
2. Reduction of revenue collected which affect Departmental operations
3. Closure of border posts due the pandemic which poses security risk

## 

**4.9.1.5 Covid-19 Spread Prevention and Control Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **J** | | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| Reduced risk of Covid-19 imported cases | Screen and monitor people at the port of entry | Number of people screened and monitored | 5 | 36 |  | |  |  |  |  |  | Immigration Services | 121,212 | 0 | 121,212 |
| Conduct border patrols | Number of border patrols conducted | 14 | 36 |  | |  |  |  |  |  | Immigration Services | 606,060 | 0 | 606,060 |
| Mount permanent roadblocks | Number of irregular migrants arrested | 2 | 15 |  | |  |  |  |  |  | Immigration Services | 60,606 | 0 | 60,606 |
| Mount adhoc roadblocks and conducting sweeping operations | Number of irregular migrants arrested | 15 | 30 |  | |  |  |  |  |  | Immigration Services | 60,606 | 0 | 60,606 |
| Conduct marine patrols | Number of irregular migrants arrested | 2 | 2 |  |  | |  |  |  |  | Immigration Services | 60,606 | 0 | 60,606 |
| **Total Budget for Spread control** | | | | | | | | | | | | | **909,090** | **0** | **909,090** |

**4.9.1.6 Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | | **Responsible Agencies** | | **Budget (USD)** | | |
| **J** | | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
| Improved capacity on Covid-19 screening and response | Procure Personal Protective Equipment (Face masks) | Number of Personal Protective Equipment(PPEs) | 62,335 items | 366,680 items |  | |  |  |  |  |  | Immigration Services | | 121,212 | 0 | 121,212 |
| Suspend issuance of visas | Number of rejected applications | 33 | 33 |  | |  |  |  |  |  | Immigration Services | | 0 |  | 0 |
| Procure motor vehicles | Number of motor vehicles procured | 71 | 120 |  | |  |  |  |  |  | Immigration Services | | 1,212,121 | 0 | 1,212,121 |
| Facilitate welfare of officers | Number of officers benefited from risk allowance | 0 | 940 |  |  | |  |  |  |  | | Immigration Services | 332,909 | 0 | 332,909 |
| **Total Budget for response1,848,060** | | | | | | | | | | | | | | **1,666,242** | **0** | **1,666,242** |
| **IMMIGRATION TOTAL** | | | | | | | | | | | | | | **2,575,332** | **0** | **2,575,332** |

# 4.9.2 MALAWI PRISONS

**4.9.2.1 Overall Cluster Objective**

The overall objective of the Malawi Prisons Service within the Law Enforcement cluster in the fight against the spread of the Covid-19 pandemic is that of enhancing preventive and supportive measures for inmates, officers (including spouses and dependents) through implementation of tailor-made activities in relation to covid-19 emergency preparedness and capacity building, Covid-19 spread control, and Covid-19 early recovery.

**4.9.2.2 Specific Objectives**

1. To enhance screening of inmates on entry, during incarceration, and upon discharge.
2. To provide personal protective equipment and sanitary products to officers, spouses, dependants, and inmates.
3. To sensitize officers spouses, dependants, and inmates on the preventive measures.
4. To identify, rehabilitate and refurbish facilities, and construct additional facilities that are earmarked for isolation facilities Covid-19 cases.
5. To enhance classification of new admissions and place them into designated isolation facilities.
6. To enhance collaboration with other key stakeholders in the fight against the pandemic.
7. To train both technical and non-technical health workers, and members of staff on proper Management of Covid-19 pandemic
8. To maintain sanitation of the country’s prisons through continuous fumigation of the facilities and mass testing of staff, spouses, dependants, and inmates

**4.9.2.3 Target population**

The Department’s plan is targeting a population of **23,200** of which, **13, 200** are inmates, **10,000** officers, their spouses and dependents.

**4.9.2.4 Covid-19 risks to the cluster**

The Malawi Prisons Service is at high risk of the covid-19 pandemic due to the following reasons, among others:

1. Higher rate of congestion (currently at 82%)
2. New admissions
3. Inadequate Personal Protective Equipment
4. Inadequate space to cater for isolation centres
5. Lack of test kits for mass testing
6. Lack of disinfectants for fumigation
7. Lack of medical equipment like oxygen concentrators and thermo guns, among others.

**4.9.2.5 Covid-19 Spread Prevention and Control activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Improved Prisons sanitation | Procure and distribute Hudson sprayers | Number of sprayers procured and distributed | 0 | 25 |  |  |  |  |  |  | Prisons | 15,203 | - | 15,203 |
| Procure and distribute disinfectants/sanitary products | Number of facilities having the disinfectants | 0 | 31 |  |  |  |  |  |  | Prisons | 409,533 | - | 409,533 |
| Fumigate prison facilities | Number of mass sprays done | 0 | 12 |  |  |  |  |  |  | Prisons | 10,135 | - | 10,135 |
| Procure and distribute PPEs | Number of PPEs | 1,000 | 23,200 |  |  |  |  |  |  | Prisons | 117,543 | - | 117,543 |
| Train Prison Health Personnel on proper Management of Covid-19 | Number of prison health workers trained | 90 | 150 |  |  |  |  |  |  | Prisons | 8,912 | - | 8,912 |
| Train Prison officers on Proper Management of Covid-19 | Number of prison officers trained | 0 | 2,359 |  |  |  |  |  |  | Prisons | 68,917 | - | 68,917 |
| Conduct awareness campaigns to inmates | Number of awareness campaigns | 0 | 6 |  |  |  |  |  |  | Prisons | 15,081 | - | 15,081 |
| Carry out contact tracing | Percentage of contacts traced | 10 | 50 |  |  |  |  |  |  | Prisons | 54,624 | - | 54,624 |
| Procure and distribute oxygen concentrators | Number of concentrators procured and distributed | 0 | 50 |  |  |  |  |  |  | Prisons | 101,351 | - | 101,351 |
| Procure and distribute ambulances | Number of ambulances procured and distributed | 0 | 4 |  |  |  |  |  |  | Prisons | 270,270 | - | 270,270 |
| Conduct Public awareness campaigns in prisons | Number of awareness campaigns | 0 | 2 |  |  |  |  |  |  | Prisons | 13,513 | - | 13,513 |
| Enhanced Security | Rehabilitate isolation facilities/clinics | Number of facilities rehabilitated | 0 | 8 |  |  |  |  |  |  | Prisons | 64,864 | - | 64,864 |
| Reduced Over crowding | Inspect Prisons by the Inspectorate of Prisons | Number of Inspections | 0 | 3 |  |  |  |  |  |  | Ministry of Homeland | 34,334 | - | 34,334 |
| **Total Budget for Spread control** | | | | | | | | | | | | **1, 184, 280** | **-** | **1, 184, 280** |

**4.9.2.6 Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| Enhanced Humane Custody of Covid-19 Cases | Support prison officers deployed to isolation centres | Number of officers supported | 0 | 640 | **J** | **A** | **S** | **O** | **N** | **D** | Prisons | 262,905 | - | 262,905 |
| Enhanced Covid-19 Management | Facilitate transferring of Covid- 19 cases to designated facilities | Percentage of covid-19 cases isolated | 0 | 100 |  |  |  |  |  |  | Prisons | 48,648 | - | 48,648 |
| Procuree/distribute medical drugs being administered to Covid-19 Cases | Number of facilities having the drugs | 0 | 5 |  |  |  |  |  |  | Prisons | 137,839 | - | 137,839 |
| Procure/distribute beds and mattresses | Number of beds | 0 | 100 |  |  |  |  |  |  | Prisons | 5,405 | - | 5,405 |
| **Total Budget for response** | | | | | | | | | | | | **454,797** | **-** | **454,797** |

**4.9.2.7 Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** | |
| Normal Services Restored | Conduct Covid-19 impact assessment | Report | 0 | 1 |  |  |  |  |  |  | Prisons | | 22, 702 | 0 | 22,702 |
| Produce a Documentary on Covid 19 Management | Documentary | 0 | 1 |  |  |  |  |  |  | Prisons | | 2,230 | 0 | 2,230 |
| Facilitate transferring of affected inmates back to designated facilities | % of inmates transferred back | 0 | 100 |  |  |  |  |  |  | Prisons | | 50,000 | 0 | 50,000 |
| Enhanced effective resettlement | Provided Psycho-socio support to affected inmates and officers | % of inmates and officers counselled | 0 | 100 |  |  |  |  |  |  | Prisons | | 27,027 | 0 | 27,027 |
| Procure and distribute nutrition support for inmates recovering from Covid-19 | % of recovered inmates | 0 | 100 |  |  |  |  |  |  | Prisons | | 64,865 | 0 | 64,865 |
| **Total Budget for Early Recovery** | | | | | | | | | | | | | **166,824** | **0** | **166,824** |
| **PRISON Total** | | | | | | | | | | | | | **1,805, 621** | **0** | **1,805, 621** |

# 4.9.3 MALAWI DEFENCE FORCE

**4.9.3.1 Overall Cluster Objective**

The main objective of this Preparedness and Response Plan is to prevent the spread Covid-19 disease in Malawi.

**4.9.3.2 Specific Objectives**

The specific objectives include:

1. To assist in enforcement of Covid-19 preventive measures in selected areas, districts or entire country.
2. To assist in control of illegal movement of people through border patrols.
3. To assist in delivery of humanitarian aid.
4. To assist in provision of security in treatment and isolation centres.
5. To provide logistical support during management of returnees and deportees.
6. To build capacity of all health care workers (HCW) in all MDF camp hospitals.
7. To strengthen Covid-19 disease surveillance/screening in all MDF sites and case management.
8. To mobilize Covid-19 supplies and equipment.

**4.9.3.3 Target population**

The targeted population is in two categories. The first category is HCWs in all MDF camp hospitals. The second category comprises of MDF service members, their spouses, dependents and members of the community surrounding military cantonments.

**4.9.3.4 Covid-19 risks to the cluster**

HCWs in all MDF camp hospitals are at risk of acquiring Covid-19 disease through follow up, contact tracing and case management. The service members who will be involved in various Covid-19 operations like border patrols are also at risk of contracting the virus.

**4.9.3.5 Covid-19 Spread Prevention and Control activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| **Reduced exposure and infection of Covid-19** | Procure PPE | No. of PPE procured | 4,655 |  |  |  |  |  |  |  | MAMHS | 120,000 | 0 | 120,000 |
| Improved capacity of health care workers | Train health care workers | No. of health care trained | 50 | 400 |  |  |  |  |  |  | MAMHS | 180,000 | 0 | 180,000 |
| **Total Budget for Spread control** | | | | | | | | | | | | **300,000** | **0** | **300,000** |

**4.9.3.6 Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** | |
| Enhanced Covid-19 preventive measures compliance and enforcement. | Facilitate enforcement of COVID-19 preventive measures in selected areas, districts or entire country. | No. of districts enforced |  | 27 districts |  |  |  |  |  |  | | Malawi Army | 26,064.45 | 0 | 26,064.45 |
| Controlled illegal movement | Facilitate control of illegal movement of people through border vehicle patrols | No. of border districts patrolled |  | 9 border districts |  |  |  |  |  | |  | Malawi Army | 125,675.26 | 0 | 125,675.26 |
| Facilitate control of illegal movement of people through border boat patrols | No. of lakeshore borders patrolled |  | 5 lakeshore border districts |  |  |  |  |  | |  | Malawi Marine Force | 131,010.62 | 0 | 131,010.62 |
| Improved logistical, security and coordination support | Support the delivery of humanitarian aid | Qty of humanitarian aid delivered | 27 Districts | 27 Districts |  |  |  |  |  | |  | Malawi Air Force | 115,825.07 | 0 | 115,825.07 |
| Facilitate provision of security in treatment and isolation centres | No. of Treatment & Isolation Centres secured. | 06 Isolation Centres | 06 Isolation Centres |  |  |  |  |  | |  | Malawi Army | 26,064.45 | 0 | 26,064.45 |
| **Total Budget for response** | | | | | | | | | | | | | **424,639.85** | **0** | **424,639.85** |
| **MDF Total** | | | | | | | | | | | | | **1,039,639.85** | **0** | **1,039,639.85** |

# 4.9.4 MALAWI POLICE

**4.9.4.1 Overall Cluster Objective**

To execute pro-active coronavirus operation while executing its mandate of managing people entering and exiting the country taking into cognisance that the transmission of the coronavirus is accelerated through mobility of people.

**4.9.4.2 Specific Objectives**

1. All police officers are well informed and trained about the pandemic including their role in prevention and aiding treatment through provision of information and communication material, awareness and training programs.
2. Administrative arrangement to curb the spread of the outbreak among the officers, the detained suspects and those seeking their service or across these groups are put in place
3. The required supplies (such as water, disinfectants and personal protective gear) are available and properly used by all.
4. Availability of reliable, safe and timely logistical systems and transportation through addition vehicles and liaison offices.
5. Efficient and effective communication and coordination between the Malawi Police Service and the district/national response team is implemented through establishment of focal persons and communication systems.
6. Continuous monitoring of all the policies and strategies across the country

**4.9.4.3 Target population**

The target population comprises the officers, the travelling community and the population in the border districts.

**4.9.4.4 Covid-19 risks to the cluster**

1. Public disorder
2. Public non-compliance
3. Inability to maintain containment
4. Food shortages
5. Inadequate Morgues/Mortuary space
6. Loss of key personnel due to infection
7. Absenteeism
8. Collapse of government systems
9. Failure of critical infrastructure
10. Inadequate legal frameworks permitting action
11. Opportunistic criminal activities due economic impact
12. Prolonged recovery plan
13. Injuries to the public and police officers
14. Congestion in police cells
15. Long and porous borders

**4.9.4.5 Covid-19 Spread Prevention and Control activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Availab0le** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Increased awareness on Covid-19 spread and control | Conduct Sensitization among Police Officers on Covid-19 | Number of people reached |  |  |  |  |  |  |  |  | MPS | 13,135.94 | 0 | 13,135.94 |
| Improved screening and management of COVID-19 | Operationalize COVID-19 intelligence |  |  |  |  |  |  |  |  |  | MPS | 13,458.95 | 0 | 13,458.95 |
| Procure Thermo infrared for screening suspects | number of thermo infrared | 0 | 33 |  |  |  |  |  |  | MPS | 4,037.69 | 0 | 4,037.69 |
| Procure re-usable bags for keeping suspects’ properties | Number of Reusable bags |  |  |  |  |  |  |  |  | MPS | 4,306.86 | 0 | 4,306.86 |
| Procure sanitary products for cells, offices | Number of products |  |  |  |  |  |  |  |  | MPS | 56,527.59 | 0 | 56,527.59 |
| Enhanced compliance and enforcement on Covid-19 preventive measures and guidelines. | Procure PPE | Number of PPE |  |  |  |  |  |  |  |  | MPS | 47,106.33 | 0 | 47,106.33 |
| Conduct Border patrols | Patrols |  |  |  |  |  |  |  |  | MPS | 418,842.53 | 0 | 418,842.53 |
| Monitor guidelines implementation | Reports |  |  |  |  |  |  |  |  | MPS | 6,823.69 | 0 | 6,823.69 |
| Disinfect Police Stations | number of stations |  |  |  |  |  |  |  |  | MPS | 33,647.38 | 0 | 33,647.38 |
| **Total Budget for Spread control** | | | | | | | | | | | | **597,886.94** | **0** | **597,886.94** |

**4.9.4.6 Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |  |
| Enhanced adherence to COVID-19 control measures | vehicle and foot patrols to enforce laws and bylaws | number of patrols |  |  |  |  |  |  |  |  | MPS | 78,734.86 | 0 | 78,734.86 |
| Carry out escorts from point of entry to containment centre | number of escorts |  |  |  |  |  |  |  |  | MPS | 47,106.33 | 0 | 47,106.33 |
| Provide security in containment centre |  |  |  |  |  |  |  |  |  | MPS | 121,130.55 | 0 | 121,130.55 |
| Operationalize COVID-19 intelligence | Stations disinfected |  |  |  |  |  |  |  |  | MPS | 33,647.38 | 0 | 33,647.38 |
| Responding to public disorders |  |  |  |  |  |  |  |  |  | MPS | 10,767.16 | 0 | 10,767.16 |
| **Total Budget for response** | | | | | | | | | | | | **291,386.27** | **0** | **291,386.27** |

**4.9.4.7 Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Reduced stigma and discrimination | Sensitization on crime, stigma and discrimination | crime rate |  |  |  |  |  |  |  |  | MPS | 31,179.00 | 0 | 31,179.00 |
| Psycho Social Support for police officer | number of police officers |  |  |  |  |  |  |  |  | MPS | 23,553.16 | 0 | 23,553.16 |
| Enhanced security and enforcement | Enhancement of rural and urban patrols due to likelihood of increased crime rate | Patrols |  |  |  |  |  |  |  |  | MPS | 78,734.86 | 0 | 78,734.86 |
| **Total Budget for recovery** | | | | | | | | | | | | **133,467.03** | **0** | **133,467.03** |
| **MPS total** | | | | | | | | | | | | **920,452.21** | **0** | **920,452.21** |
| **SECURITY AND EMFORCEMENT GRAND TOTAL** | | | | | | | | | | | | **6,341,045.06** | **0** | **6,341,045.06** |

# FOOD SECURITY

The Ministry of Disaster Management Affairs through the Department of Disaster Management Affairs (DoDMA) leads the Food Security Cluster while WFP co-leads.

**4.10.1 Overall Cluster Objective**

To provide live saving food assistance to food insecure urban, semi urban and rural households affected by the impact of COVID-19.

**4.10.2 Specific Objectives**

1. To provide lifesaving food assistance to people affected by the economic shock consequent to Covid-19 outbreak.
2. To minimise negative or risky coping mechanisms for affected communities and households that may lead to increasing the risk of COVID -19 infections.

**4.10.3 Target population**

1. Urban and semi urban poor households that are likely to be affected by the impact of COVID –19.
2. Rural food insecure populations that may be affected by limited availability of casual labour and food commodities on local markets as result of COVID –19 outbreak.

**4.10.4 Covid-19 risks to the cluster**

1. The limited financial resources to respond to the huge number of people who might be affected
2. The lack of proper and adequate protection of health and other frontline workers involved in promoting food security assessments and distributions
3. Hygiene promotion may be challenged by the imminent lockdowns & absence of permanent hand washing facilities risks that people stop hand washing practices.
4. Slow adaptation to long held cultural and traditional practices by the populace in activities like weddings (and associated rites), funerals, religious functions, and other generally accepted norms of cultural and communal association and interactions.

## 

**4.10.5 Covid-19 Spread Prevention and Control Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Improved preparedness capacity for food assistance | Monitor Remote Market & food security using mobile technology | Assessment Reports | 1 | 1 |  |  |  |  |  |  | DoDMA, MVAC,  WFP | 100,000 | 25,000 | 75,000 |
| Mobilize funding to finance required assistance food and/or cash | Financial Report | 1 | 1 |  |  |  |  |  |  | DoDMA, WFP, Partners NGOs | 50,000 | 15,000 | 35,000 |
| **Total Budget for Spread control** | | | | | | | | | | | | **150,000** | **40,000** | **110,000** |

**4.10.6 Covid-19 Spread Prevention and Control Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Reduced transmission of Covid-19 during food assistance distributions | Orient participating partners and affected communities on infection prevention during implementation of food assistance | Number partners and communities | 0 | 28 |  |  |  |  |  |  | DoDMA,  WFP | 400,000 | 0 | 400,000 |
| **Total Budget for Spread control** | | | | | | | | | | | | **400,000** | **0** | **400,000** |

**4.10.7 Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Improved food and nutrition security for covid-19 affected population | Provide immediate food assistance to household in isolation centers and Returnees in collaboration with the Health Cluster | Number of beneficiaries | **0** | 100,000 |  |  |  |  |  |  | DoDMA, WFP and FSC Members | 250,000 | 0 | 250,000 |
| Expand livelihoods programmes/re-orient them to reflect COVID-19 challenges | Number of programs | 0 | 50 |  |  |  |  |  |  | DoDMA, WFP and FSC Members | 2,000,000 | 250,000 | 1,750,000 |
|  | In collaboration with MVAC, and Cash Working Group, conduct market assessments to inform response modality choices | Market Assessment Reports | 0 | 2 |  |  |  |  |  |  | DoDMA, WFP, MVAC, and FSC Members | 500,000 | 0 | 500,000 |
| Set up a complaints and feedback mechanism for beneficiaries including communities at large and working with the protection cluster | Number CFMs established and operationalized | 0 | 10 |  |  |  |  |  |  | DoDMA, WFP and FSC Members | 100,000 | 0 | 100,000 |
| Coordinate food assistance implementation programmes to the targeted populations affected by COVID -19 | Monthly Progress Reports | 0 | 6 |  |  |  |  |  |  | DoDMA, WFP and FSC Members | 250,000 | 0 | 250,000 |
| Facilitate monthly District level coordination meetings with NGOs, Government Departments, District Councils, private sector and operating NGOs in districts affected by COVID – 19 | Monthly Progress Reports | 0 | 6 |  |  |  |  |  |  | DoDMA, WFP and FSC Members | 70,000 | 0 | 70,000 |
| **Total Budget for response,** | | | | | | | | | | | | **3,170,000** | **250,000** | **2,920,000** |

**4.10.8 Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
|  | In collaboration with Agriculture Cluster, facilitate and support complimentary activities for early recovery | Number beneficiaries supported with complimentary activities | 0 | 50,000 hhs |  |  |  |  |  |  | DoDMA, WFP and FSC and Agriculture Cluster Members | 250,000 | 0 | 250,000 |
| **Total Budget for recovery** | | | | | | | | | | | | **250,000** | **0** | **250,000** |
| **GRAND TOTAL FSC** | | | | | | | | | | | | **3,820,000** | **290,000** | **3,530,000** |

# 4.11 TRANSPORT AND LOGISTICS

**4.11.1 Overall Cluster Objective**

To provide relevant logistics and operational support to the humanitarian community and key stakeholders involved in the COVID-19 emergency response activities

**4.11.2 Specific Objectives**

1. To ensure minimal disruption to the humanitarian logistics network and maintain national, regional and international supply chain linkages for timely procurement, transport and prepositioning of COVID-19 supplies and equipment as required
2. To provide dedicated COVID-19 logistics coordination and common services including storage, transportation and engineering/light construction support

**4.11.3 Target population**

As a service-based cluster and key enabler of the humanitarian response, targeting is not done based on a population but rather all clusters, the humanitarian community (UN, NGOs and International Organisations) and, relevant government entities among other key COVID-19 responders are expected to be supported

**4.11.4 Covid-19 risks to the cluster**

1. Global disruptions to the medical and humanitarian supply chain leading to considerable delays in sourcing, procurement and transport affecting the timeliness of programme interventions
2. Border closures and travel restrictions causing delays with the procurement of critical items and/or entry of experts involved in national logistics readiness and response efforts
3. Potential hikes in transporter and supplier fares affecting the cost-effectiveness of the emergency logistics response.
4. National or regional containment measures might impact the availability of logistics staff movement and flow of essential COVID-19 relief items.

**4.11.5 Covid-19 Spread Prevention and Control activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Provide relevant logistics and operational support in the COVID-19 emergency response | Install Mobile Storage Units (MSU) for storage needs, temporary isolation and field treatment centres (field hospitals) upon request | Number of MSUs erected | 16 MSU’s | 30 MSU’s |  |  |  |  |  |  | WFP and National Logistics Cluster members | 118,000 | 35,000 | 83,000 |
| Deploy Mobile Logistics Bases (MLBs) as required for logistics continuity | Number of MLBs deployed | 0 | 2 |  |  |  |  |  |  | WFP and National Logistics Cluster | 150,000 | 0 | 150,000 |
| Provide light construction works including prefab setup | Number of light construction requests supported | 0 | 5 |  |  |  |  |  |  | National Logistics Cluster | 200,400 | 0 | 200,400 |
| **Total Budget for Spread control** | | | | | | | | | | | | **468,400** | **35,000** | **433,400** |

**4.11.6 Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Provide relevant logistics and operational support to key stakeholders involved in the COVID-19 emergency response. | Provide engineering and other light construction support | Number of engineering/light construction requests | 0 | 10 |  |  |  |  |  |  | National Logistics Cluster (to  be determined on a case by case basis) | 300,000 | 10,000 | 290,000 |
| Provide dedicated humanitarian storage and handling space at the airport | Existence of dedicated humanitarian handling space | 0 | 1 |  |  |  |  |  |  | Civil Aviation, MoTPW, WFP | 200,000 | 0 | 200,000 |
| Maintain overland and inland transport corridors to reduce lead times | Percentage of partners reports addressed to reduce lead times | 70% | 80% |  |  |  |  |  |  | MoTPW, Customs | 200,000 | 30,000 | 170,000 |
| Provide dedicated logistics surge personnel to coordinate logistics storage and transport services | Number of logistics staff dedicated to COVID-19 response | 1 | 3 |  |  |  |  |  |  | National Logistics Cluster | 230,000 | 40,000 | 190,000 |
| Transport supplies and personnel | Amount of cargo transported | 50MT | 100MT |  |  |  |  |  |  | National Logistics Cluster | 70,000 | 30,000 | 40,000 |
| Map-out COVID-19 supply chain pipeline | Number of IM products published | 30 | 70 |  |  |  |  |  |  | National logistics Cluster | 10,000 | 5,000 | 5,000 |
| **Total Budget for response** | | | | | | | | | | | | **840,000** | **75,000** | **765,000** |

**4.11.7 Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Support logistics coordination and technical capacity | Maintain logistics coordination and technical capacity | Number of logistics coordination meetings or simulation exercises held | **0** | **3** |  |  |  |  |  |  | National Logistics Cluster | 20,000 | 0 | 20,000 |
| Avail logistics service support for demobilization activities where necessary | Percentage of service requests supported | 0 | 80% |  |  |  |  |  |  | National Logistics Cluster | 50,000 | 0 | 50,000 |
| **Total Budget for recovery** | | | | | | | | | | | | **70,000** | **0** | **70,000** |
| **Grand Total** | | | | | | | | | | | | **1,378,400** | **110,000** | **1,268,400** |

# 4.12. AGRICULTURE

**4.12.1. Overall Cluster Goal**

The Agriculture Sector builds a more resilient agri-food systems to tackle the possible impacts of COVID-19, ensuring food and nutrition security, strengthening the capacity of the country to prevent and deal with climate change and other future emergencies.

**4.12.2 Specific Objectives**

1. Provide timely and credible information about the impacts of COVID-19 in the functioning of food systems across the country.
2. Sensitize agriculture staff and farmers, and upstream food system actors on spread and prevention measures of COVID-19 to ensure continuity of the critical food supply chain, protect food chain actors and working environments, and mitigate the disease transmission;
3. Conduct a comprehensive risk and vulnerability assessment to determine recommended mitigation and preventions measures to document the risks and vulnerabilities presented by COVID on all food chain actors from farm to fork.
4. Stabilize and increase availability and access to diverse and nutritious foods by increasing and diversifying production, scaling up good practices, supporting rural incomes and preserving ongoing critical livelihood assistance to vulnerable households;
5. Maintain a basic operational structure in the field that facilitates provision of relevant information about COVID-19;
6. Coordinate and monitor implementation of agriculture COVID-19 interventions for agriculture sector.
7. Develop tailored approaches to ensure that all highly vulnerable groups are reached with measurable outcomes, including farmers, upstream food system actors, women, men, adolescent girls, boys, elderly, PLHIV, and groups that risk falling into poverty.

**4.12.3 Covid-19 risks to the cluster**

The following are the risks associate with the Agriculture Cluster:

1. Lack of proper knowledge on preventive measure to be taken at the time to guide small-scale farmers in different sort of activities.
2. Possible exposure for Agriculture Field level workers and enumerators to the COVID-19 at the moment to gather data and provide awareness to local farmers.
3. Scarcity of crop, veterinary inputs and fish production inputs such as fertilizers, seeds, vaccines, feedstock to facilitate production activities.
4. Limited possibility to organize market-oriented interventions involving large numbers of stakeholders and farmers.
5. Limited functionality of local food markets will imply increase of post-harvest losses and livelihoods depletion within different value chains.
6. Exposure during meetings such as trainings, field days, open days, agriculture fairs, agriculture campaigns, demonstrations, field trials, constructions and maintenance of irrigation schemes
7. Social distancing, health and environmental sanitation, and protection measures, reduced access to information and markets, create constraints and new challenges to food production and supply systems. This in turn creates bottlenecks in the systems that can lead to lower production, post-harvest loss, price-related impacts, lower market access and sales. The reduction in demand and supply creates a double risk.
8. Women and adolescent girls, who are already vulnerable, may be heavily impacted as they make up a large portion of the informal labour market, and are often in front-line positions. They may lose access to income from livelihoods, savings from VSL, and be subject to increase domestic violence, forced labor, or unwanted sex, and increase d school drop-outs due to the increased pressure on livelihoods and the economy.

**4.12.4 Targeted Population**

The Agriculture cluster will target a population of up to 500,000 farming households and upstream food system actors, including collectors, informal traders, aggregators, market operators, SMEs, transporters, etc., with different activities aiming at support steady food production and ensure functioning of the essential food systems in the country.

A special effort will be done to cover all food systems actors, including smallholder farmers, and food systems actors who all play a crucial role in the food supply chain in Malawi. Support for small-scale farmers will ensure that their capacity to produce a diverse diet for home consumption, supply markets, and earn income is strengthened while their health and nutrition are safeguarded to prevent the impact of COVID-19 mitigation measures and disease transmission. Private sector stakeholders, upstream food systems actors will be targeted, especially with the aim of maintain healthy markets and ensure food a supply across the country and regionally.

**4.12.5 Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Increased understanding on the impacts of COVID-19 in the agriculture and food security sectors | Set up Emergency Food Security Surveillance System (including crops, livestock, fisheries, input markets – May 2020) | Number of bulletins issued | N/A | EmA-FSS  Surveillance System up and running |  |  |  |  |  |  | MoA and Agriculture Cluster members | 700,000 | 250,000 | 450,000 |
| Conduct Emergency Post-harvest losses survey in market-strategic areas (May 2020) | Report issued (YES/NO) | N/A | Data readily available |  |  |  |  |  |  | MoA and Agriculture Cluster members | 200,000 | - | 200,000 |
| Carry out Cross-border trade data analysis with emphasis in agriculture inputs (livestock vaccines, fertilizers, seeds, equipment, feedstock, etc. | Number of reports released | Annual analysis conducted by the GoM | At least 2 reports before June 2021 |  |  |  |  |  |  | MoA and Agriculture Cluster members | 200,000 | - | 200,000 |
| Scale up Surveillance systems for FAW/AAW (FAMEWS) and transboundary diseases across the country | Number of reports released | FAMEWS and other systems available | FAMEWS system rolled-out at national level |  |  |  |  |  |  | MoA and Agriculture Cluster members | 400,000 | - | 400,000 |
| **TOTAL** | | | | | | | | | | | | **1,500,000** | **250,000** | **1,250,000** |
|  | | | | | | | | | | | | | | |
| Ensure provision of Extension Advisory Services and awareness messages on COVID-1**9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Produce COVID-19 sensitive Extension Advisory products to facilitate provision of technical guidance to farmers (radio programmes guiding with essential practices/information such as Good Agriculture Practices (GAP ), IPM, post-harvest handling, market information) | Number of advisory products produced and released | N/A | At least each farmers has access through different means to 2 critical products |  |  |  |  |  |  | MoA and Agriculture Cluster members | 600,000 | 168,500 | 431,500 |
| Develop rapid response and long-term strategy to modernize Extension services through digital services for Extension workers and Systems to ensure that the right groups can be reached with the right information. Some opportunities can be found to actively involve Academia, youth, etc. | A National strategy for the agriculture sector reviewed and rolled-out | Tbc | National strategy designed and under implementation. |  |  |  |  |  |  | MoA and Agriculture Cluster members | 600,000 | 180,000 | 420,000 |
| Disseminate Extension advisory programmes guiding small-scale farmers and farming communities with different series of Extension messages. Effective involvement of youth should be a priority as a tool to maximize effectiveness. | Number of farmers reached with EAS through digital media or alternative means | 37,000 | 150,000 |  |  |  |  |  |  | MoA and Agriculture Cluster members | 1,000,000 | 200,000 | 800,000 |
| Disseminate Nutrition and related messages to foster less post-harvest losses and better nutrition habits among rural and urban communities | Number of messages on healthy diets disseminated | Tbc | At least 800,000 households reached. |  |  |  |  |  |  | MoA and Agriculture Cluster members | 200,000 | - | 200,000 |
| Adapt Protocols for vaccination campaigns, slaughtering, dairy collection and other relevant process along the livestock value chains adapted with COVID-19 preventive measures | Number of protocols targeted adapted to COVID-19 | 0 | Critical protocols are released for the sub-sector |  |  |  |  |  |  | MoA and Agriculture Cluster members | 100,000 | - | 100,000 |
| Adapt Protocols for fish farming and fisheries-related activities such as catching transport, processing and value addition adapted with COVID-19 preventive measures | Number of protocols targeted adapted to COVID-19 | 0 | Critical protocols are released for the sub- sector |  |  |  |  |  |  | MoA and Agriculture Cluster members | 100,000 | - | 100,000 |
| Design messages and communication tools to facilitate COVID-19 preventive practices along strategic food value chains such as Livestock, fisheries and vegetable/fruits. | Number of protocols targeted adapted to COVID-19 | 0 | Critical protocols are released for the sub- sector |  |  |  |  |  |  | MoA and Agriculture Cluster members | 100,000 | - | 100,000 |
| Train detection of critical transboundary pest and diseases provided to Extension Workers using alternative methods (virtual modules, videos, radio-programmes, etc.). | Number of modules developed and rolled-out | N/A | At least 400 Extension Workers trained. |  |  |  |  |  |  | MoA and Agriculture Cluster members | 200,000 | - | 200,000 |
| Conduct sensitization trainings with actors along the food supply chain on best practices to mitigate the risk of infection. | Number of stakeholders trained from the different food value chains | 250 | 500 |  |  |  |  |  |  | MoA and Agriculture Cluster members | 250,000 | - | 250,000 |
| **TOTAL** | | | | | | | | | | | | 3,150,000 |  | **3,125,012** |
| **3,750,000** | | | | | | | | | | | | | | |
| Ensure safety of agriculture Extension Staff and agents along food value chains | Identify and address risk factors affecting safety of agriculture staff (e.g. Agriculture Extension Staff, Community-based facilitators and other relevant stakeholders). Provision of basic protection to critical Agriculture Staff supporting functioning of critical Food supply chains and income generation activities. Standards to be defined in collaboration with MoH. | Number of Extension workers receiving basic PPE | N/A | All staff delivering extension support receives basic PPE as per the Ministry of Health recommendations |  |  |  |  |  |  | MoAFS and Agriculture Cluster members | 3,000,000 | 265,700 | 2,734,300 |
| Awareness to local authorities and extension services, including animal surveillance staff, forestry authorities, farmer groups, forest users, women and youth groups on best practices to mitigate COVID-19 risk of infection. | Number of persons trained | 50,000 | 500,000 |  |  |  |  |  |  | MoAFS and Agriculture Cluster members | 1,500,000 | - | 1,500,000 |
| **TOTAL** | | | | | | | | | | | | **4,500,000** | **265,700** | **4,234,300** |
| **Total Budget** | | | | | | | | | | | | **9,750,000** | **1,140,688** | **8,609,312** |

**4.12.6 Early Recovery Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Increased understanding the impacts of COVID-19 in the agriculture and food security sectors | Conduct Food Systems analysis to be conducted to inform how urban food supply systems are working in Lilongwe, Blantyre, Mzuzu and Zomba | Number of reports | No data available | 1 Report per city |  |  |  |  |  |  | MoA and Agriculture Cluster members | 100,000 | - | 100,000 |
| Fast track critical modules for NAMIS for data collection and monitoring efforts, identifying bottle necks for the implementation of strategic modules | Number of modules operational | N/A | At least 2 modules rolled out |  |  |  |  |  |  | MoA and Agriculture Cluster members | 400,000 | - | 400,000 |
| **SUB TOTAL** | | | | | | | | | | | | **500,000** |  | **500,000** |
| Promote provision of Extension Advisory Services and awareness about COVID-19 | Mobilize additional Agriculture Extension Staff (fill-in pending vacancies in critical areas of the country). | Number of Extension workers able to provide services in the ground | Current number of Extension Workers | At least 75% of Extension Workers continue delivering activities safely in critical areas |  |  |  |  |  |  | MoA and Agriculture Cluster members | 2,000,000 | - | 2,000,000 |
| Adapt Critical Agriculture extension modules for COVID-19 for FFS, Lead Farmers and across the DAESS systems. | Number of modules/  approaches adapted. | Tbc | Extension methodologies in the country adapted to COVID -19 |  |  |  |  |  |  | MoA and Agriculture Cluster members | 250,000 | - | 250,000 |
| SUB TOTAL | | | | | | | | | | | | 2,250,000 |  | 2,250,000 |
| Safeguarding and modernizing resilient rural livelihoods, food security and nutrition in strategic areas tomitigate COVID-19 risks | Initiate procurement of time-critical inputs such as vaccines, veterinary accessories/medication, feedstock (fish farming, poultry); inputs for crop production to foster food production in the country. | Number of farmers supported | 0 | 500,000 |  |  |  |  |  |  | MoAFS and Agriculture Cluster members | 10,000,000 | 2,110,731 | 7,889,269 |
| Support livelihood diversification and home-based Food production to improve fresh Food availability at household level. Expanding Integrated Homestead farming activities, Expanding nutrition enterprises, and Support for income generation for resilience building | Number of farmers supported | 0 | 500,000 |  |  |  |  |  |  | MoAFS and Agriculture Cluster members | 3,000,000 |  | 3,000,000 |
| **SUB TOTAL** | | | | | | | | | | | | **13,000,000** | **2,110,731** | **10,889,269** |
| **GRAND TOTAL** | | | | | | | | | | | | **22,750,000** | **3,251,419** | **19,498,581** |

# 4.13 NUTRITION CLUSTER

**4.13.1 Overall Cluster Goal**

The overall goal of the Nutrition Cluster is to ensure continuity of multi-sectoral nutrition services to prevent and treat malnutrition culminating from infections and/or impacts of COVID19 pandemic on individuals, communities and the nation by December 2020.

## 

**4.13.2 Specific Objectives of Nutrition Cluster COVID-19 Response Plan**

1. Strengthened nutrition coordination at all levels to respond to the COVID-19 pandemic.
2. Strengthened nutrition capacity at all levels to enhance COVID-19 prevention
3. Continuation of essential multi-sectoral nutrition programming while preventing COVID-19.
4. Clear and effective nutrition related COVID-19 risk communication among the target population (see section 3 for targets), including:
5. Nutrition care and support for COVID-19 patients with nutrition supplementation and psychosocial support for those in need.

**4.13.3 Target population**

Starting with the most nutrition and COVID-19 vulnerable down to the general public.

| **Target Group** | **Estimates** | **Description of Targets** |
| --- | --- | --- |
| 1. **Vulnerable adults** | 100,000 | Malawians at risk of COVID-19 complications:   * Non-Communicable Diseases (NCDs) such as Diabetes, Cardiovascular Disease (CVD), Hypertension, Lung disease, Cancers, Obesity, etc. * Immune disorders [communicable e.g. People Living with HIV and AIDS PLHA) and NCDs] |
| 853,638 | Food insecure target (Food Security Cluster) |
| 20,000 | Malawians returning to Malawi (‘Returnees’) |
| 10,000 | ART/TB clients in NCST program |
| 1. **Children Under Five (CU5)** | 2,477,650 | Children 6-59 months reached with Vitamin A supplementation assuming regular nutrition programming continues with COVID-19 safe measures and education. |
| 25,000 | Children with MAM admitted in CMAM programs and are prevented from COVID-19 infections |
| 12,000 | Children with SAM and/or other comorbidities admitted in CMAM programs are prevented from COVID-19 infections. |
| 1. **Pregnant and Lactating Women (PLW)** | 838,094 | Primary caregivers of children aged 0-23 months receiving IYCF counselling through Caregivers |
| 5,500 | Pregnant and Lactating Women in CMAM |
| 1. **Primary School Aged Children (SAC)** | 3,534,000 | = 57% of 6.2 million school aged children  in 312,000 primary schools (52% of 600,000 schools) |
| 1. **General population** | 10,000,000 | Approximately 2.2 million households |

The remainder of the general public will be reached via mass media and decentralized structures:

* ADCs and VDCs
* Sector subcommittees (Civil Protection Committee, Nutrition Coordinating Committees, District Agricultural Extension Services System, School Health and Nutrition, Social Welfare, Youth, Community Based Natural Resource Management Committees, Community Development, etc.).

**4.13.4 COVID-19 risks to the Nutrition Cluster**

COVID-19’s prevention measure of physical distancing disrupts services and businesses which can have a knock-on effect on nutrition. As COVID-19 increases there will likely be deterioration of the nutritional status among Children Under 5 (CU5), Primary School Aged Children (SAC), Pregnant and Lactating Women (PLW), Persons Living with HIV and AIDS (PLHA), Non-Communicable Diseases (NCDs), the elderly and food insecure individuals.

**4.13.5 COVID-19 Spread Preparedness, Prevention and Control activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Strengthened Coordination  & Capacity | Strengthen capacity of DNCC and lower level substructures including SOPs on implementation of nutrition interventions, support for connectivity etc. | ## national coordination meetings conducted  ## DNCC members oriented on COVID19 SOPs | 7  0 | 15  1000 |  |  |  |  |  |  | DNHA, UN, UNICEF, WFP, FAO, WHO, DONUTS: GIZ, IA, USAID, EU, DFID, BMZ, CSONA, SANE, AgDiv, HC4L, FUM, CRS, UP, CARE, VR, GOAL | 450,000 | 100,000 | 400,000 |
| Continuation  of Essential  Nutrition **Programmes** | Strengthen quality Community Based Management of Acute Malnutrition (CMAM) in 12 COVID19 most affected districts -MAM/SAM | ## health workers oriented in CMAM/COVID context | 0 | 2,184 |  |  |  |  |  |  | DNHA  UNICEF  GOAL  WFP | 2,500,850 | 120,000 | 2,380,850 |
|  | Conduct case identification through use of Family MUAC approach. Train caregivers and distribute MUAC tapes | No of caregivers trained in using MUAC | 5,750 | 50,000 |  |  |  |  |  |  | MoH UNICEF GOAL  WFP | 480,000 | 0 | 480,000 |
|  | Procure and distribute (mask, hand sanitizers and hand washing items)-train ANCC, VNCC and care group promoters own production | No of supplies (locally made masks, soap, 20L buckets with lid and taps, breach) procured and distribution. To collaborate with WASH/health sectors | Various | Various |  |  |  |  |  |  | * DNHA * UN UNICEF, WFP, FAO, WHO, * DONUTS: GIZ, IA, USAID, EU, BMZ   CSONA, SANE, AgDiv, HC4L, FUM, CRS, UP, CARE, VR, GOAL | 3,800,000 | 0 | 3,800,000 |
|  | Develop SOPs and orient health workers on Vitamin A supplementation in the context of COVID-19 (19 districts) | No of children 6-59 months reached with VAS | 52,872 | 2,477,650 |  |  |  |  |  |  | DNHA  UNICEF  GOAL | 500,000 | 150,000 | 350,000 |
| Improved awareness on Civid-19 Nutrition  Communication | Develop, compile and print nutrition communication materials in the context of COVID-19 for all target audiences | No of materials printed and disseminated | various | Various |  |  |  |  |  |  | * DNHA * Communications Cluster * UN WHO, UNICEF, WFP, FAO   GIZ, SANE, AgDiv, HC4L, FUM | 450,000 | 0 | 450,000 |
| Disseminate nutrition communication materials in the context of COVID-19 for all target audiences including IYCF/protection/promotion of breastfeeding. | No of people reached with messages on COVID19 prevention in collaboration with communication cluster | 4,752,271 | 9,415,382 |  |  |  |  |  |  | * DNHA * Other clusters * UN WHO, UNICEF, WFP, FAO   CSONA, GIZ, SANE, AgDiv, HC4L, FUM, SHA, CRS, UP, CARE, VR, GOAL | 3,528,294 | 500,000 | 3,028,294 |
| **Total Budget Prevention & Control:** | | | | | | | | | | | | **10,708,294** | **870,000** | **9,838,294** |

**4.13.6 Nutrition COVID-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Improved awareness on Covid-19 Nutrition Communication | Provide advice on nutrition care and support for patients affected by COVID-19 (in homes or institutions) | No of patients reached | 20,000 | 10,000 |  |  |  |  |  |  | DNHA,  SANE,  NSM | 475,000 | 10,000 | 465,000 |
| Improve Nutrition Care and Support | Provide nutritious meals for returnees in collaboration with food security | No of returnees reached | 380 | 20,000 |  |  |  |  |  |  | DNHA  WFP  CRS  Food security | 1,640,000 | 100,000 | 1,640,000 |
| **Total Budget for Response:** | | | | | | | | | | | | **2,115,000** | **110,000** | **2,005,000** |
| **Grand Total** | | | | | | | | | | | | **12,823,294** | **980,000** | **11,843,294** |

# 4.14 SHELTER AND CAMP MANAGEMENT

**4.14.1 Overall Cluster Objective**

The overall objective of the shelter cluster is to contribute towards shelter and camp management needs through provision of timely and appropriate response services for the affected population due to risk of Covid-19 outbreak.

**4.14.2 Specific Objectives**

1. To provide tents in adequate quantities to affected population in ETUs, transit centers, IDPs and other deprived surrounding vulnerable communities.
2. To provide shelter response facilities such as (mosquito nets, blankets, sleeping mats and solar lumps) in emergency treatment units for Corona virus affected populations.
3. To ensure a coordinated shelter response to the Corona virus outbreak with other service providers at national, district and sub district levels.
4. To preposition adequate shelter supplies to respond to Coronavirus outbreak and returnees/ deportees.

**4.14.3 Target population**

The shelter cluster will target a population of 1.5 million people in Malawi targeting isolation centres, emergency treatment units, hospitals, IDPs and schools. These will include all the affected, vulnerable and the population that is at risk.

**4.14.4 Covid-19 Risks to the Cluster**

The cluster shall be aware of the following risks associate

1. Limited financial resources to respond to growing number of people at risk of COVID-19.
2. The lack of proper and adequate protection of shelter members and other frontline workers involved in promoting shelter related interventions.
3. Non-adherence to COVID-19 preventive measures as many people are still attending gatherings and other events.
4. There is huge critical shelter needs across the country hence needs for more resource mobilization including messaging on housing and settlements

**4.14.5 Covid-19 Spread Prevention and Control activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Shelter supplies delivered | Procure shelter supplies and preposition to respond to Coronavirus outbreak and returnees for isolation, quarantine and triage centres | Number of shelter supplies prepositioned to respond to Coronavirus outbreak and returnees/ deportees |  | 7000 |  |  |  |  |  |  | MoLH & UD, MRCS | 15,000 | - | 15,000 |
| Shelter needs identified | Map shelter needs | Number of centres identified |  | 19 |  |  |  |  |  |  | MoLH & UD, MRCS | 10,000 |  | 10,000 |
| conducted trainings on shelter management | Conduct training on shelter use and management | Number of trainings conducted |  | 19 |  |  |  |  |  |  | MoLH & UD, MRCS | 16,166 |  | 16,166 |
| **Total Budget for Spread control** | | | | | | | | | | | | **41,166.00** |  | **41,166.00** |

**4.14.6 Covid-19 Response Activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Improved shelters in Isolation centres | Rehabilitate shelters in all isolation centres | Number of shelters rehabilitated |  | 19 |  |  |  |  |  |  | MoLH& UD, MRCS | 15,000 | - | 15,000.00 |
| Protected people affected by COVID 19 from infections | Procure mosquito nets, blankets, sleeping mats and solar lumps and distribute them to Corona virus affected populations. | Number of mosquito nets, blankets, sleeping mats and solar lumps procured and distributed for the emergency treatment units for Corona virus affected populations. |  | 7000 |  |  |  |  |  |  | MoLH& UD, MRCS | 108,000 | - | 108,000 |
| **Total Budget for response** | | | | | | | | | | | | **123,000** | **-** | **123,000** |

**4.14.7 Early recovery activities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activities** | **Indicator(s)** | **Baseline** | **Target** | **Timeframe** | | | | | | **Responsible Agencies** | **Budget (USD)** | | |
| **Total** | **Available** | **Gap** |
| **J** | **A** | **S** | **O** | **N** | **D** |
| Increased returnees/deportees supported with shelter supplies | Support returnees/ deportees with family tents and shelter needs | Number of returnees/deportees supported with shelter |  | 10,000 |  |  |  |  |  |  | MoLH& UD, MRCS | 50,000 | - | 50,000 |
| Increased people/insititutions participating in shelter responses | Number people/ institutions participating in shelter response to the Corona virus outbreak with other service providers at national, district and sub district levels. | Number of people/institutions participating in shelter response activities |  | 70 |  |  |  |  |  |  | MoLH& UD, MRCS | 32,000 |  | 32,000 |
| Evaluated activities of shelter cluster | Monitor and evaluate Covid-19 activities | Number of Monitoring and evaluation conducted |  | 6 |  |  |  |  |  |  | MoLH& UD, MRCS | 10,000 | - | 10,000 |
| **Total Budget for recovery** | | | | | | | | | | | | **92,000** |  | **92,000** |
| **Total budget for shelter cluster** | | | | | | | | | | | | **256,166** |  | **256,166** |

# 4.15 LOCAL GOVERNMENT COORDINATION CLUSTER

The Ministry of Local Government and Rural Development in collaboration with all 35 councils lead the Cluster.

**4.15.1 Overall Cluster Objective**

The overall objective of the LOCAL GOVERNMENT COORDINATIION cluster is to contribute to the effective coordination of the Covid- 19 response by the Local Government Authorities (LGAs) through provision of policy and legislative guidance for preventive measures and providing timely and appropriate support to the response activities in the districts affected by and at risk of the Covid pandemic.

**4.15.2 Specific Objectives**

1. To provide policy guidance and legal advice to the LGAs as they are engaged in implementing Covid- 19 response activities;
2. To provide timely information to the LGAs and ensure effective knowledge management by sharing with the LGAs about any changes in policy, rules and regulations regarding the response;
3. To ensure there is standardized, structured and well-coordinated Covid response by the LGAs and ensuring that the LGAs effectively collaborate with other service providers at national, district and sub district levels –to avoid duplication of effort and policy contradictions; and
4. To establish cluster-wide coordination platform for engagement at national, district and community levels to leverage support for provision of adequate resources to LGAs to effectively respond to the Covid pandemic.

**4.15.3 Target population**

The LG Coordination cluster will target a population of up to 50,000 people as it will affect all 35 Local Government Authorities in Malawi with Covid response activities aimed at engaging key sector staff and heads, project managers, local leaders and other key stakeholders at the LGA level.

**4.15.4 Covid-19 risks to the cluster**

The following are the risks associated with the LG Coordination cluster

1. The greatest risk is limited resources to prevent huge number of people being affected;
2. Other risks include lack of proper and adequate protection of LG Staff, leaders and other frontline workers involved in fighting the pandemic;
3. High illiteracy, poverty and mere naivety that goes with the local population to adhere to measures.

**4.15.5 Emergency Preparedness and Capacity Building Activities**

4.15.6 Covid-19 preparedness and capacity building

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activity** | **Monitoring Indicator** |  | **Target** | **Timeframe** | | | | | | **Budget Estimate** | | | |
| **Baseline** | **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** | |
|  | | | | | | | | | | | | | | |
| Increased Screening and detection of cases | Equip covid-19 isolation centre as required by WHO | Number of covid isolation centre equipped | 0 | 1 |  |  |  |  |  |  | 3,333.33 | - | 3,333.33 | |
| Orient Village Civil Protection Committees (VCPCs) that are linked to RRTs | No. of VCPCs | 0 | 42 |  |  |  |  |  |  | 933.33 | - | 933.33 | |
| Conduct case management training on COVID-19 for newly recruited health workers | Number of HW trained | 0 | 120 |  |  |  |  |  |  | 1,600.00 | - | 1,600.00 | |
| Train district and facility based Burial teams | Number of burrial teams trained | 0 | 25 |  |  |  |  |  |  | 8,000.00 | - | 8,000.00 | |
| Train HSAs on contact tracing | Number of HSAs trained | 50 | 210 |  |  |  |  |  |  | 3,600.00 | - | 3,600.00 | |
| Train Children Corners and Volunteers on COVID 19 | Number of children corners and volunteers trained | 0 | 30 |  |  |  |  |  |  | 2,133.33 | - | 2,133.33 | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| Local transmission of Covid-19 controlled | Procure PPEs for all frontline staff and distribute (masks, sanitizers, buckets, soap) | Number of masks procured | 0 | 10,000 |  |  |  |  |  |  | 10,000.00 | - | 10,000.00 | |
| Engage local leadership, using group village headmen to strengthen spread control | Number of local le4aders | 0 | 25 |  |  |  |  |  |  | 2,012.00 | - | 2,012.00 | |
| Local coordination and Community Engagement enhanced | Conduct public announcements using vans in all areas including hard to reach areas | No. of Van mobilisation visits | 0 | 90 |  |  |  |  |  |  | 160.00 | - | 160.00 | |
| Community sensitisation using youth clubs | No. of youth clubs reached with response messages | 0 | 252 |  |  |  |  |  |  | 2,338.05 | - | 2,338.05 | |
|  | Conduct Orientation of CBOs, FBOs, leaders, teachers and community health structures other extension workers on basic messages including prevention– | Percentage of CBOs, FBOs Leaders, Teachers, Extension workers oriented on COVID-19  No of district community structures oriented | 4 | 300  29 |  |  |  |  |  |  | 195,386 | 158,069 | 37,317 |
|  | Conduct community Sensitization- Chiefs, Religious leaders, full council, schools-SHN PEAs Head, Roadshows, theater groups (all districts)- | Number of community sensitization campaigns conducted |  |  |  |  |  |  |  |  | 118,327 | 0 | 118,327 |
|  | Train of HSAs, Community Health Nurses and district community health coordinators on coronavirus and preventive measures and rightful messaging- | Percentage of Community Health Workers trained  Number of districts with trained CHWs | (need baselines ) | 29 |  |  |  |  |  |  | 231,614 | 0 | 231,614 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
|  | **Total** | **152,295.79** |  |  |  |  |  |  |  |  | **559,837.05** | **0** | **559,837.05** | |
|  | | | | | | | | | | | | **-** |  | |

4.15.7 Covid-19 response activities

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Activity** | **Monitoring Indicator** |  | **Target** | **Timeframe** | | | | | | **Budget Estimate** | | |
| **Baseline** | **J** | **A** | **S** | **O** | **N** | **D** | **Total** | **Available** | **Gap** |
|  | | | | | | | | | | | | | |
|  | Provide food and ration for covid 19 cases admitted | Number of admited patients | 0 | 50 |  |  |  |  |  |  | 3,666.67 | - | 3,666.67 |
| Provide food and ration for health workers in quarantine after working in isolation centre | Number of health workers | 0 | 20 |  |  |  |  |  |  | 5,993.40 | - | 5,993.40 |
| Support health workers working in isolation centre | Number of health workers in isolation ward | 0 | 35 |  |  |  |  |  |  | 4,000.00 | - | 4,000.00 |
|  | Conduct screening at all ports of entry | No. of cases screened | 0 | 100 |  |  |  |  |  |  | 14,666.67 | - | 14,666.67 |
|  |  |  |  |  |  |  |  |  |  |  | **47,926.73** | **-** | **47,926.73** |
|  | Escort returnees to their respective homes and sensitise commnities on safe practices | Number of returnees escotred | 30 | 180 |  |  |  |  |  |  | 1,666.67 | - | 1,666.67 |
| Conduct sample collection and quality checks on samples | Number of samples collected | 65 | 200 |  |  |  |  |  |  | 3,000.67 | - | 3,000.67 |
| Conduct follow up of contacts in the communities | Number of contacts followed up | 120 | 300 |  |  |  |  |  |  | 3,200.00 | - | 3,200.00 |
| Conduct fumigation and disinfection of offices, health facilities, markets and other public high risk areas | Number of premises disinfected | 20 | 100 |  |  |  |  |  |  | 6,000.00 | - | 6,000.00 |
| Engage local leadership, using group village headmen to strengthen spread control | Number of local leaders | 0 | 25 |  |  |  |  |  |  | 2,012.00 | - | 2,012.00 |
|  |  |  |  |  |  |  |  |  |  |  | **29,212.67** | **-** | **29,212.67** |
|  | Hold Public Health Emergency Committee (PHEMIC) meetings | Number of meetings done | 0 | 6 |  |  |  |  |  |  | 1,669.33 | - | 1,669.33 |
| Hold Disaster Relief and Rehab Teams (DRRT) weekly meetings | Number of meetings done | 0 | 12 |  |  |  |  |  |  | 993.33 | - | 993.33 |
| Conduct ACPC Coordination Meetings at area level | Number of meetings | 2 | 10 |  |  |  |  |  |  | 5,087.00 | - | 5,087.00 |
| Conduct DCPC Coordination Meetings at district level | Number of meetings | 1 | 5 sessions |  |  |  |  |  |  | 3,983.33 | - | 3,983.33 |
| Facilitate VCPC Coordination Meetings with other structures | Number of coordination meetings | 10 | 100 |  |  |  |  |  |  | 5,486.67 | - | 5,486.67 |
| Provide pychosocial support to vulnerable groups | Number of vulnerable groups reached out |  | 15 |  |  |  |  |  |  | 5,672.00 | - | 5,672.00 |
| Conduct mentoring sessions with Youth Groups on Psychosocial support | No. of Youth Groups Trained | 0 | 10 |  |  |  |  |  |  | 3,066.67 | - | 3,066.67 |
|  |  |  |  |  |  |  |  |  |  |  | **28,456** | **-** | **28,456.39** |
| Local Livelihood enhanced | Promote Livelihood improvements strategies | Livelihood strategies enhanced | 0 | 1000 communities |  |  |  |  |  |  | 566.67 | - | 566.67 |
|  |  |  |  |  |  |  |  |  |  |  | **566.67** | **-** | **566.67** |
| Public adherence to Preventive Measures on Covid-19 Enhanced | Conduct patrols against unchartered routes | Number of patrols | 2 | 5 |  |  |  |  |  |  | 3,666.67 | - | 3,666.67 |
| Conduct patrols to check adherence to preventive measures in vehicles | Number of patrols | 0 | 2 per week |  |  |  |  |  |  | 3,333.33 | - | 3,333.33 |
| Formulate council Covid-19 by laws and enforce them | Number of by laws formulated | 0 | 2 |  |  |  |  |  |  | 32,733.33 | - | 32,733.33 |
| Conduct follow up visits on returnees | Number of follow ups | 5 | 30 |  |  |  |  |  |  | 6,400.00 | - | 6,400.00 |
|  |  |  |  |  |  |  |  |  |  |  | **46,133.33** | **-** | **46,133.33** |
| **Total for local governance coordination** | |  |  |  |  |  |  |  |  |  | **152,295.79** | **-** | **152,295.79** |

1. **LOCAL GOVERNMENT AUTHORITIES CONSOLIDATED COVID RESPONSE PLAN**

4.15.8 Covid-19 preparedness and capacity building

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | | **Activity** | **Monitoring Indicator** |  |  | **Target** | **Timeframe** | | | | | | **Budget Estimate** | | |
|  | **Basweline** | **J** | **A** | **S** | **O** | **S** | **D** | **Requirements** | **Available** | **Gap** |
|  |  | | | | | | | | | | | | | | |
| Increased Screening and detection of cases | | Provide food and ration for covid 19 cases admitted | Number of admited patients |  | 0 | 50 |  |  |  |  |  |  | 3,666.67 | - | 3,666.67 |
| Provide food and ration for health workers in quarantine after working in isolation centre | Number of health workers |  | 0 | 20 |  |  |  |  |  |  | 5,993.40 | - | 5,993.40 |
| Support health workers working in isolation centre | Number of health workers in isolation ward |  | 0 | 35 |  |  |  |  |  |  | 4,000.00 | - | 4,000.00 |
| Orient Village Civil Protection Committees (VCPCs) that are linked to RRTs | No. of VCPCs |  | 0 | 42 |  |  |  |  |  |  | 933.33 | - | 933.33 |
| Conduct case management training on COVID-19 for newly recruited health workers | Number of HW trained |  | 0 | 120 |  |  |  |  |  |  | 1,600.00 | - | 1,600.00 |
|  | | Conduct screening at all ports of entry | No. of cases screened |  | 0 | 100 |  |  |  |  |  |  | 14,666.67 | - | 14,666.67 |
| Train district and facility based Burial teams | Number of burrial teams trained |  | 0 | 25 |  |  |  |  |  |  | 8,000.00 | - | 8,000.00 |
| Train HSAs on contact tracing | Number of HSAs trained |  | 50 | 210 |  |  |  |  |  |  | 3,600.00 | - | 3,600.00 |
| Train Children Corners and Volunteers on COVID 19 | Number of children corners and volunteers trained |  | 0 | 30 |  |  |  |  |  |  | 2,133.33 | - | 2,133.33 |
|  | |  |  |  |  |  |  |  |  |  |  |  | **47,926.73** | **-** | **47,926.73** |
| Local transmission of Covid-19 controlled | | Procure PPEs for all frontline staff and distribute (masks, sanitizers, buckets, soap) | Number of masks procured |  | 0 | 10,000 |  |  |  |  |  |  | 10,000.00 | - | 10,000.00 |
| Escort returnees to their respective homes and sensitise commnities on safe practices | Number of returnees escotred |  | 30 | 180 |  |  |  |  |  |  | 1,666.67 | - | 1,666.67 |
| Conduct sample collection and quality checks on samples | Number of samples collected |  | 65 | 200 |  |  |  |  |  |  | 3,000.67 | - | 3,000.67 |
| Conduct follow up of contacts in the communities | Number of contacts followed up |  | 120 | 300 |  |  |  |  |  |  | 3,200.00 | - | 3,200.00 |
| Conduct fumigation and disinfection of offices, health facilities, markets and other public high risk areas | Number of premises disinfected |  | 20 | 100 |  |  |  |  |  |  | 6,000.00 | - | 6,000.00 |
| Procure full PPEs for health workers and burial teams | Number of PPEs procured |  | 0 | 100 |  |  |  |  |  |  | 3,333.33 | - | 3,333.33 |
| Engage local leadership, using group village headmen to strengthen spread control | Number of local le4aders |  | 0 | 25 |  |  |  |  |  |  | 2,012.00 | - | 2,012.00 |
|  | |  |  |  |  |  |  |  |  |  |  |  | **29,212.67** | **-** | **29,212.67** |
| Local coordination and Community Engagement enhanced | | Conduct public announcements using vans in all areas including hard to reach areas | No. of Van mobilisation visits |  | 0 | 90 |  |  |  |  |  |  | 160.00 | - | 160.00 |
| Community sensitisation using youth clubs | No. of youth clubs reached with response messages |  | 0 | 252 |  |  |  |  |  |  | 2,338.05 | - | 2,338.05 |
| Hold Public Health Emergency Committee (PHEMIC) meetings | Number of meetings done |  | 0 | 6 |  |  |  |  |  |  | 1,669.33 | - | 1,669.33 |
| Hold Disaster Relief and Rehab Teams (DRRT) weekly meetings | Number of meetings done |  | 0 | 12 |  |  |  |  |  |  | 993.33 | - | 993.33 |
| Conduct ACPC Coordination Meetings at area level | Number of meetings |  | 2 | 10 |  |  |  |  |  |  | 5,087.00 | - | 5,087.00 |
| Conduct DCPC Coordination Meetings at distrcit level | Number of meetings |  | 1 | 5 sessions |  |  |  |  |  |  | 3,983.33 | - | 3,983.33 |
| Facilitate VCPC Coordination Meetings with other structures | Number of coordination meetings |  | 10 | 100 |  |  |  |  |  |  | 5,486.67 | - | 5,486.67 |
| Provide pychosocial support to vulnerable groups | Number of vulnerable groups reached out |  |  | 15 |  |  |  |  |  |  | 5,672.00 | - | 5,672.00 |
| Conduct mentoring sessions with Youth Groups on Psychosocial support | No. of Youth Groups Trained |  | 0 | 10 |  |  |  |  |  |  | 3,066.67 | - | 3,066.67 |
|  | |  |  |  |  |  |  |  |  |  |  |  | **28,456** | **-** | **28,456.39** |
| Local Livelihood enhanced | | Promote Livelihood improvements strategies | Livelihood strategies enhanced |  | 0 | 1000 communities |  |  |  |  |  |  | 566.67 | - | 566.67 |
|  | |  |  |  |  |  |  |  |  |  |  |  | **566.67** | **-** | **566.67** |
| Public adherence to Preventive Measures on Covid-19 Enhanced | | Conduct patrols against unchartered routes | Number of patrols |  | 2 | 5 |  |  |  |  |  |  | 3,666.67 | - | 3,666.67 |
| Conduct patrols to check adherence to preventive measures in vehicles | Number of patrols |  | 0 | 2 per week |  |  |  |  |  |  | 3,333.33 | - | 3,333.33 |
| Formulate council Covid-19 by laws and enforce them | Number of by laws formulated |  | 0 | 2 |  |  |  |  |  |  | 32,733.33 | - | 32,733.33 |
| Conduct follow up visits on returnees | Number of follow ups |  | 5 | 30 |  |  |  |  |  |  | 6,400.00 | - | 6,400.00 |
|  | |  |  |  |  |  |  |  |  |  |  |  | **46,133.33** | **-** | **46,133.33** |
| **Total for one Council** | | |  |  |  |  |  |  |  |  |  |  | **152,295.79** | **-** | **152,295.79** |
| **Total for 35 Councils plus Mzimba North** | | |  |  |  |  |  |  |  |  |  |  | **5,482,648.32** | **-** | **5,482,648.32** |
| **LOCAL GOVERNANCE GRAND TOTAL** | | |  |  |  |  |  |  |  |  |  |  | **5,634,944.11** |  | **5,634,944.11** |

1. Vulnerable groups could be members of the education community with underlying health conditions, e.g. HIV/Aids, or children who live physically close to the other members in the village community including those with disabilities or special education needs, or education community members who are sharing rooms, e.g. in student hostels in Teacher Training Colleges, boarding schools [↑](#footnote-ref-2)