REPUBLIC OF MALAWI

NATIONAL COVID-19 PREPAREDNESS AND RESPONSE PLAN

MARCH – JUNE, 2020

The Republic of Malawi
Ministry of Disaster Management Affairs and Public Events
Ministry of Health
(Developed in collaboration with UN Humanitarian Country Team and Partners)
Photo Credit: MoH

His Excellency

PROFESSOR ARTHUR PETER MUTHARIKA

PRESIDENT OF THE REPUBLIC OF MALAWI

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The Government of Malawi wishes to acknowledge, with gratitude, various stakeholders and institutions for their commitment and contributions in the development of the plan. In particular, special thanks go to the cluster leads and co-leads for their special dedication towards development of the plan.

The Government would also like to acknowledge the United Nations Resident Coordinator's Office (UNRCO) and World Health Organization (WHO) for the guidelines that assisted the Health Cluster to develop a robust plan.

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

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, led the development of a National Coronavirus Disease (COVID-19) Preparedness and Response Plan. Malawi recognizes the serious threat that the on-going COVID-19 global outbreak poses on the country. Global movements and interaction between Malawi and affected countries through travel and trade. Additionally, the novel Coronavirus has been confirmed in several countries outside China which have relations with Malawi. Affected countries are putting in containment measures to control the spread of COVID-19. Countries not yet affected, including Malawi, are also ensuring preventive measures against importation of the disease.

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 COVID-19 spread into the country, preparedness and readiness for a timely, consistent and coordinated response in the event of COVID-19 outbreak.

The Preparedness and Response Plan is based on three scenarios- when there is no COVID-19 case, when a COVID-19 case is confirmed (an imported or sporadic case) and when more people are affected by COVID-19 either as clusters or with community transmission.

The plan was developed through the cluster system approach led by the Ministry of Disaster Management Affairs and Public Events and the Ministry of Health. There are 10 operational clusters in the plan namely: Health, Inter-cluster coordination Protection and Social Support, Water, Sanitation and Hygiene (WaSH), Education, Food Security and Transport and Logistics. The following have been included as ad hoc clusters: Communication Cluster, Economic Empowerment Cluster and Enforcement Cluster. The Government of Malawi (GoM) through the Ministry of Disaster Management Affairs and Public Events is responsible for the overall coordination while the Ministry of Health is the technical lead for implementation of the plan.

1.0 INTRODUCTION

1.1 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 predominantly live in the rural areas (85%). 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. Of the ten points of entry, only Kamuzu International Airport has a holding room and quarantine facilities which need to be renovated. The quarantine facility at Chileka Airport is small and does not meet the required standards. All the eight formal ground crossing points of entry have no holding room nor quarantine facility. In addition to the ten formal points of entry, Malawi has extensive porous borders with Mozambique, Zambia and Tanzania.

1.4 Travelers from COVID-19 Countries

Malawi receives about 1200 international passengers at the two international airports on a daily basis. A significant number of these travelers are mainly from the countries hit by the coronavirus outbreak. Travelers from countries with ongoing transmission also pass through the two airports, hence any suspected or confirmed case on these conveyances poses a major risk of exposure to these travelers. Additionally, the ground crossings connect to countries that have confirmed cases.

1.5 Plan Development Process

The COVID-19 Preparedness and Response Plan was developed as a collaborative effort and consultative process under the guidance of the Ministry of Disaster Management Affairs and Public Events, 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 10 operational clusters: Health, Inter-cluster coordination; Protection and Social Support, Water, Sanitation and Hygiene (WaSH), Education, Food Security and Transport and Logistics. The following have been included as ad hoc clusters: Communication Cluster, Employment and Labour Force Protection, Economic Empowerment Cluster and Enforcement Cluster. 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.

The Protection cluster is cross cutting and its activities have been mainstreamed across all clusters. The plan recognizes people with special needs like the elderly, people with disabilities, chronically ill, PLWHA, injured persons, adolescents, pregnant and lactating women and children as particularly vulnerable and needing special protection measures.

1.6 OBJECTIVES

The main objective of this COVID-19 Plan is to prevent, rapidly detect and effectively respond to any COVID-19 outbreak 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 every 3 months or on a need basis.

1.7 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)
Coordination	446,890.00	35,000.00	411,890.00
Communication	1,539,968.00	0.00	1,539,968.00
Health	20,722,305.00	8,341,130.26	12,381,174.74
WaSH	16,075,000.00	570,458.00	15,504,542.00
Protection and Social Support	124,242,147.00	0.00	124,242,147.00
Employment	4,890,000.00	0.00	4,890,000.00
Security & Enforcement	11,215,390.85	0.00	11,215,390.85
Education	10,000,000.00	10,000,000.00	0.00
Food Security	22,296,000.00	44,000.00	22,252,000.00
Transport and Logistics	1,734,400.00	0.00	1,734,400.00
Total (USD)	**213,162,100.85**	**18,990,588.26**	**194,171,512.59**
Total (MK) (MK737/USD)	**157,100,468,326.45**	**13,996,063,547.62**	**143,104,404,778.83**

***Note:** Details of contribution indicated in the Funding table to be updated upon confirmation

Table 2: Cluster Requirements by Phase

Cluster/ Sub Cluster	Short Term[1]	Medium Term[2]	Long Term[3]	Total
Coordination	233,445.00	193,445.00	20,000.00	446,890.00
Communication	1,505,595.00	34,373.00	0.00	1,539,968.00
Health	11,100,655.00	25,143.00	9,596,507.00	20,722,305.00
WaSH	6,395,000.00	8,420,000.00	1,260,000.00	16,075,000.00
Protection & Social Support	3,240,514.00	77,488,750.00	43,512,883.00	124,242,147.00
Employment & Labour Force Protection	560,000.00	3,160,000.00	1,170,000.00	4,890,000.00
Security & Enforcement	6,464,241.69	4,639,949.16	111,200.00	11,215,390.85
Education	1,200,000.00	5,300,000.00	3,500,000.00	10,000,000.00
Food Security	175,000.00	22,121,000.00	0.00	22,296,000.00
Transport and Logistics	824,400.00	840,000.00	70,000.00	1,734,400.00
Total (USD)	**31,698,850.69**	**122,222,660.16**	**59,240,590.00**	**213,162,100.85**
Total (MK)(MK737/USD)	**23,362,052,958.53**	**90,078,100,537.92**	**43,660,314,830.00**	**157,100,468,326.45**

[1] Short Term includes preparedness, capacity building and spread control activities
[2] Medium Term includes response activities
[3] Long Term includes early recovery activities

2.0.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. There is no evidence of airborne transmission in the community. There is no evidence of maternal fetal transmission as only one woman infected with the novel Coronavirus delivered a coronavirus-free baby.

Health-care workers have frequently been infected while treating patients with suspected or confirmed novel Coronavirus. This has occurred through close contact with patients when infection control precautions are not strictly practiced.

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 novel Coronavirus Outbreak

The current novel Coronavirus outbreak was alerted to the World Health Organization (WHO) China Country Office on 31st December, 2019 as cases of pneumonia of unknown cause

detected in Wuhan City, Hubei Province of China. On 7th January 2020, the causative pathogen was identified as a novel coronavirus (COVID-19). The majority of these cases were linked to a seafood, poultry and live wildlife market in Wuhan City, suggesting that the novel coronavirus has a possible animal origin. The novel coronavirus infection continued to spread within China with exportation to other countries.

2.3.Risk of novel Coronavirus outbreak in Malawi

WHO risk assessment shows that risk of spread from the epicentre, Wuhan; to other parts of China the Asia region and the rest of the world is very high. In terms of risk for African countries, WHO has identified 13 countries with direct link with China and high volume of travel between these countries as Priority 1 countries at risk of novel Coronavirus. The countries are: Algeria, Angola, Cote d'Ivoire, the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Mauritius, Nigeria, South Africa, Tanzania, Uganda and Zambia. There are 7 countries in priority 2.Malawi is among the Priority 3 countries with very low risk of COVID-19 outbreak. However, Malawi borders 2 of the priority 1 countries and has direct flight connections to these countries hence there is still a risk of passengers from very high risk going through the direct entry ports like Ethiopia, Kenya and South Africa, asymptomatic and developing symptoms during or after passing through Malawi port of entries (PoE). The plan is therefore, critical to guide the development of strategies for prevention, preparedness and response in the event of novel coronavirus outbreak in Malawi.

2.4.Scenarios and Planning Assumptions

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

Scenario	Description	Planning Assumptions
1	Preparedness-No confirmed Case	• National surveillance systems are able to detect and respond rapidly to an outbreak, and links to Reference Laboratories are strong and well-functioning. • The disease will primarily hit urban and peri-urban areas and is unlikely to spread rapidly in rural areas. However, in localized areas the consequences for people's livelihoods and food security are significant. • The Government of Malawi, and its development partners, is responsible for national; prevention, mitigation and preparedness including capacity building, procurement of materials and establishment of treatment centres. • Other UN agencies are responsible for assisting in preparedness for possible humanitarian consequences of an outbreak. At this level, the main aim is to:

Scenario	Description	Planning Assumptions
		○ mobilize and pre-position materials (PPEs, thermoscanners Infra-red thermometers, infection prevention control(IPC) materials) ○ Identifying and designating Isolation facilities ○ build capacity (refurbishment of Infectious Disease Treatment Centres, training of health workers on case management, IPC practices) ○ raise public awareness to the general public and community engagement among workers at points of entry ○ Screening for Coronavirus ○ Investigations for Coronavirus disease ○ Coordination activities with relevant multi-sectoral stakeholders for response.
2	Confirmed case- Enhanced preparedness in high risk locations (districts/ cities with entry points)	• Virus spreads quickly but is limited to a small number of specific areas in Malawi. • Initial human-to-human transmission may be highly localized but can easily escalate if containment measures are inadequate. • 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. • Many staff will not be able to report to work in affected regions. • 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 preventive measures and increase public awareness and engagement including risk communication.
3	Confirmed Case 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. • A significant proportion of staff are not able to report to work. • Essential services, 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.

Scenario	Description	Planning Assumptions
	RISK ANALYSIS	
Factors	**Degree of Risk**	**Comments**
Probability	Likely	International travel with presence of international airports, other point of entries and the volumes of people travelling from the very high risk transmission areas as well as local transmission.
Consequences	Major	Severe consequences to lives, livelihoods and service delivery as well as governance, law and order. There may be need for strong preparedness measures by relevant stakeholders including communities and citizens.
Overall Risk	Very high	The whole population of Malawi could be at risk if novel coronavirus outbreak occurs. Health workers, the elderly and persons with underlying conditions are at higher risk. Availability of confirmed cases in neighbouring countries. Adequate levels of preparedness should be put in place by Government and all stakeholders to ensure effective preparedness and response regardless of the scenario realized.
Likely Triggers		Risk, confirmation and Transmission of COVID-19.
Timeframe		March to June 2020

2.5.Risk Classification

Three distinct categories are described depending on their risk level. The risk level is based on the presence of international airport and the volumes of people travelling from the very high risk transmission areas.

Category	District	Rationale
Category 1	Lilongwe Blantyre Mzimba Mangochi	Districts have international airports with potential of daily passengers from COVID-19 affected countries
Category 2	Mzuzu City, Zomba City, Dedza, Mwanza, Karonga, Mchinji, Ntcheu, Chitipa, Mulanje	Areas have high volume of travelers to China and other high risk countries compared to category 3 and they have ground crossings through which travelers form affected areas

		can get in the country via the neighbouring countries
Category 3	Nsanje, Chikwawa, Thyolo, Phalombe, Chiradzulu, Neno, Zomba, Balaka, Machinga, Ntcheu, Salima, Dowa, Ntchisi, Dowa, Kasungu, Nkhotakota, Nkhata Bay, Rumphi, Likoma	Risk of coronavirus will be from local transmission not imported from affected countries

At the Point of Entry, four pathways are envisioned to play out and will determine the risk of disease importation and the response to prevent it. The pathways are based on a travel advisory that has been arrived at based on the cumulative number of cases (700 or more confirmed cases); the local transmission rate measured by number of new cases in 24 hours (cut off of 100 or more new cases). Any traveler from a country meeting these criteria will be subject to 14 days self-quarantine. The possible pathways have been classified as below and are subject to change and revision depending on the evolution of the disease and the epidemiological discoveries.

- **Pathway 1**: No travel history to country with confirmed COVID-19 cases, no symptoms – no further follow up; collection of contact information in case fellow traveler develops disease

- **Pathway 2**: Travel history to affected country meeting the travel advisory criteria, but no symptoms – Self quarantine and follow up for 14 days. Advised to contact health officials if they develop symptoms.

- **Pathway 3**: Has travel history to any COVID-19 affected country with symptoms – Immediate quarantine, conduct investigations to confirm or rule out novel Coronavirus

- **Pathway 4**: No travel history but some symptoms – isolated for further investigation to demonstrate any epidemiological link or travel links, and determine cause of symptoms.

2.6.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:

- Scarce 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.

2.6.1. 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.

2.6.2. 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 and Mwanza whereas Lilongwe IDTC is yet to be completed. These IDTCs have been assessed and there is need to renovate, refurbish and equip them with standard and advanced medical kits.

2.6.3. 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. A need was identified during simulation exercise to test the Ebola Preparedness and Response Plan. There is a need to have core teams that are committed and motivated to work in environment of highly infectious diseases. We see this need being re-echoed in the corona virus threat. These teams will lead in serving all district including those without IDTCs that were not targeted for trainings.

2.6.4. Coronavirus materials

Funding is required to procure and distribute IPC materials, drugs, supplies and medical equipment for prevention, investigation and management of novel coronavirus cases. Some PPEs and other materials procured from UNICEF were distributed to 10 EVD priority districts in the country in 2019. Currently, stock status is being updated for priority districts and the districts that did not receive the materials..

2.6.5. 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.

3.0 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 Implementation Arrangements

The Special Cabinet Minister's Committee on COVID-19 is the high level coordination structure overseeing cross-Government preparedness and response activities of the COVID-19 outbreak. The National Disaster Preparedness and Relief Committee (NDPRC) chaired by the Chief Secretary to Government comprising of Permanent Secretaries from all government ministries will provide policy guidance and leadership in implementation of the plan. The Humanitarian response Committee composed of directors of government departments and heads of humanitarian partners, NGOs and CSOs will provide technical support and advice to the NDPRC in implementation of the plan. The Ministry of Disaster Management Affairs and Public Events 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 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
Health	MoH	WHO/UNAIDS
Public Communication	MoICT/MoH	UNICEF
Water & Sanitation, Hygiene	MoAIWD	UNICEF
Employment and Labour Force	MoLSI	
Protection and Social Support	MoGCDSW	UNICEF[4]
Enforcement	MoHS	
Economic Empowerment	MoFEP&D	UNDP
Education	MoEST	UNICEF/SC
Food Security	DoDMA	WFP
Transport and Logistics	MoTPW	WFP

At the health ministerial level, a multi-sectoral Health Cluster Committee reviews and endorses the decisions provided by the Health Emergency Technical Committee (HETC). Both Committees include bilateral and multilateral partners such as WHO, UNICEF, FAO, USAID, CDC, both at local and international level and meet weekly to coordinate preparedness and response.

[4]UNHCR should co-lead the Protection cluster; however, UNHCR Malawi indicated that it does not have the capacity at the local level to provide support to the cluster. In the event of a major emergency, UNCHR will assume its global responsibilities and provide leadership to the cluster in support of UNICEF.

A taskforce on COVID-19 is responsible for developing the technical guidelines, interventions, preparedness plans and budget as well as ensuring operational readiness for any COVID-19 outbreak. The taskforce sits at the Public Health Institute of Malawi (PHIM) and feeds into the HETC and Health Cluster Committees.

An Incident Management System has been set up at PHIM to ensure efficient coordination of activities with the following functions:

- Health Operations and Technical Expertise
    - Surveillance, Laboratory, PoE, IPC, WASH, Case Management, Risk Communication
- Partner Coordination
    - Resource mobilization, including technical and financial
- Logistics and Supplies
    - Health Procurement and Inventory, Operational Support
- Planning and Information
    - Surveillance and Early Warning, Monitoring and Evaluation,
- Administration and Finance
    - Human Resource, Financial Management

At the district level, similar structures of from the health cluster down are replicated.

3.2 Coordination mechanism

The Office of the President and Cabinet set up a Special Cabinet Minister's Committee on COVID-19 on 7th March, 2020 as high level coordination structure overseeing cross-Government preparedness and response activities of the COVID-19 outbreak. The committee comprises the following Ministries: Health (Chairperson); Disaster Management Affairs and Public Events; Minister of Finance and Economic Planning; Education Science and Technology; Homeland Security; Defence; Industry, Trade and Tourism; Agriculture, Irrigation and Water Development; Foreign Affairs and International Cooperation.

The National Disaster Preparedness and Relief Committee (NDPRC) chaired by the Chief Secretary to Government comprising of Permanent Secretaries from relevant ministries will provide policy guidance and leadership in implementation of the plan.

The National Disaster Preparedness and Relief Technical Committee will provide technical support and advice to the NDPRC in implementation of the plan.

The office of the UN Resident Coordinator (UNRCO) is 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).

3.3 Communication and Information Management

Effective communication and information management is crucial in implementation of the Plan. Government has set up a special task force of Principal Secretaries chaired by Secretary for Health to lead in communication to the public through regular press conferences and updates.

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 Plan.

3.4 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 matrix provided in annexes of this plan.

Coordination Structure

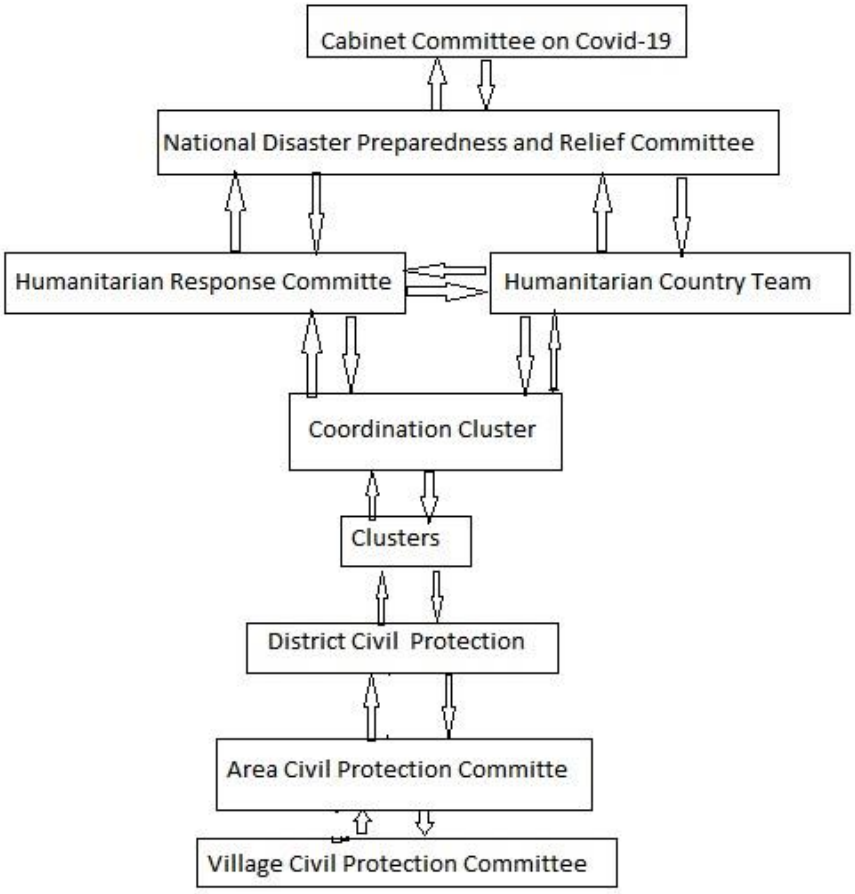

Figure 1: Coordination Structure

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

i. To strengthen coordination between government, the UN and NGOs for disaster preparedness, response and recovery efforts at national and local levels;
ii. To support coordination at Local Authority level (District, Town, Municipal and City)
iii. To coordinate joint resource mobilization effort.

4.1.3. Emergency Preparedness and Capacity-Building Activities

#	Activities	Lead Agencies	When	Budget ($)		
				Total	Available	Gap
2	Review cluster ToR and responsibilities	DoDMA/UNRCO	Short Term	5,000	0	5,000
3	Develop SoP for coordination architecture for Malawi	DoDMA/UNRCO	Short Term	5,000	0	5, 000
4	Strengthen disaster informationmanagement system	DoDMA/ UNRCO	Short Term	50,000	15,000	35,000
5	Activate the emergency operation centres (EOCs), national, regional and district.	DoDMA/ MoH	Medium Term	30,000	10,000	20,000
	Support local authority coordination	DoDMA/MoLGRD	Short Term	143,445	0.0	143,445
	Sub Total			**233,445**	**25,000**	**208,445**

4.1.4. Emergency Response Activities

#	Activities	Lead Agencies	When	Budget ($)		
				Total	Available	Gap
1	Facilitate Inter-cluster coordination meetings and EOC Operations	DoDMA/MoH UNRCO	Short Term	50, 000	10,000	40,000
2	Coordinate cluster response planning and implementation	DoDMA	Short Term	0	0	0
3	Consolidate rapid assessment reports and circulate cluster response reports to relevant actors.	DoDMA	Short Term	0	0	0
4	Facilitate joint resource mobilization as needed (eg. Flash Appeal or CERF).	DoDMA/UNRCO	Short Term	0	0	0
5	Support local authority coordination	DoDMA/MoLGRD	Short Term	143,445	0.0	143,445
	Sub Total			**193,445**	**10,000**	**183,445**

4.1.5. Early Recovery Activities

	Activities	Lead Agency	Budget ($)		
			Total	Available	Gap
1.	Coordinate evaluation and review meetings	DoDMA	10,000	0	10,000
2.	Facilitate the development of after action review (AAR)	DoDMA	10,000	0	10,000

	with lessons learned				
	Sub Total		**20,000**	**0**	**20,000**
	COORDINATION CLUSTER TOTAL		**446,890**	**35,000**	**431,890.**

4.1.6. Operational Constraints

- Inconsistency representation/participation of cluster leads. DoDMA should engage line ministries to designate a permanent cluster lead during emergency response.
- Limited human resource and financial capacity to organize medium- to large-scale response to disaster;
- Inadequate information/communication systems in some District Councils, including limited access to computers and internet.

4.1.7. Primary Stakeholders Roles and Responsibilities

- Overall emergency response coordination is led by DoDMA assisted by the relevant line ministries, NGOs, UN agencies and inter-agency coordination mechanisms. Ministry of Health is the technical lead for implementation of the plan. District Commissioners are mandated to coordinate any emergency-related activity in their respective districts through the relevant structures with support from UN agencies and NGOs.

4.1.8. Collaborative Partners

DoDMA, relevant line ministries (Local Government and Education), District councils, UNRCO and other UN agencies, relevant NGOs

4.2. PUBLIC COMMUNICATION CLUSTER

The Ministry of Information, Civic Education and Communications Technology will lead the Public Communication Cluster in collaboration with the Ministry of Health, Ministry of Disaster Management Affairs and Public Events, WHO, UNICEF and other agencies. Under this cluster, a national Covid-19 communication plan has been developed to guide the communication needs of the preparedness and response plan.

4.2.1. Cluster Objective

To enhance information flow amongst all stakeholders and the general public on Covid-19.

4.2.2. Specific Objectives

The following are the specific objectives of the Malawi National Covid-19 Communication Plan.

a. Provide timely and accurate communication which will among other things, counter spread of fake news on Covid-19

b. Raise awareness amongst stakeholders and the general public on COVID-19 and encourage them to observe recommended measures for containing the pandemic

c. Equip and empower communication front-line workers with knowledge on Covid-19

d. Coordinate and monitor the implementation of communication interventions for all Covid-19 stakeholders

e. Fight stigma against suspected Covid-19 cases and promote solidarity among the general population

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 Risk communication and community engagement

The plan will reach out and engage the target population through the following means;

a. Orientation sessions
b. Development of tailor-made messages for specific publics
c. Timely Media briefings
d. Press releases
e. Public announcements
f. Development and distribution of IEC materials
g. Radio and TV programmes/jingles
h. Online Presence (social media/ websites)
i. Development of a national communication plan for Covid-19
j. Celebrity and opinion leader's endorsements

4.2.5 Planned activities for the implementation of the communication plan

The following table (table 1) indicates activities that will be implemented under the communication plan:

Table 3. Budget Summary

No.	Activity	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
a.	Message development session for tailor-made/ review existing COVID 19 messages	MoICE&CT, MoH, MoDMAPE, others	Short-Term	25,233	-	25,233
b.	Pretesting of Messages	MoICE&CT, MoH, MoDMAPE, others	Short-Term	16,267	-	16,267

c.	Printing of IEC materials	MoICE&CT, MoH, MoDMAPE, others	Short-Term	426,667	-	426,667
d.	Distribution of IEC materials of various formats (Telephone services companies, direct messages to teachers (use of MESIP Community dialogue platform), Traditional Authorities, school sessions etc	MoICE&CT, MoH, MoDMAPE, others	Short-Term	50,933	-	50,933
e.	Production of Radio and TV products	MoICE&CT, MoH, MoDMAPE, others	Short-Term	36,000	-	36,000
f.	Airing of Radio and TV jingles	MoICE&CT, MoH, MoDMAPE, others	Short-Term	174,000	-	174,000
g.	Mobile SMS	MoICE&CT, MoH, MoDMAPE, TNM, Airtel	Short-Term	333,333	-	333,333
h.	Set Up Production Studio for IEC Material Production Medium-Term	MoICE&CT, MoH, MoDMAPE, others	Medium term	16,853	-	16,853
i.	Procurement of Graphic Computer and Printer	MoICE&CT, MoH, MoDMAPE, others	Medium-Term	7,520	-	7,520
j.	Timely Media briefings (Online presence and press releases)	MoICE&CT, MoH, MoDMAPE, others	Short-Term	19,200	-	19,200
k.	Media engagement on IEC materials	MoICE&CT, MoH, MoDMAPE, others	Short-Term	16,333	-	16,333
l.	Conduct video shows on coronavirus across all districts	MoICE&CT, MoH, MoDMAPE, others	Short-Term	76,373	-	76,373
m	Public Announcements in boarder ports, market places, religious gatherings etc	MoICE&CT, MoH, MoDMAPE, others	Short-Term	48,501	-	48,501
n.	Procurement of Megaphone around the camp hot spots areas	MoICE&CT, MoH, MoDMAPE, others	Short-Term	9,067	-	9,067

o.	Celebrity and opinion leaders' endorsements	MoICE&CT, MoH, MoDMAPE, others	Short-Term	7,547	-	7,547
p.	Orienting key stakeholder MDA's communication personnel	MoICE&CT, MoH, MoDMAPE, others	Short-Term	14,933	-	14,933
q.	Orienting District Information and health promotion officers	MoICE&CT, MoH, MoDMAPE, others	Short-Term	2,139	-	2,139
r.	Capacity Building Training of selected zone leaders, surrounding local leaders, religious leaders and market leaders	MoICE&CT, MoH, MoDMAPE, others MoICE&CT, MoH, MoDMAPE, others	Short-Term	101,667	-	101,667
s.	Community Sensitization - Chiefs, Religious leaders, full council, schools-SHN PEAs Head, SMCs, PTAs, mothers' groups etc through Roadshows, theatre groups,	MoICE&CT, MoH, MoDMAPE, others	Short-Term	74,101	-	74,101
t.	Conducting coordination meetings	MoICE&CT, MoH, MoDMAPE, others	Short-Term	10,453	-	10,453
u.	Monitoring of communication interventions	MoICE&CT, MoH, MoDMAPE, others	Short-Term	75,680	-	75,680
v.	Finalise the development of the national communication plan for Covid-19	MoICE&CT, MoH, MoDMAPE, others	Short-Term	12,400	-	12,400
w	Review of the National communication plan	MoICE&CT, MoH, MoDMAPE, others	Medium - Term	10,000	-	10,000
Total budget for preparedness, capacity building, spread prevention and response activities				**1,539,968**	**0**	**1,539,968**

4.2.6. Outlined responsibilities for the smooth implementation of the communication plan

The following table indicates activities to be performed by various authorities to enable the smooth implementation of the communication plan**:**

4.2.7. Responsibilities and activities

	Issue/Activity	Timeline	Responsible Authority
1	**Daily updates**	2:00PM	MoH & MoICE&CT
2	**Weekly updates**	8:20PM, Saturday	His Excellency the State President
3	**Confirmed Covid-19 case**	Within two hours of a confirmed case, MoH to have a holding message	His Excellency the State President
4	**Confirmed death**	Within two hours of a confirmed case, MoH to have a holding message	His Excellency the State President
5	**Public Unrest bordering on Covid-19 concerns**	Within 24 hours	Government Spokesperson (Minister of information)
6	**New measures put in place**	Within 24 hours	His Excellency the State President

4.2.8. Operational Constraints

The major operational constraint in the implementation of the plan is unavailability of resources. The cluster will engage all stakeholders in mobilizing resources for the implementation of the activities.

4.2.9. Primary Stakeholder Roles and Responsibilities

Cluster stakeholders include government MDAs whose role will be providing the technical guidance in the implementation of the activities. Other stakeholders include donor and humanitarian partners who will provide resources for the implementation of the activities.

4.3. HEALTH CLUSTER

The Ministry of Health leads the Health Cluster while the WHO co-leads.

4.3.1. Main Objective

The main objective of this COVID-19 Plan is to prevent, rapidly detect and effectively respond to any COVID-19 outbreak to reduce morbidity and mortality in the country.

4.3.2. Specific objectives

The specific objectives include:

i. Enhance Coordination and Leadership for COVID-19 preparedness and response
ii. To raise public awareness and community engagement in all districts
iii. To strengthen surveillance and Screening at Points of Entry
iv. To strengthen Laboratory Capacity to detect COVID-19
v. To build capacity of Health Care Workers on Highly Infectious Diseases - COVID-19
vi. To Equip quarantine units
vii. To finalize and equip the Infectious disease treatment centres (ITCs) and assess their readiness
viii. To mobilize Coronavirus supplies, equipment and pre-position them.

ix. To conduct simulation exercises to test and improve the Preparedness and Response Plan

4.3.3. Cluster Preparedness and Response Activities by Objective

Activity	Nature of need	Amount MWK	Amount USD
Objective 1: Enhance Coordination and Leadership for COVID-19 preparedness and response			
Renovate Emergency Operations Centre	Short-Term	1,019,200,000.00	1,382,904.00
Renovate Conference room for coordination meetings	Short-Term	58,250,000.00	79,037.00
Operationalize the National Emergency Operations Center	Short-Term	12,303,200.00	16,694.00
Procure vehicles for coordination	Long-Term	364,000,000.00	493,894.00
Establish secure, fast and reliable internet service for EOC	Short-Term	3,640,000.00	4,939.00
Procure computers, Laptops, Phones, Printers, TVs, TV subscription, Hotline, Refrigerator, to equip EOC	Short-Term	150,000,000.00	203,528.00
Procure Boardroom equipment(Smart Screen, LCD Projectors)	Short-Term	4,004,000.00	5,433.00
Procure Boardroom equipment(Chairs , Tables)	Short-Term	14,560,000.00	19,756.00
Construct PHIM Office Building which includes Emergency Operations Centre(Phase 1)	Long-Term	3,640,000,000.00	4,938,942.00
Conduct after action review	Short-Term	18,560,000.00	25,183.00
Benchmarking on EOC operations	Short-Term	16,452,800.00	22,324.00
Monitoring and Evaluation	Short-Term	5,824,000.00	7,902.00
Subtotal Objective 1		**5,306,794,000.00**	**7,200,536.00**
Objective 2: To raise public awareness and community engagement in all districts			
Development of IEC materials	Short-Term	8,800,000.00	11,940.00
Production of IEC materials	Short-Term	2,184,000.00	2,963.00
Community Sensitization- Chiefs, Religious leaders, full council, schools-SHN PEAs Head, Roadshows, theatre groups	Short-Term	30,576,000.00	41,487.00
Pretesting of IEC Materials	Short-Term	1,440,000.00	1,954.00
Printing of IEC materials (limited)	Short-Term	15,000,000.00	20,353.00
Distribution of IEC Materials	Short-Term	910,000.00	1,235.00

Media engagement on IEC materials	Short-Term	2,250,000.00	3,053.00
Sensitization of PHEMC in all districts	Short-Term	9,860,000.00	13,379.00
Broadcast on National and Community radio spots	Short-Term	25,617,427.60	34,759.00
Broadcast on National and Community TVs	Short-Term	17,533,460.00	23,790.00
Set Up Production Studio for IEC Material Production	Medium-Term	3,640,000.00	4,939.00
Procurement of Graphic Computer and Printer	Medium-Term	3,640,000.00	4,939.00
Conduct video shows on coronavirus across all districts	Short-Term	7,280,000.00	9,878.00
Quarterly Updates on media on Infectious Disease and emerging public health threats	Medium-Term	11,250,000.00	15,265.00
Maintain PHIM Website, Facebook Page, Twitter	Short-Term	2,548,000.00	3,457.00
Sub-total for objective 2		**142,528,887.60**	**193,391.00**
Objective 3: To build capacity of Health Care Workers on Highly Infectious Diseases - COVID-19			
Identification of Zonal Core Teams for Case management	Short-Term	10,920,000.00	14,817.00
Train Zonal Core Team	Short-Term	82,000,000.00	111,262.00
Incentivize Core Teams(200 people working for 90 days)	Short-Term	810,000,000.00	1,099,050.00
Train frontline health care workers(1 day orientation)	Short-Term	59,276,000.00	80,429.00
Orientation of all points of entry staff in all districts with PoE	Short-Term	11,138,400.00	15,113.00
Train National Rapid Response Team	Short-Term	19,840,000.00	26,920.00
Train BT & LL District Rapid Response Teams	Short-Term	19,840,000.00	26,920.00
Train District Rapid Response Teams(20 *27 districts)	Short-Term	262,884,272.60	356,695.00
Train district contact tracing teams and burial teams (30*29 districts)	Short-Term	1,017,346,000.00	1,380,388.00
Train Case Management and IPC teams(30*29)	Short-Term	711,984,000.00	966,057.00
Train District Infectious Disease Personnel(5*34)	Long-Term	273,960,000.00	371,723.00
Procure ambulance for Rapid Response Teams(1*36)	Short-Term	1,834,560,000.00	2,489,227.00
Surge Capacity for Outbreak Response	Short-Term		-
Sub-total for objective 3		**5,113,748,672.60**	**6,938,601.00**
Objective 4: To strengthen surveillance and Screening at Points of Entry			

Maintenance of Thermoscanners	Short-Term	14,560,000.00	19,756.00
Procurement of Thermoscanners for all PoE	Short-Term	300,416,480.00	407,621.00
Procurement of Batteries for Infrared – thermometers	Short-Term	72,800.00	99.00
Calibration of Infrared Thermometers	Short-Term	1,456,000.00	1,976.00
Printing of Health Declaration, Surveillance and Case Management Forms	Short-Term	3,750,000.00	5,088.00
Advocate for deployment of additional port health staff, provide incentives	Short-Term	10,920,000.00	14,817.00
Supportive supervision to all PoE at least monthly	Short-Term	43,680,000.00	59,267.00
Conduct National Review meetings quarterly	Short-Term	101,920,000.00	138,290.00
Develop public health emergency Preparedness and Response Plans for all PoE	Short-Term	24,999,520.00	33,921.00
Printing of 3rd edition IDSR Technical Guidelines	Short-Term	100,000,000.00	135,685.00
Distribution of 3rd edition IDSR Technical Guidelines	Short-Term	910,000.00	1,235.00
Training of all Health Workers on 3rd edition IDSR Technical Guidelines	Short-Term	59,276,000.00	80,429.00
Procure phones for reporting immediately notifiable conditions	Short-Term	51,100,000.00	69,335.00
Procure ambulance for 8 PoEs	Long-Term	407,680,000.00	553,161.00
Procure motorcycles for IDSR reporting	Long-Term	62,986,560.00	85,463.00
Establish isolation facilities for 8 PoEs	Long-Term	140,000,008.00	189,959.00
Establish Infection Prevention Measures for all PoEs	Short-Term	40,999,504.00	55,630.00
Recruit Port Health Officers	Long-Term	-	
Sub-total for objective 4		**1,364,726,872.00**	**1,851,732.00**
Objective 5:To strengthen Laboratory Capacity to detect COVID-19			
Service RT PCR Machine	Short-Term	6,552,000.00	8,890.00
Procure RT-PCR Machine	Short-Term	72,800,000.00	98,779.00
Procure reagents for testing	Short-Term	22,713,600.00	30,819.00
Train laboratory technologists to test COVID-19	Short-Term	13,500,000.00	18,318.00
Renovate Microbiology laboratory to Biosafety Level 3	Short-Term	72,800,000.00	98,779.00
Construct All Pathogen BSL3 laboratory	Long-Term	2,184,000,000.00	2,963,365.00

Sub-total for Objective 5		**2,372,365,600.00**	**3,218,950.00**
Objective 6: Equip quarantine units			
Renovate KIA quarantine Unit	Short-Term	14,996,800.00	20,348.00
Renovate Chileka quarantine Unit	Short-Term	15,579,200.00	21,139.00
Procurement of Tents for quarantine at Ground Crossings	Short-Term	17,472,000.00	23,707.00
Operational costs of quarantine units	Short-Term	1,456,000.00	1,976.00
Equip quarantine units	Short-Term	43,680,000.00	59,267.00
Sub-total for Objective 6		**93,184,000.00**	**126,437.00**
Objective 7: To finalize and equip the Infectious disease treatment centres (ITCs) and assess their readiness.			
Renovate the 7 Infectious Disease Treatment Centres	Short-Term	66,976,000.00	90,877.00
Enforce adherence to quarantine arrangements	Short-Term	55,871,088.00	75,809.00
Operational costs of the ITCs	Short-Term	20,384,000.00	27,658.00
Sub-total for Objective 7		**143,231,088.00**	**194,344.00**
Objective 8: To mobilize Coronavirus supplies, equipment and pre-position them.			
Procure Supplies and Equipment (see appended sheet for details)	Short-Term	596,330,906.10	809,133.00
Distribute supplies and equipment to all treatment centres	Short-Term	119,266,181.20	161,827.00
Sub-total for Objective 8		**715,597,087.30**	**970,960.00**
Objective 9: To conduct simulation exercises to test and improve the Preparedness and Response Plan			
Conduct a simulation exercise at National Level for NRRT	Short-Term	7,280,000.00	9,878.00
Conduct a simulation exercise with participants from selected districts with PoE	Short-Term	5,600,000.00	7,598.00
Review and update the Plan	Short-Term	7,280,000.00	9,878.00
Sub-total for Objective 9		**20,160,000.00**	**27,354.00**
Grand Total for the Health Preparedness Plan		**15,272,336,207.50**	**20,722,305.00**

4.4. WASH CLUSTER

The Ministry of Irrigation and Water Development leads the WaSH Cluster and is co-led by UNICEF

4.4.1. Overall Cluster Objective

The overall objective of the WaSH cluster program is to contribute to the reduction of morbidity and mortality caused by Coronavirus through providing timely and appropriate preventive and response WaSH services / activities in districts that are affected by and are at risk of Corona outbreak.

4.4.2. Specific Objectives

i. To provide safe water supply in adequate quantities to affected population in Emergency Treatment Units and other transit centres and surrounding communities.
ii. To provide gender responsive sanitation and hygiene facilities in emergency treatment units and other transit centres for Corona affected populations
iii. To promote hand washing with soap in collaboration with C4D firms, departments, units
iv. To ensure a coordinated WaSH response to the Corona virus outbreak with other service providers at national, district and sub district levels – particularly with our health colleagues to avoid duplication of effort; contradictions and for leveraging of use of resources,
v. To ensure effective Information management and sharing about the WaSH response to the Corona outbreak.
vi. To preposition adequate Health and WaSH supplies to respond to perceived outbreaks of Coronavirus.

4.4.3. Target population

The WaSH cluster will target a population of up to 30,000 people and a case load of 10,000 positive cases with WASH services for the prevention of the spread of coronavirus outbreak.

4.4.4. Covid-19 risks to the cluster

The following are the risks associate with the WaSH cluster

i. The greatest risk is limited resources to prevent huge number of people being affected
ii. Other risks include lack of proper and adequate protection of health and other frontline workers involved in promoting WaSH
iii. High illiteracy, poverty and mere naivety that goes with these; preventing uptake of WASH related messages.

4.4.5. Risk communication and community engagement

Community mobilization for the cluster to reach out and engage the target population will be done through the following:

i. Engaging District WaSH and Health teams in WaSH service delivery
ii. Working with Community leaders, Religious and Councilors at TA and village levels
iii. Conducting Mass Hygiene Campaigns in collaboration with C4D partners

4.4.6. Covid-19 Emergency Preparedness and Capacity-Building Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
	Mobilisation of resources	WASH IP's, Government	Immediate	0.0	0.0	0.0
	Assessment of WASH needs in ETU's and other transit centre	WASH IP's, Government	Immediate	10,000.00	500.00	9,500.00
	Procurement and prepositioning of emergency WASH supplies	WASH IP's, Government	Immediate	400,000	68,458	331,542

	Development of WASH related technical guides (eg chlorine dilution, disinfection)	WASH IP's, Government	Immediate	150,000	5,000.00	145,000
	Printing and distribution of WASH technical guides for field workers	WASH IP's, Government	Immediate	120,000	2,000.00	118,000
	Total Budget for Preparedness and Capacity Building)			**730,000**	**75,958**	**654,042**

4.4.7. Covid-19 Spread Control activities

	Activities	**Responsible Agencies**	**When**	**Budget ($)**		
				Total	**Available**	**Gap**
	Construction of up to 50 new water schemes in ETU's and other transit centres	WaSH IP's, Government	Immediate	3,250,000	200,000	3,050,000
	Repair / rehabilitation or /and extension of up to 30 existing water points and schemes	WaSH IP's, Government	Immediate	900,000	60,000	840,000
	Construction and decommissioning of toilets / latrines in ETU, and other transit centre (12 sites)	WaSH IP's, Government	Short term	975,000	80,000.00	895,000
	Provision of hand washing facilities in ETU's other transit centres	WaSH IP's, Government	Immediate	240,000	2,000.00	238,000
	Provide technical guidance to field personnel and target population on Water, Sanitation and hygiene related issues (eg Chlorine dilution, disinfection, proper hand washing requirements, Management of hand washing facilities for sustained and effective use, proper latrine use, house hold level water treatment etc)	WaSH IP's, Government	Immediate	300,000	15,000.00	285,000
	Total Budget for Spread control			**5,665,000**	**357,000**	**5,308,000**

4.4.8. Covid-19 Response Activities (caseload scenario of 10,000 people affected)

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
	Major water trucking to serve affected areas to ensure availability of clean water	WaSH IP's, Government	Immediate when need and short term	3,500,000	80,000	3,420,000
	Massive dissemination of Hand washing Promotion and Covid-19 prevention messages to communities around ETC's using various Media (extension workers, radio, theatre)	WaSH IP's, Government	Immediate	920,000	5,000.00	915,000
	Installation and Operation of Communal hand washing stations in hot spots areas	Medium term WaSH IP's, Government	Immediate	1,500,000	5000	1,495,000
	Blanket Distribution of WASH supplies (buckets, soap, chlorine, etc)	Immediate WaSH IP's, Government	Immediate and short term	1,200,000	10,000	1,190,000
	Provision of additional latrines in additional isolation units in areas of hot spots	Immediate WaSH IP's, Government	Immediate	950,000	0.0	950,000
	Repair / rehabilitation or /and extension of (additional) existing water supply schemes in hot spot areas (56 schemes)	Immediate WaSH IP's, Government	Immediate and short term	350,000	0.0	350,000
	Total Budget for response			**8,420,000**	**100,000**	**8,320,000**

4.4.9. Early Recovery Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
	Provide minimum WASH package for survivors (hygiene kit – 20 litre pails with lead and tap, soap tablet and chlorine)	WaSH IP's, Government	Medium to Long term	200,000	20,000	180,000
	Continued promotion of hand washing with soap	WaSH IP's, Government	Medium to Long term	360,000	8,750	351,250
	Construction and maintenance of 10 Communal Solar powered water systems	WaSH IP's, Government	Medium to Long term	650,000	0.0	650,000

	in hot spot areas (each scheme to serve average of 3,000 people for recovery phase + improvements during ongoing response)					
	Conduct post-mortem of the WASH response to document lessons	WaSH IP's, Government	Long term	50,000	8,750	91,250
	Total Budget for Early Recovery			**1,260,000**	**37,500**	**1,272,500**
	CLUSTER TOTAL			**16,075,000**	**570,458**	**15,554,542**

4.4.10. Operational Constraints

- Inadequate resources to respond to corona virus outbreak. However, implementing partners will embark upon resource mobilization efforts.
- The geographical spread of the outbreak may surpass the current capacity of WASH IP's to respond effectively. However, better coordination, collaboration and leveraging will result into a more effective response.

4.4.11. Primary Stakeholder Roles and Responsibilities

i. Ministry of Agriculture, Irrigation and Water Development as a cluster lead will play a leadership and coordination role assisted by UNICEF who are the cluster co-lead
ii. WASH CSO's will support government in direct implementation of activities
iii. Private sector will also be contracted to undertake speedy implementation of some contractual serviced
iv. District WASH teams with their frontline workers will monitor and support activities on the ground

4.4.12. Collaborative Partners

The Cluster will collaborate with other cluster especially the Health Cluster, the Medea, the private sectors and communities.

4.5. PROTECTION CLUSTER

4.5.1. Overall Cluster Objective

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.

4.5.2. Specific Objectives

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

i. Mental health and psychosocial support (MHPSS) and stigma prevention for all affected populations
ii. Continue social services including child protection services for children quarantined or left without care provider

iii. Social protection services for economically vulnerable households affected by COVID-19
iv. Risk mitigation of gender-based violence and all forms of violence, abuse, exploitation and neglect, including the risks for people in isolation and quarantine
v. Prevent separation of children from caregivers.
vi. Advocate for inclusion of specific rights, needs and vulnerabilities of women, girls, and children, including the persons with disabilities and elderly in prevention, early detection, care and treatment strategies and programmes implemented by other clusters.

4.5.3. Target population

The plan targets populations and families affected by the outbreak of COVID-19 both health-wise and economically, especially those marginalized and vulnerable, including children, women, elderly, people with disabilities, children in institutions, people with HIV/AIDS and chronically ill, and those in hard-to-reach locations or with poor access to services. An expanded Malawi National Social Cash Transfer Programme (SCTP) will target the vulnerable households both in rural and urban areas, including but not limited to the current SCTP households. Moreover, there will be need for a strategy to address limited possibility to spend the cash, for example, if markets are closed, particularly in high infection areas or if there is a lockdown in an urban area.

4.5.4. Risk communication and community engagement (Outline how the cluster will reach out and engage the target population)

Harmonize complaint and feedback mechanism to enable people to report any concerns. Public messaging will be done through mass media, social media, and other platforms minimizing need for persons to gather in close proximity.

4.5.5. Covid-19 Emergency Preparedness and Capacity-Building Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	Rapid assessment on social-cultural and religious/faith practices as it relates to COVID 19 spread, including in the Dzaleka refugee camp – to identify gaps and guide response	MoGCDSW Save the Children Plan International Malawi UNICEF UNFPA UNHCR UN Women YONECO CARE MIAA	Immediate March - April	20,000	14,000	6,000

		Concern Worldwide WVI				
2	Strengthen cluster and inter-cluster coordination and advocacy to ensure inclusion of specific rights, needs and vulnerabilities of women, including elderly women, children, persons with disabilities migrants, and refugees in prevention, early detection, care and treatment strategies and programmes	MoGCDSW UNICEF UNFPA	Immediate March - April	10,000	4,000	10,000
3	Upscaling MHPSS through development of educational material	MoGCDSW UNICEF UNFPA Save the Children Plan International Malawi YONECO MRCS CARE Concern Worldwide WVI	Immediate March - April	40,000	5,000	35,000
4	Upskilling of influencers, youth networks, and religious/faith/traditional leaders, teachers, herbalists, traditional healers on how to respond to COVID-19 in collaboration with Public Communication Cluster	UNICEF UNFPA UN Women Save the Children CARE Trócaire MIAA Action Aid Concern Worldwide WVI	Immediate March - April	100,000	49,000	56,000
5	Sensitize Port of Entry service providers and personnel who are not directly involved in public health interventions, including airline staff, carriers, and	IOM	Immediate April - June	20,000	0	20,000

	other personnel and contractors on COVID - 19 prevention protocols, which is friendly for vulnerable populations					
6	Develop SOPs and referral guidance for MHPSS and protection related to COVID 19	MoGCDSW UNICEF UNFPA Save the Children Plan International Malawi YONECO MRCS CARE Concern Worldwide WVI	Immediate March - April	10,000	10,000	0
7	Disseminate protection referral pathway for COVID 19 response in communities as well as in refugee camps	MoGCDSW UNICEF UNHCR UN Women WVI	Immediate March - April	100,000	10,000	90,000
8	Integrate basic MHPSS, stigma prevention, and GBV prevention and response into COVID-19 training of frontline workers – health workers, volunteers, caseworkers, community child protection workers, community leaders, religious leaders, Red Cross volunteers, and youth networks	MoGCDSW UNICEF UNFPA Save the Children Plan International Malawi YONECO MRCS CARE Concern Worldwide WVI	Immediate March - April	700,000	40,000	660,000
9	Specialist MHPSS training for frontline workers and managers	MoGCDSW UNICEF MRCS	Immediate March - April	600,000	0	600,000
10	Equip helpline operators on how to respond and refer COVID-19 concerns including of MHPSS, protection of vulnerable persons, and GBV	YONECO UNFPA	Immediate March - April	100,000	10,000	90,000
11	Establish the online toll-free helplines for referral of COVID-19 cases for vulnerable groups	YONECO	Immediate March-April	100,000	0	100,000
12	Review screening and other protocols and	IOM UNICEF	Immediate March - April	200,000	0	200,000

	provide material for quarantine facilities to make sure that protocols and facilities are child-friendly and address rights and needs of vulnerable populations, including people with disability					
13	Advocate for surveillance systems to include systematic collection of age/sex categories as well as vulnerabilities, including disability friendly data	MoGCDSW UNICEF UNFPA UN Women	Immediate March - April	100,000	10,000	100,000
14	Train police, immigration, MDF focal persons on PSEA and circulate Codes of Conduct and other safeguarding measures to ensure that they are well disciplined in carrying out their responsibilities in detecting and tracing health crises	Malawi Police Service MoGCDSW	Immediate March - April	80,000	0	80,000
15	Finalize UBR processes in the 8 districts that have completed data collection -for SCTP Horizontal Expansion (increased coverage in rural areas) in rural areas	PRSP	Short-term April end	2,000	0	2,000
16	Procurement of hygiene package for SCTP pay points	MPPSW	Short-term April	9,000	0	9,000
17	SCTP MIS adaptation for Horizontal Expansion (HE)	MPPSW	Short-term End May	150,000	0	150,000
18	Capacity building (28 districts) on SCTP adaptation to shocks	MPPSW	Short-term End May	16,000	0	16,000
	Total Budget for Preparedness and Capacity Building)			**2,357,000**	**152,000**	**2,205.000**

4.5.6 Covid-19 Spread Control activities

	Activities	**Responsible Agencies**	**When**	**Budget ($)**		
				Total	**Available**	**Gap**

1	Integrate MHPSS and stigma prevention in any updated messaging on COVID-19 and advocate for user-friendly materials for children, adolescent girls and young women, and other populations with specific needs	MoGCDSW UNICEF UNFPA UN Women Save the Children Plan International Malawi YONECO MRCS CARE MIAA Concern Worldwide	Immediate March - April	50,000	0	50,000
3	Procure and distribute chlorine, sanitary equipment, and personal protective equipment at child care institutions, CVSUs, prisons, Port of Entry, or other locations with vulnerable groups	MoGCDSW CARE IOM MIAA WVI	Immediate March - April	250,000	25,000	225,000
3	Integration of personal hygiene protocols across all interventions, including procurement of sanitary equipment, and personal protective equipment for Protection Cluster members and frontline service providers such as Child Protection Workers	MoGCDSW Each organisation WVI	Immediate March - April	250,000	25,000	225,000
4	Advocacy to ensure inclusion of specific rights, needs and vulnerabilities of women and children in spread control initiatives including support for distance learning and parental stimulation and care	MoGCDSW UNICEF UNFPA UN Women WVI	Immediate March - April	15,000	15,000	0
5	Organize community engagement activities with vulnerable population groups at higher risk due to mobility patterns (for example, traders, land transport agencies,	IOM	Short-term April - June	15,000	0	15,000

	communities along the borders, migrant workers, etc.)					
6	Equip Community Policing structures with Personal Protective Equipment and remote methodology to continue their services of child protection and GBV prevention and reporting	Malawi Police Service UNICEF UN Women	Immediate March - April	75,000	3,000	75,000
7	Engagement, sensitization and monitoring of churches, marketplaces and schools to promote compliance to decongestion and abiding to public health guidance	Malawi Police Service UNICEF WVI	Immediate March - April	80,000	10,000	70,000
8	Upskilling of community policing structures, youth clubs and faith-based structures on the reporting of COVID-19 related violence cases, , using remote methodology	Malawi Police Service UNICEF UN Women WVI	Immediate March - April	50,000	14,000	36,000
9	Strengthening diversion programme for children in conflict with the law and other measure to regularly dispose suspects to ensure decongestion of holding cells	Malawi Police Service UNICEF	Immediate March - April	85,000		85,000
10	Fast track regular SCTP payments (pay for four months up to June where possible)	MPPSW	Short-term April	0	0	0
11	Distribution of hygiene package for SCTP pay points	MPPSW	Short-term April end	0	0	0
12	Disseminate COVID-19 prevention and control messages at SCTP pay points	MPPSW	Short-term April end	13,514	0	13,514
	Total Budget for Spread control			**883,514**	**92,000**	**791,514**

4.5.7. Covid-19 Response Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	Provision of MHPSS services to survivors of COVID-19 and their affected families, including strengthening capacity for mental health services for women, children and other vulnerable groups	MoGCDSW MoH	Immediate	600,000	0	600,000
2	Strengthen coordination among key players responding to the COVID 19 at both national and district levels, including through online technologies to minimise group settings	MoGCDSW UNICEF MIAA	Immediate	30,000	0	30,000
3	Continuous advocacy to ensure that data collection on the cases of COVID 19 includes age/sex categories as well as vulnerabilities	MoGCDSW	Short-term	100,000	0	100,000
4	Child-friendly and protective quarantine spaces especially for women and girls, with relevant equipment and activity packs for children to learn and play	MoGCDSW UNFPA	Short-term	300,000	0	300,000
5	Social protection services for affected families	MoGCDSW	Short-term	600,000	0	600,000
6	Facilitate police visibility as a risk- mitigating measures to GBV and VAC in quarantine facilities	Malawi Police Service UNICEF	Immediate	110,000	0	110,000

7	Implement cash transfers top ups for existing SCTP household beneficiaries	MPPSW	Short-term June	12,650,473	0	12,650,473
8	Increase SCTP coverage in rural areas (Horizontal Expansion {HE})	MPPSW	Short-term June	36,862,568	0	36,862,568
9	Increase social cash transfer coverage in urban areas (Horizontal Expansion {HE}	MPPSW	Short-term April -June	26,235,709	0	26,235,709
	Total Budget for response			**77,488,750**	**0**	**77,488,750**

4.5.8. Early Recovery Activities

	Activities	**Responsible Agencies**	**When**	**Budget ($)**		
				Total	**Available**	**Gap**
1	Train frontline workers on essential PSS care, PFA, GBV prevention and referral	MoGCDSW WHO UNICEF MIAA	Medium-term	400,000	0	400,000
2	Update, print, and distribute MHPSS referral pathways and systems	MoGCDSW MoH UNICEF	Medium-term	100,000	0	100,000
3	Continue case management to ensure family unification (especially for children separated from caregivers) and provision of psychosocial, rehabilitation, and social reintegration support of survivors.	MoGCDSW UNICEF WVI	Medium-term	200,000	10,000	190,000
4	Continue support the bereaved to mourn in a way that does not	MoGCDSW MoH MIAA	Medium-term	100,000	0	100,000

	compromise public health strategies					
5	Implement recovery cash transfers for existing SCTP household beneficiaries	MPPSW	Medium-term December	12,135,743	0	12,135,743
6	Implement recovery cash transfers to additional rural households	MPPSW	Medium-term December	17,995,743	0	17,995,743
7	Implement recovery cash transfers to urban households	MPPSW	Medium-term December	12,581,397	0	12,581,397
	Total Budget for Early Recovery			**43,512,883**	**10,000**	**43,502,883**

4.5.9. Operational Constraints

i. Availability of the national capacity in mental health will be challenging.
ii. Restriction of travels and low internet penetration may hamper capacity building efforts.

Social Protection

i. Challenge with targeting of potential beneficiaries in the urban areas:
    a. [to address the challenge] Engage with Block Leaders to identify the most needy households in their localities. Identified households to be verified through a quick data collection and be subjected to a Proxy Means Test (PMT)
ii. Challenge with delivery of transfers during the full blown phase of the disease :
    a. [to address the challenge] Subcontract transfer delivery to mobile money service providers
iii. Shortage of ICT equipment (bar code scanners, laptops and webcams) for enrolment and disbursement of transfers:
    a. [to address the challenge] Procure additional ICT equipment for smooth implementation of VE and HE

4.5.10. Primary Stakeholder Roles and Responsibilities

The Protection Cluster is led by the MoGCDSW and co-led by UNICEF. Both will operate as coordinating agencies with equal tasks and responsibilities. The Gender-Based Violence Sub-Cluster is led by the MoGCDSW and co-led by the United Nations Population Fund (UNFPA). As required, a Child Protection Sub-Cluster will be activated and co-led by UNICEF.

Social Protection

i. Ministry of Population Planning and Social Welfare (MPPSW): Coordinate prevention measures at SCTP pay points; Coordinate implementation of VE and HE by district and city councils
ii. Ministry of Finance (Department of Poverty Reduction and Social Protection): Completion of Unified Beneficiary Registry (UBR) processes in the 8 districts pending the same; Monitor implementation of VE and HE

iii. Ministry of Gender, Child and Community Development: Monitor implementation of the cluster activities from the gender perspective

4.5.11. Additional Material and Financial Requirements

Protection Cluster Coordinator and Information Management Specialist will be required during response.

4.5.12. Collaborative Partners

Minister of Gender, Child Development and Community Development, Minister of Population Planning and Social Welfare, Minister of Persons with Disability and the Elderly., Ministry of Health, Minister of Education, Science and Technology, Minister of Information, Civic Education and Communications Technology, Malawi Police Service, Judiciary, UNICEF, UNFPA, UN Women, UNHCR, IOM, WFP, World Bank, European Union (EU), KfW, Irish Aid, GIZ, Save the Children, Plan International Malawi, YONECO, Malawi Red Cross Society (MRCS), Goal Malawi, World Vision International (WVI), Trócaire, CARE, Oxfam, MIAA, Concern Worldwide, Action Aid, local media.

4.6. EMPLOYMENT AND LABOUR FORCE PROTECTION

4.6.1. Overall Cluster Objective

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.

4.6.2. Specific Objectives

i. To protect jobs,
ii. To protect vulnerable workers
iii. To promote safety and health at work
iv. To promote people's capabilities through skilling, reskilling and up skilling
v. To accelerate setting up of workers compensation fund

4.6.3. Target population

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

4.6.4. 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.

4.6.4. Risk communication and community engagement

The cluster will reach out and engage the target population through its tripartite machinery that involving government, employers and workers. The cluster will utilize the existing communication structures such as safety and health committees and trade unions to include in the communication content issues of CONVID-19. The cluster will employ work specific information, education and communication materials to communicate issues of CONVID-19. The cluster will use workshops, press release, and other avenues to engage the clients on CONVID-19. The cluster will also develop workplace specific guidelines.

4.6.5. Covid-19 Emergency Preparedness and Capacity-Building Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
	Train Ministry officers on COVID-19 and on development of workplace guidelines	ILO and Ministry of Health	6-04-2020	40,000	0	40,000
	Conduct four TOTs on workplace guidelines targeting affiliates of ECAM and MCTU	MoLSI, ECAM and MCTU	20-04-2020	20,000	0	20,000
	Disseminate the guidelines through workplace education	MoLSI, ECAM and MCTU	27-04-2020	300,000	0	300,000
	Total Budget for Preparedness and Capacity Building)					**360,000**

4.6.6. Covid-19 Spread Prevention and Control activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
	Conduct labour inspections	MoLSI,	On going	200,000	0	200,000
	Total Budget for Spread control					**200,000**

4.6.7. Covid-19 Response Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap

	Set up workers compensation fund	MoFEPD MoLSI	30-07-2020	2,000,000	0	2,000,000
	Facilitate dialogue between employers and workers on protecting jobs	MoLSI	On going	160,000	0	160,000
	Skill, reskill and up skill the would be laid off workers(medium and long term plan)	**MoLSI-DTVT**	On going	1,000,000	0	1,000,000
	Total Budget for response					**3,160,000**

4.6.8. Early Recovery Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
	Skills, reskill and up skill the would be laid off workers(immediate)	**MoLSI-DTVT**	On going	1,000,000	0	1,000,000
	Set up joint Technical Working Group on COVID - 19 comprising Government, employers, workers and Malawi Confederation of Chambers of Commerce to enhance social dialogue	MoLSI	6-04-2020	160,000	0	160,000
	Revamp tripartite labour advisory council	MoLSI	6-04-2020	10,000	0	10,000
	Total Budget for Early Recovery					**1,170,000**
	EMPLOYMENT AND LABOUR FORCE PROTECTION			**4,900,000**	**0.0**	**4,900,000**

4.6.9. Operational Constraints

i. Inadequate vehicles
ii. Inadequate staff
iii. Lack of ICT infrastructure

4.6.10. Primary Stakeholder Roles and Responsibilities

Employers:

i. To provide safe working environment
ii. Train their employees on safety and health issues for the workplace

Workers:

i. To comply with safety and health standards at the workplace
ii. To conduct workers education (Trade Unions)

iii. To advocate for safety and health facilities
iv. Advocate for affirmative action for vulnerable workers

Ministry of Health
i. Provide policy direction on COVID-19
ii. To provide training on COVID-19

ILO
i. To provide technical assistance
ii. To provide global policy direction on COVID-19 in the workplace

4.6.11. Additional Material and Financial Requirements

Personal protective equipment to the tune of 20,000 United States Dollars

4.6.12. Collaborative Partners

List down partners the cluster collaborates with
ILO, ECAM, MCTU, MCCCI, MoH, COM, MBS,

4.7. EDUCATION CLUSTER

The Ministry of Education, Science and Technology (MoEST) is the cluster lead while UNICEF and Save the Children are co-leads

4.7.1. 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 orphans and vulnerable children in the school-going age groups[5]. As schools remain closed, interventions will focus on reaching out to school-going learners at home and preparing for re-opening.

4.7.2. Specific Objectives

i. **Coordination and communication:** To strengthen coordination with other clusters (Health, Protection, and WASH clusters) and within the cluster (national – district – school levels) in COVID-19 case management.
ii. **Awareness raising, behaviour changes and capacity building**: To intensify awareness raising and behaviour changes for prevention and management of COVID-19 amongst teachers, learners and communities.
iii. **Safety and decongestions (when schools are open):** To promote safety of learners and teachers.
iv. **Continuous learning (when schools are closed)**: To ensure continuity of teaching and learning during the possible closure of schools.

[5]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, or education community members who are sharing rooms, e.g. in student hostels in Teacher Training Colleges, boarding schools

4.7.3. Target population

i. ECD: 17,465 children from ECD and preschools.
ii. Primary School: 6,361 primary schools with the enrolment of 5,303,188 learners (girls: 2,677,650 and boys:2,625,538)
iii. Secondary School: 1,452 secondary schools with the enrolment of 379,025 learners
iv. Higher education: 34,924 students are currently studying at higher education institutions
v. Teachers/ Lecturers: All teachers and lectures in public learning institutions

4.7.4. Risk communication and community engagement

i. Ministerial Circular on COVID-19 school response guidelines
ii. Mass media including community radio, Public Address system and interactive radio drama (TfaC)
iii. Information Education and Communication (IEC) materials – material development and printing.
iv. E-messages in collaboration with telecommunication companies (MoEST to engage service providers)
v. Home schooling including e-learning
vi. Psychosocial support- dealing with misconceptions on COVID-19

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

	Activities	Responsible Agencies	When	Budget ($)		
				Total (USD)	Available	Gap
1	Development/adaptation of key messages in English, Chichewa and some copies of Kiswahili for Dzaleka refugee learners (including referral system)	UNICEF, UNHCR, and Save the Children	20 March	50,000	50,000	0
2	Production of learning continuity programs broadcast through radio, tv, and online, and the provision of resources such as radios, textbooks, study guides and equipment to the poorest.	All Cluster members	24 March – 3 April	500,000	500,000	0
3	Support risk analysis and response planning, including data collection and monitoring (at national, subnational and school levels)	All Cluster members	24 March – 3 April	400,000	400,000	0
4	Support district coordination meetings including using technology such as WhatsApp	MoEST (lead) All Cluster Members	Ongoing	10,000	10,000	
5	Train youth groups to support schools in	MoEST		100,000	100,000	0

	preparation of COVID-19 response.					
6	Knowledge exchange and capacity building	MoEST/UNICEF	On-going	100,000	100,000	0
7	Prepare logistics, procurement and delivery of continuity programmes	MoEST/UNICEF/SC	On-going	40,000	40,000	0
	Sub Total Budget for Preparedness and Capacity Building)			**1,200,000**	**1,200,000**	**0**

4.7.6. Covid-19 Spread Control activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	Ensure the safety and wellbeing of children and teachers; make sure that children with special educational needs and disabilities are included in continuity of learning programs	MoEST/UNICEF/SC	To be advised	200,000	200,000	0
2	Plan and design for monitoring equity and learning during continuity programming	MoEST (lead) All Cluster Members/UNICEF	On-going	100,000	100,000	0
3	Protecting the education workforce and use and include teachers in continuity programs	MoEST/UNICEF	On-going	200,000	200,000	0
	Sub Total Budget for Spread control			**500,000**	**500,000**	**0**

4.7.7. Covid-19 Response Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
If schools are closed						
1	Implement safe school operations and risk communication	All Cluster members	Ongoing	50,000	50,000	0

2	Support continuity of learning at scale and planning for remedial learning and recovery	MoEST/UNICEF/SC		2,000,000	2,000,000	0
3	Conducting sample assessments at different grade levels to track progress in key areas like early grade literacy and numeracy and key subjects at secondary	MoEST/UNICEF/SC		500,000	500,000	0
4	Identifying and addressing specific poverty and gender barriers to continuity of learning	MoEST/UNICEF/SC		1,000,000	1,000,000	0
5	Provide radio education programme for primary and secondary level and online education for tertiary level	Theatre for Change, Save the children, USAID		500,000	500,000	0
6	Care and support for orphans and vulnerable children(OVCs) including Provision of take-home rations to orphans and child headed households	MoEST, WFP, Mary's Meals		750,000	750,000	0
	Sub Total Budget for response			**4,800,000**	**4,800,000**	

4.7.8. Early Recovery Activities

	Activities	**Responsible Agencies**	**When**	**Budget ($)**		
				Total	**Available**	**Gap**
If schools are closed						
1	Preparing the system, teachers and reopening schools after long closures and difficult circumstances and supporting education financing	All Cluster members	Ongoing	500,000	500,000	0
2	Close the gap in learning through remedial and accelerated learning	MoEST/UNICEF/SC	On-going	1,500,000	1,500,000	0

	programs and certification of learning					
3	Addressing specific poverty and gender barriers to returning to school, e.g. conditional cash transfers	MoEST/UNICEF/SC	On-going	1,500,000	1,500,000	0
	Sub Total Budget for response			**3,500,000**	**3,500,000**	**0**
	Grand Total			**10,000,00**	**10,000,00**	**0**

4.7.9. Operational Constraints

i. Adjusting to new ways of working (i.e. through technology) given the poor connectivity in some parts of the country
ii. Availability funding – Current funding is tied to the 2019 flood response. Partners are exploring the possibilities of re-programming.

4.7.10. Collaborative Partners

- MoEST, Save the Children, UNICEF, World Vision, GIZ, USAID, DFID, Action Aid, CSEC, Mary's Meals, WFP, UNHCR, KFW, DAPP, Concern Worldwide, UNESCO, Tfac, Educans, Plan International

4.8. SECURITY AND ENFORCEMENT CLUSTER

4.8.1. DEPARTMENT OF IMMIGRATION AND CITIZENSHIP SERVICES

4.8.1.1 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.

4.8.1.2. Specific Objectives

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

4.8.1.3. Target population

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

4.8.1.4. Covid-19 risks to the cluster

The trend on corona virus has demonstrated that the transmission of the virus is accelerated through mobility of people. As of 25th March 2020 there were 709 confirmed cases of corona virus in South Africa. Considering the volume of traffic from Malawi to South Africa and from South Africa to Malawi it immediately presents the adverse security risk on national security. We envisage public panic and chaos when a case is reported in Malawi threatening national security.

4.8.1.5. Risk communication and community engagement

Public awareness campaigns targeting the community around our porous borders to report to the security agents any suspected irregular movements of people across the borders. The chiefs in the communities will be engaged to encourage their people to work with the security institutions to fight against the spread of the virus. Emphasis will be made on the risk to the community if the activities are left unchecked.

4.8.1.6. Covid-19 Emergency Preparedness and Capacity-Building Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	Enhance screening of people entering Malawi	Department of Immigration	Immediate	209,500	0	209,500
2	Conduct border patrols	Department of Immigration	Immediate	649,000	0	649,000
3	Mount permanent roadblocks (Fuel)	Department of Immigration	Short term	121,000	0	121,000
4	Mount adhoc roadblocks and introduce Rapid tracking teams with operation vehicles to quickly respond to suspected cases trying to bypass the system	Department of Immigration	Short term	162,000	0	162,000
5	Suspend issuance of border passes and visas	Department of Immigration	Immediate	N/A	N/A	N/A
		Department of Immigration				
	Total Budget for Preparedness and Capacity Building)			**1,141,500**	**0**	**1,141,500**

4.8.1.7. Covid-19 Spread Prevention and Control activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	Procure sanitary items	Department of Immigration	Immediate	169,150	0	169,150

2	Procure operation vehicles (Monitor the activities of suspected returning residents and citizens)	Department of Immigration	Short term	2,028,000	0	2,028,000
3	Roadblock items (reflector jackets, cones, solar flood lights and torches)			25,800		25,800
	Total Budget for Spread control			**2,222,950**		**2,222,950**
	IMMIGRATION TOTAL			**3,364,450**	**0.0**	**3,364,450**

4.8.1.8. Operational Constraints

Resource constraints i.e. financial and materials

4.8.1.9. Primary Stakeholder Roles and Responsibilities

Department of Immigration and Citizenship Services, Malawi Police Service, Malawi Defence Force. The major activity for the stakeholders in this cluster is enforcement of the guiding policies in place.

4.8.1.10. Additional Material and Financial Requirements

Protective equipment i.e. cloud control equipment and firearms in cases of violence which might endanger life of the officers.

4.8.1.11. Collaborative Partners

Malawi Police Service, Ministry of Health, Malawi Revenue Authority and all other relevant stakeholders taking

4.8.2. MALAWI POLICE SERVICE

4.8.2.1. Overall Cluster Objective

To enhance the Malawi Police Service Preparedness to COVID-19 through resource and knowledge mobilization that will enable its comprehensive response to the pandemic.

4.8.2.2. Specific Objectives

To ensure:

i. 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.
ii. 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
iii. The required supplies (such as water, disinfectants and personal protective gear) are available and properly used by all.

iv. Availability of reliable, safe and timely logistical systems and transportation through addition vehicles and liaison offices.
v. 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.
vi. Continuous monitoring of all the policies and strategies across the country.

4.8.2.3. Target population

Police Officers and general population

4.8.2.4. Covid-19 risks to the cluster

i. Public disorder
ii. Public non-compliance
iii. Inability to maintain containment
iv. Food shortages
v. Inadequate Morgues/Mortuary space
vi. Loss of key personnel due to infection
vii. Absenteeism
viii. Collapse of government systems
ix. Failure of critical infrastructure
x. Inadequate legal frameworks permitting action
xi. Opportunistic criminal activities due economic impact
xii. Prolonged recovery plan
xiii. Injuries to the public and police officers
xiv. Congestion in police cells
xv. Long and porous borders

4.8.2.5. Communication and community engagement

i. Mass sensitization
ii. Training of community policing volunteers .The information to include the following: Restriction of movement and gatherings, Evoking of the section 46 of disaster management act, Fake messages, Handling of scene of crimes and Restriction on the use of unchartered routes
iii. Establishment of focal persons

4.8.2.6. Covid-19 Emergency Preparedness and Capacity-Building Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	Printing of COVID-19 Guidelines for police officers	MPS	Short Term	32,052	0	32,052

2	Dissemination of the guidelines (Fuel, Allowances)	MPS	Short Term	4,864	0	4,864
3	Communication for the Incident Command Centre	MPS	Short Term	2,308	0	2,308
4	Training of 150 Focal persons for Police formation on COVID-19 (allowances for trainers)	MPS	Short Term	9,443	0	9,443
5	Training materials (laptops, projectors, flipcharts, notepads etc)	MPS	Short Term	6,616	0	6616
6	Transport for participants	MPS	Short Term		Police to Provide	
	Total Budget for Preparedness and Capacity Building)			**55,283**	**0**	**55,283**

4.8.2.7. Spread Prevention and Control and activities

	Activities	**Responsible Agencies**	**When**	**Budget ($)**		
				Total	**Available**	**Gap**
1	Community Sensitization	MPS	Short Term	10,200.00	-	10,200.00
2	Operationalization of COVID-19 intelligence	MPS	Short Term	328,497.69	-	8,000.00
3	77 Thermo infrared for screening suspects	MPS	Short Term	9,616.00	-	9,616.00
4	Procurement of re-usable bags for keeping suspects' properties	MPS	Short Term	3,845.00	-	3,845.00
5	Procurements of sanitary products for cells, offices	MPS	Short Term	209,000.00	-	209,000.00
6	Procurement of PPE	MPS	Short Term	100,000.00	-	100,000.00
7	Enhancement border security (procure 20 vehicles, 50 Motor cycles,	MPS	Short Term	2,070,000.00	-	2,070,000.00

	Ration, Tents, Allowances fuel)					
8	Credit for Communication	MPS	Short Term	1,540.00	-	1,540.00
9	Monitoring of guidelines implementation	MPS	Short Term	6,500.00	-	6,500.00
	Total Budget for Spread control			**2,739,198.69**	**-**	**2,739,198.69**

4.8.2.8. Response Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	Procurement of medical drugs/supplies and equipment including 4 ambulances	MPS	Short Term	449,000.00	-	449,000.00
2	Evacuation of victims to treatment centres	MPS	Short Term	16,200.00	-	16,200.00
3	Operation of suspects holding camps	MPS	Short Term	71,100.00	-	71,100.00
4	Monitoring and evaluation	MPS	Short Term	6,500.00	-	6,500.00
5	Enhance vehicle and foot patrols to enforce laws and bylaws	MPS	Short Term	375,000.00	-	375,000.00
6	Procure 50 vehicles to support the patrols	MPS	Short Term	3,300,000.00	-	3,300,000.00
7	Responding to calls including SGBV cases	MPS	Short Term	45,000.00	-	45,000.00
8	Responding to public disorders	MPS	Short Term	10,257.00	-	10,257.00
	Total Budget for response			**4,273,057.00**	**-**	**4,273,057.00**

4.8.2.9. Early Recovery Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	Continue responding to calls including SGBV cases	MPS	Short Term	19,500.00	-	19,500.00

2	Sensitization on crime, stigma and discrimination	MPS	Short Term	10,200.00	-	10,200.00
3	Enhancement of rural and urban patrols due to likelihood of increased crime rate	MPS	Short Term	75,000.00	-	75,000.00
4	Psycho Social Support for police officer	MPS	Short Term	6,500.00	-	6,500.00
	Total Budget for Early Recovery			**111,200.00**	**-**	**111,200.00**
	MPS TOTAL					**6,858,241.00**

4.8.2.10. Operational Constraints

Poor Police - population relationship

4.8.2.11. Primary Stakeholder Roles and Responsibilities

i. Ministry of Health – to provide technical support
ii. Malawi Defence Force – to beef up security in times need
iii. Immigration – complement border security

4.8.3. MALAWI DEFENCE FORCE BUDGET FOR COVID – 19

4.8.3.1. Overall Cluster Objective

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

4.8.3.2. Specific Objectives

The specific objectives include:

i. To assist in enforcement of lockdown of selected areas, districts or entire country.
ii. To assist in control of illegal movement of people through border patrols.
iii. To assist in delivery of humanitarian aid.
iv. To provide security in treatment centres.
v. To build capacity of all health care workers (HCW) in all MDF camp hospitals.
vi. To raise awareness and engagement through orientations sessions with all MDF service members, their spouses, dependents and members of the communities surrounding all military cantonments.
vii. To strengthen Covid-19 disease surveillance/screening in all MDF sites and case management.
viii. To mobilize Covid-19 supplies, equipment and pre-position them.

4.8.3.3. 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.

4.8.3.4. 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 lockdown and border patrols are also at risk of contracting the virus.

4.8.3.5. Risk communication and community engagement

The targeted population will be reached through lectures, sensitization meetings, company baraza, muster parades, padre hours, military leaflets and posters.

4.8.3.6. Covid-19 Emergency Preparedness and Capacity-Building Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	To build capacity of all health care workers (HCW) in all MDF camp hospitals.	MDF and MoHP	Immediate	33,783.00	0	33,783.00
2	To conduct orientation sessions to all MDF service members, their spouses, dependents and members of the community surrounding military cantonments	MDF	Immediate	4,500.00	0	4,500.00
3	To mobilize Covid-19 supplies, equipment and pre-position them	MDF	Immediate	240,000.00	0	240,000.00
	Total Budget for Preparedness and Capacity Building)			**278,283.00**	**0**	**278,283.00**

4.8.3.7. Covid-19 Spread Prevention and Control activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	To strengthen Covid-19 disease surveillance/screening in all MDF sites and case management	MDF	Immediate	27,027.00	0	27,027.00
	Total Budget for Spread control			**27,027.00**	**0**	**27,027.00**

4.8.3.8. Covid-19 Response Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	To assist in enforcement of lockdown of selected areas, districts or the entire country and border security through vehicle patrolling	MDF	Short term	62,837.63	0	62,837.63
2	To assist in enforcement of lockdown of areas, districts or the entire country and border security through aerial surveillance and delivery of medical supplies	MDF	Short term	26,064.45	0	26,064.45
3	To assist in enforcement of lockdown of areas, districts or the entire country and border security through seaport security and maritime patrolling	MDF	Short term	44,880.31	0	44,880.31
4	Feeding	MDF	Short term	191,859.77	0	191,859.77
5	Allowances	MDF	Short term	41,250.00	0	41,250.00
	Total Budget for response			**366,892.16**	**0**	**366,892.16**

	MDF TOTAL			**672,202.16**	**-**	**672,202.16**

4.8.3.9. Operational Constraints

There is usually a delay in release of funds for the operations. Ministry of disaster management and Public Events will, therefore, be engaged as early as possible to prevent the administrative delays.

4.8.3.10. Primary Stakeholder Roles and Responsibilities

MDF:

i. To assist in enforcement of lockdown of selected areas, districts or entire country.
ii. To assist in control of illegal movement of people through border patrols.
iii. To assist in delivery of humanitarian aid.
iv. To provide security in treatment centres.

4.8.3.11. Collaborative Partners

MPS, Department of Immigration, Malawi Prison Services

4.9. FOOD SECURITY CLUSTER

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

4.9.1. Main Objective

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

4.9.2. Specific Objective

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

4.9.3. Target population

i. Urban and semi-urban poor households that are likely to be affected by the impact of COVID –19.
ii. 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.

4.9.4. Risk communication and community engagement

i. Mass media including community radio (Farm Radio Trust) and interactive radio drama (TfaC).
ii. Information Education and Communication (IEC) materials – material development and printing for distributions.
iii. Mobile van announcements where applicable.

4.9.5. Covid-19 Emergency Preparedness and Capacity-Building Activities

Activities	Responsible Agencies	When	Budget ($)		
			Total ($)	Available ($)	Gap($)
Remote Market & food security monitoring using mobile technology	DoDMA MVAC	Short Term	125,000	15,000	110,000
Orient participating partners and affected communities on infection prevention during implementation of food assistance	DoDMA MoH FSC partners	Short Term	50,000	5,000	45,000
Mobilize funding to finance required	DoDMA	Short Term	0	0	0

assistance food and/or cash	WFP and FSC partners				
Total Budget for Preparedness and Capacity Building)			**175,000**	**20,000**	**155,000**

4.9.6. Covid-19 Response Activities

Activities	**Responsible Agencies**	**When**	**Budget ($)**		
			Total($)	**Available($)**	**Gap($)**
Provide immediate food/cash assistance to urban and peri-urban vulnerable households affected by COVID -19	DoDMA WFP and FSC members	Medium Term	20,000,000	0	20,000,000
Expand livelihoods programmes/re-orient them to reflect COVID-19 challenges	DoDMA WFP and FSC members	Long Term	2,000,000	0	2,000,000
In collaboration with MVAC, and Cash Working Group, conduct market assessments to inform response modality choices	DoDMA WFP and MVAC	Immediate	100,000	20,000	100,000
Set up a complaints and feedback mechanism for beneficiaries including communities at large and working with the protection cluster	DoDMA WFP and FSC members	Short Term	5,000	0	5,000
Coordinate food assistance implementation programmes to the targeted populations affected by COVID -19	DoDMA	Short Term	10,000	2,000	8,000
Facilitate monthly District level coordination meetings with NGOs, Government Departments, District Councils, private sector and operating NGOs in	DoDMA, District Councils NGO partners Private Sector	Short Term	6,000	2,000	4,000

districts affected by COVID - 19					
Total Budget for response			**22,121,000**	**24,000**	**22,097,000**
			22,296,000	**44,000**	**22,252,000**

4.9.7. Operational Constraints

i. Adjusting to new ways of remote working
ii. Availability of new funding and possibilities of re-programming existing resources (flexibility)
iii. Precautionary measures including extensive hand-washing, and social distancing (small groups, etc.) during all beneficiary engagement sessions including distributions, are operationally difficult in a context of a rapid and massive response.

4.9.8. Primary Stakeholder Roles and Responsibilities

i. DoDMA facilitates and implement the activities.
ii. WFP supports DoDMA in implementation and advocacy
iii. Cooperating Partners, Financial Service Providers are in charge of distributions
iv. Complaints and Feedback Mechanisms rolled out by a third-party.
v. WFP will leverage its core expertise in logistics/supply chain as well as in food security analysis and response to inform targeting, modality triggers and selection, distribution processes, overall market analyses and programme monitoring to provide technical assistance to the Government of Malawi and other development partners.

4.9.9. Collaborative Partners

i. Private sector and Government's Agencies (SGR, ADMARC)
ii. Media houses, Mobile network companies, donor community.

4.10. TRANSPORT AND LOGISTICS CLUSTER

The Transport and Logistics cluster is led by Ministry of Transport and Public Works and co-led by World Food Program

4.10.1. Overall Cluster Objective

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

4.10.2. Specific Objectives

i. To procure and preposition COVID-19 supplies and equipment as required
ii. To provide dedicated and timely COVID-19 logistics coordination and services including storage, transportation and engineering/light construction
iii. To advocate through the relevant authorities for minimal disruption and impact to the humanitarian supply chain in light of the COVID-19 threat

4.10.3. 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 agencies are expected to be supported.

4.10.4. Covid-19 risks to the cluster

i. Global disruptions to the medical and humanitarian supply chain could lead to delays in sourcing, procurement and transport.
ii. Border closures and travel restrictions could also cause delays with the procurement of critical items and/or entry of experts involved in national logistics readiness efforts.
iii. Hikes in transporter and supplier fares may be experienced based on the response scenarios.
iv. Containment measures might impact the availability of logistics staff movement and flow of essential COVID-19 relief items.

4.10.5. Risk communication and community engagement

i. The cluster will maintain heavy inter-cluster engagement on the logistics and operations gaps and priority needs
ii. Dedicated logistics coordination and staffing support will remain available (upon request) to augment technical logistics capacity
iii. Where applicable, table top and/or simulation exercises will be carried out to stress test the efficiency of the National Logistics Cluster response plan

4.10.6. Covid-19 Emergency Preparedness and Capacity-Building Activities

	Activities	Responsible Agencies	When	Budget ($)		
				Total	Available	Gap
1	Coordinate procurement of COVID-19 supplies and equipment for essential staff as needed	National Logistics Cluster members (to be determined on a case by case basis)	Short Term	138,000	0	138,000
2	Identify fuel needs and ensure sufficient supply	NOCMA, MoTPW	Short Term	0	0	0
3	Maintain sufficient storage capacity for COVID-19 partners	WFP	Short Term	118,000	0	118,000

4	Conduct rapid supply chain technical assessments	WFP and the National Logistics Cluster members	Short Term	30,000	0	30,000
5	Liaise with transport sector leadership, customs, civil aviation and other entities on unhindered flow of humanitarian goods and personnel	MoTPW	Short Term	10,000	0	20,000
6	COVID-19 supply chain pipeline mapping, operational data analysis, monitoring and reporting	WFP and National Logistics Cluster members	Short Term	60,000	0	60,000
	Total Budget for Preparedness and Capacity Building)			**356,000**	**0**	**356,000**

4.10.7. Covid-19 Spread Control activities

	Activities	**Responsible Agencies**	**When**	**Budget ($)**		
				Total	**Available**	**Gap**
1	Installation of Mobile Storage Units (MSU) tents for storage needs, triage and temporary isolation of cases upon request	WFP and National Logistics Cluster members	Short Term	118,000	0	118,000
2	Deployment of Mobile Logistics Bases (MLBs) as required for logistics continuity	WFP and National Logistics Cluster	Short Term	150,000	0	150,000
3	Light construction work including prefab setup	National Logistics Cluster	ShortTerm	200,400	0	200,400
	Total Budget for Spread control			**468,400**	**0**	**468,400**

4.10.8. Covid-19 Response Activities

	Activities	**Responsible Agencies**	**When**	**Budget ($)**		
				Total	**Available**	**Gap**
	Provision of engineering and other light construction support	National Logistics Cluster (to	Short Term	300,000 0	0	300,000

		be determined on a case by case basis)				
	Provision of dedicated humanitarian storage and handling space at the airport	Civil Aviation, MoTPW, WFP	Short-term (Upon request)	200,000	0	200,000
	Maintain overland and inland transport corridors to reduce lead times	MoTPW, Customs	Short Term	30,000		30,000
	Provision of dedicated logistics surge personnel to coordinate logistics storage and transport services	National Logistics Cluster	Short Term	230,000	0	230,000
	Transportation of supplies and personnel	National Logistics Cluster	Short Term	70,000	0	70,000
	COVID-19 supply chain pipeline mapping, stock monitoring and reporting	National Logistics Cluster	Short Term	10,000	0	10,000
	Total Budget for response			**840,000**	**0**	**840,000**

4.10.9. Early Recovery Activities

	Activities	**Responsible Agencies**	**When**	**Budget ($)**		
				Total	**Available**	**Gap**
1	Maintain logistics coordination and technical capacity	National Logistics Cluster	Long Term	20,000	0	20,000
2	Avail logistics service support for demobilization activities where necessary	National Logistics Cluster	Long Term	50,000	0	50,000
	Total Budget for Early Recovery			**70,000**	**0**	**70,000**

	Grand Total					**1,734,400**

4.10.10. Operational Constraints

i. As witnessed across the region, confirmed cases have led to restrictions in movement of goods and personnel (labour). While humanitarian goods in Malawi as considered exempt, delays in delivery of goods due to increased measures such as sanitation at ports, inspection of emergency goods and the presence of check points may pose a challenge to the cluster.

ii. The is a risk of depleting stocks of essential items in Malawi such as food, medicines, fuel and other relief items due to restricted movement and trade.
iii. Potential price increases and the economic impact on business could result in higher logistics operational costs.
iv. Closed borders have resulted in reduced aviation capacity i.e. cancelled commercial passenger and cargo flights. Depending how widespread the outbreak is, there might be a need to for increased humanitarian passenger and cargo airlift capacity to fill the gap.
v. In case transporters, suppliers or implementing partners record confirmed cases, disruptions to the supply chain are envisaged

To mitigate the constraints highlighted, constant engagement with authorities for smooth and rapid clearance of humanitarian supplies and the logistics labour force will be undertaken. In addition, in line with information management activities, supply chain intelligence including price and stock monitoring, transporter and supplier business continuity among other steps will be used to guide operations and reduce lead times. Staff will also be equipped with PPEs where necessary to avoid any potential spread of the disease.

4.10.11. Primary Stakeholder Roles and Responsibilities

i. **Government** – MoH and DoDMA will be leading the national coordination and response. MoTPW and Civil Aviation will be key responsible entities for the overall logistics leadership and some implementation activities.
ii. **WFP** – as co-lead of the National Logistics Cluster will support the Government in logistics and operation strategy development, adaption of plans and technical coordination/implementation of activities and services on behalf of the humanitarian community.

4.10.12. Collaborative Partners

Ministry of Transport and Public Works, Department of Disaster Management Affairs (DoDMA), Department of Civil Aviation, World Health Organisation (WHO), World Food Programme (WFP), UNICEF, Malawi Red Cross Society, Inter-cluster coordination group, Malawi Police Services, Malawi Defence Force, Municipal/City /District Councils and I/NGOs.

ANNEXES

Annex 1: CLUSTER CONTACT LIST

NAME	ORGANISATION	PHONE NUMBER	EMAIL	CLUSTER
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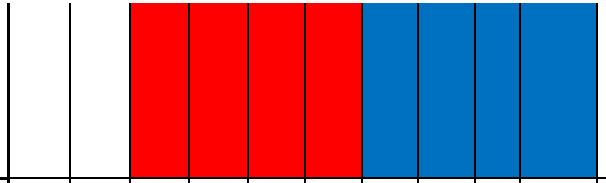
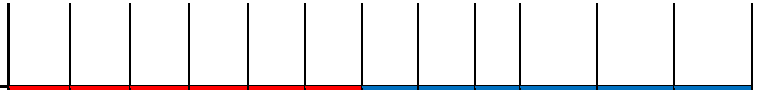
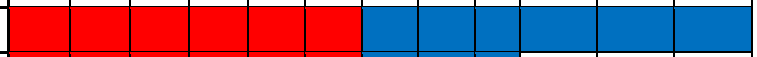
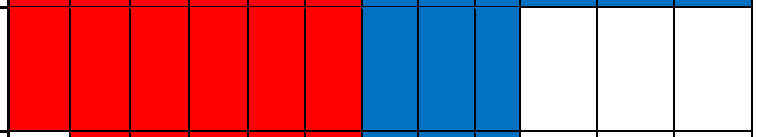
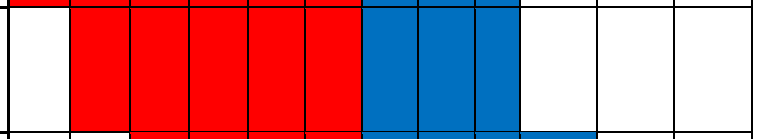
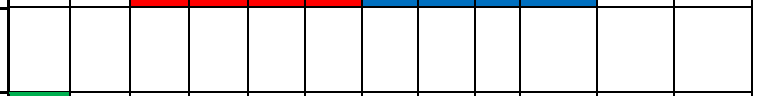
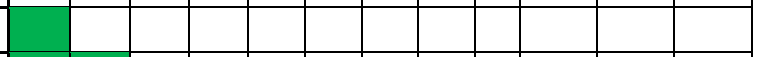
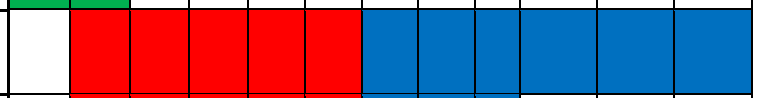
Annex 2: Health Cluster Monitoring Matrix

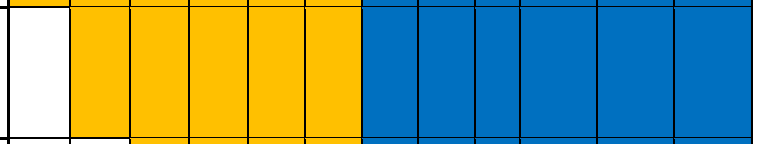
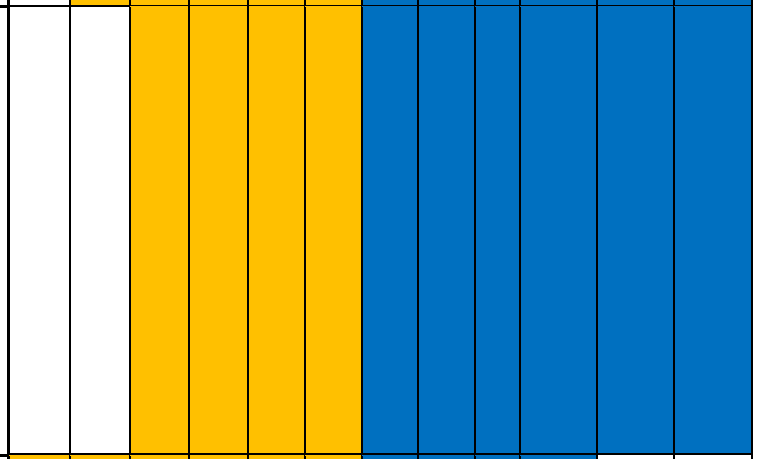
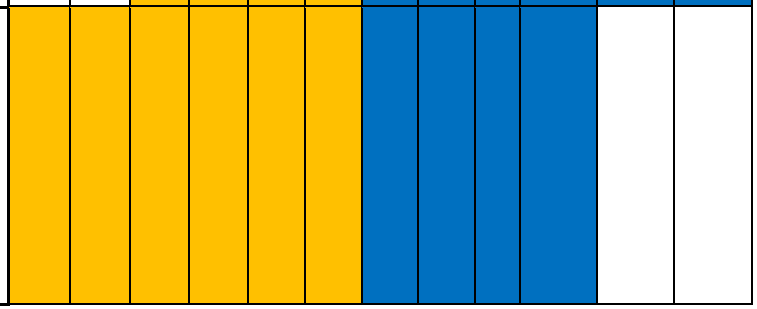
Pillar	Key Performance Indicators (green, achieved; Orange partially achieved, red not achieved, blue planned	Feb				March				April			
		1	2	3	4	5	6	7	8	9	10	11	12
Coordination	EOC activated with an IMS structure functional at national level												
	National preparedness plan in place												
	National preparedness plan funded at least up to 25% by week 3; to 50% by week 4; 75% at week 6 and more than 85% by week 8												
	Priority districts have a preparedness plan in place												
	District preparedness plan funded at least up to 25% by week 3; to 50% by week 4; 75% by week 6 and more than 85% by week 8												
	Orientation of key partners at national level on COVID completed												
	Orientation of the District MOH and key state partners completed												
	Mechanism for engaging the private sector established												
	The private sector represented in the national TWG for COVID-19												
	Orientation and training of health workers working in the private sector in all the priority 1 and 2 states												
	Orientation and engagement of the religious leaders												

	A simulation exercise conducted at least once at national level by week	
	M&E matrix for the preparedness plan in place	
Surveillance		
	SOPS and tools for surveillance adapted and finalized (CD, Contact tracing, transfer of suspected cases)	
	COVID-19 Incorporated into the existing surveillance system	
	Hotline and alert management system established	
	Analysis of the alerts reported and sharing the information on a daily bases	
	Training and orientation of the POE teams on COVID-19 surveillance SoPs completed	
	established mechanism for identifying and following up travelers from high risk countries in place	
	Analysis of the data from the POE and share the information at the TWG meetings for evidence based decision making	
	Distribution of the CD SOPS and surveillance tools to states and health facilities (25% of health facilities by 3rd week, 50% by 4th week and 100% by 5th week)	
	Finalize adaptation of training packages for health workers on surveillance	
	The NRRT trained on COVID-19	

	The RRTs in the priority districts trained on COVID-19	
	Training/orientation of health workers from the priority districts including the private health facilities on surveillance for COVID-19 (25% of health facilities by 4th week, 50% by 5th week and 100% by 8th week)	
Laboratory		
	The country has the capacity to confirm COVID-19	
	Mechanism for sample transportation in place	
	Triple packaging available with plan for replenish a minimum stock	
	SOPs for sample collection, packaging, storage and transportation in place	
	Adequate reagents to diagnose at least 100 patients secured all the time	
	Training of key Laboratory personnel on COVID with focus on collecting, handling, storing and transporting sample	
	Training of key Laboratory personnel in sentinel sites on COVID with focus on collecting, handling, storing and transporting sample	
	Documentation, analysis and reporting of samples investigated on a daily bases with 0 reporting	
	Laboratory upgraded to Biosafety level 3	

	Mechanism for sample referral to other WHO collaborating centres in place (the first 10 positive and five negative samples can be shipped immediately to the referral centre identified)													
POE														
	The Priority POEs are identified based on agreed criteria													
	adaptation of the travelers screening form and screening of travelers (24/7)													
	Rapid assessment conducted to identify gaps													
	Identified gaps are included in the national preparedness plan													
	SOPs and flow charts are developed/adapted and made available and used at the POEs													
	Additional HR deployed to address critical gaps at POEs													
	Training and orientation of staff at POEs													
	Regular supervisions and monitoring at POEs													
	Minimum stock of PPE secured at POEs													
	Screening area and a room for patient assessment available with adequate equipment and supplies													
	Capacity to isolate suspected cases available in all POEs													
	Ambulance to transport the suspected case available in all POEs													
	An electronic system to document and analyze information from the screening is up and running													

	Information of suspected cases are immediately reported to the District and National Office	
IPC		
	A triage system established in all health facilities (25% of health facilities by 3rd week, 50% by 4th week and 100% by 5th week)	
	SOPs for IPC adapted and distributed to all health facilities (25% of health facilities by 3rd week, 50% by 5th week and 100% by 8th week)	
	Training of Trainers to facilitating orientation of health workers on IPC	
	Training of health workers in key priority health facilities	
Case Management		
	Isolation facilities are identified to handle suspected cases and mange confirmed cases	
	Assessment of the potential isolation facilities to identify gaps	
	Refurbish the isolated facilities and provide equipment and HR	
	Orientation of key clinicians on management of COVID-19 from the key isolation and referral health facilities	
	Training of health workers on case management (25% of health facilities by 3rd week, 50% by 4th week and 100% by 5th week)	
Risk Communication		
	Key messages and IEC materials adapted and printed	

	Radio jingles and messages developed and aired to the wider community	
	Rumour monitoring and response mechanism to counter mis-information in place	
	FAQ adapted and published in main media outlets on regular bases	
Logistics		
	Inventory of available stocks and identification of gaps completed	
	Supply chain forecasting developed and forecasting done regularly based on the risk and evolution of COVID-19 outbreak.	
	Logistical capacity for managing an outbreak of COVID strengthened: 1. A surge logistical capacity from within MOH and other line ministries Identified and the staff trained by end of 3rd week; 2. Local transporters capacity assessed, prequalified and an MOU prepared/signed for facilitating rapid mobilization when and if required	

	by end of 4th week; 3. local suppliers for IPC and case management supplies are identified, the quality assessed and their production and delivery capacity documented by end of 6th week	
	The minimum stock for IPC supplies to support preparedness and response determined	

Annex 3: Protection Cluster Monitoring Matrix

	Activitie Key Performance Indicators (green, achieved; Orange partially achieved, red not achieved, blue planned	March				April				May				June			
Emergency Preparedness and Capacity-Building Activities		1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8
1	Rapid assessment on social-cultural practices as it relates to COVID 19 spread – to identify gaps and guide response.																
2	Strengthen cluster and inter-cluster coordination and advocacy to ensure inclusion of specific rights, needs and vulnerabilities of women and children in prevention, early detection, care and treatment strategies and programmes.																
3	Integrate MHPSS and stigma prevention in IEC and C4D materials																
4	Awareness-raising and sensitization of influencers and religious/faith leaders on COVID-19.																
5	Sensitize PoE service providers and personnel who are not directly involved in public health interventions, including airline staff, carriers, and other personnel and contractors on COVID -19 prevention protocols																
6	Develop SOPs and referral guidance for MHPSS and protection related to COVID 19																
7	Disseminate protection referral pathway for COVID 19 response.																
8	Integrate basic MHPSS and stigma prevention into training of frontline workers – health workers, volunteers, caseworkers, community child protection workers, community leaders, religious leaders, and Red Cross volunteers.																
9	Specialist MHPSS training for frontline workers and managers																

10	Equip helpline operators on how to respond and refer COVID-19 concerns including of MHPSS or protection of vulnerable persons.																
11	Activate the online referral pathway on COVID-19 for vulnerable groups (Toll free helplines)																
12	Ensure screening and other protocols and quarantine facilities are child-friendly and address rights and needs of vulnerable populations																
13	Assess needs for equipment and supplies at PoE and develop minimum standard for essential equipment and supplies																
14	Provide essential equipment and supplies for health screening, including no-contact thermometers, personal protective equipment.																
15	Advocate for surveillance systems to include systematic collection of age/sex categories as well as vulnerabilities																
16	Train police, immigration, MDF focal persons on PSEA and circulate Codes of Conduct and other safeguarding measures to ensure that they are well disciplined in carrying out their responsibilities in detecting and tracing health crises																
Spread Control activities																	
1	Integrate MHPSS and stigma prevention in any updated messaging on COVID-19 and advocate for user-friendly materials for children and other populations with specific needs																
2	Carry out mass media/ social media sensitization on COVID-19																
3	Procure and distribute chlorine, sanitary equipment, and personal protective equipment at child care institutions or other locations with vulnerable groups																
4	Integration of personal hygiene protocols across all interventions, including procurement of sanitary equipment, and personal protective equipment for protection cluster members																

5	Advocacy to ensure inclusion of specific rights, needs and vulnerabilities of women and children in spread control initiatives including support for distance learning and parental stimulation and care																
6	Organize community engagement activities with vulnerable population groups at higher risk due to mobility patterns (for example, traders, land transport agencies, communities along the borders, migrant workers, etc.)																
7	Revitalization of Community Policing structures to mainstream child protection and GBV prevention and reporting																
8	Engagement, sensitization and monitoring of churches, market places and schools to promote compliance to decongestion and abiding to public health guidance																
9	Sensitization of community policing structures, youth clubs and faith based structures on reporting violence against children and women including the harmful cultural beliefs.																
10	Strengthening diversion Programme for children in conflict with the law and other measure to regularly dispose suspects to ensure decongestion of holding cells																