NATIONAL COVID-19 PREPAREDNESS AND RESPONSE STRATEGY AND PLAN

JULY 2021-JUNE 2022

The Republic of Malawi
Department of Disaster Management Affairs
National COVID-19 Office
Ministry of Health

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3 ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CBCC	Community-Based Childcare Centre
CBO	Community Based Organization
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
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
NCO	National COVID-19 Office
NDPRC	National Disaster Preparedness and Relief Committee
NEC	National Epidemic Committee
NFI	Non-Food Item
NGO	Non-Governmental Organisation
OPC	Office of the President and Cabinet
OVC	Orphans and other Vulnerable Children
PLWHA	People Living with HIV and Aids
PLW	Pregnant and Lactating Women
SFP	Supplementary Feeding Programme
SGBV	Sexual and Gender Based Violence
SRHR	Sexual and Reproductive Health and Rights
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
WaSH	Water, Sanitation and Hygiene
WHO	World Health Organization

4 EXECUTIVE SUMMARY

Malawi has battled two waves of the ongoing COVID-19 global outbreak since the first cases were reported in April 2020. It is currently in the middle of battling a third wave. In fulfilling its mandate of protecting lives of vulnerable citizens during epidemics and reducing their exposure to risk and impact through preparedness and response, and case management, the Government of Malawi has led in the development and implementation of two National Coronavirus Disease (COVID-19) Preparedness and Response Plans, the last of which lapsed at the end of December 2020.

This new plan has been developed to build on successes made and lessons learnt from implementation of the two initial plans and to provide a short to medium term strategic anchor against which preparedness and response plans to the corona virus disease COVID-19 epidemic in the country should focus on for the period June 2021 to June 2022. It builds on but supersedes the National Preparedness and Response Plan July 2020-December 2020; and all other national preparedness and response plans in circulation. The plan realizes the need for the interventions to move from emergency mode handling of the epidemic and its associated short term investments to more long term interventions and semi-permanent to permanent adaptable infrastructure which can be used in subsequent waves of infections, if any, or other future infectious disease outbreaks.

It defines goals; underlying principles; strategic objectives; and key strategic interventions, with a view to building resilient capacity to manage the present outbreak and to prevent, prepare for and control future surges of the same, and anticipating and preparing for other future public health emergencies. It also provides guidance on prioritizing health related interventions for the management and effective control of the COVID-19 epidemic while protecting the Malawi population from adverse social-economic effects and impacts of the epidemic.

Like others before it, this plan has been developed following a cluster system approach led by the Department of Disaster Management Affairs (DoDMA). However, there are now 9 (nine) operational clusters, namely: Inter-Cluster Coordination, Health, Education, Public Communication, Local Governance, Protection and Social Support, Employment and Labour Force Protection, Transport and Logistics and Security and Enforcement, as opposed to the previous 15 (fifteen) clusters. In addition, it has been informed by envisaged mandates of decentralized Councils towards the national response.

The plan will be resourced through government and partner funding. Using this plan, government will engage partners, including the United Nationals systems, and the private sector to technically and financially support the implementation of the interventions identified. The implementation of the plan is estimated to require a total of USD421,190,432 (about MK358,011,867,200).

5 INTRODUCTION

5.1 Country Profile

Malawi is located in Southern Africa, bordered by Tanzania to the north, Mozambique to the east and south, and Zambia to the west. The country covers an area of 118, 500 sq. km, 94,280 Km^2 of which is land and the remaining fifth is covered by water, predominantly Lake Malawi. The country is divided into 28 administrative districts located in three geographical regions; Northern, Central and Southern. According to National Statistical Office (NSO) 2018 projections, the country's population for 2021 is estimated at 18, 898, 441 and most people live in the rural areas (84%).

5.2 Health and Health Services

Health services in Malawi are provided at four levels, namely community, primary, secondary and tertiary facilities. At community level, health services are provided by a community-based cadre, health surveillance assistants (HSAs). District, some mission and private hospitals constitute the secondary level of care. They are referral facilities for both health centers and rural hospitals. Finally, tertiary level facilities are strategically located to serve as last levels of hospital care with capacity for specialist and or specialized services. They receive referrals from secondary levels, and also serve as teaching hospitals for all cadres of medical, paramedic and nursing professionals. There are currently 5 central hospitals in the country one of which is dedicated to providing mental health services.

Health care is categorized into promotive, curative and preventive services which are linked through a comprehensive referral system. There are currently 977 health facilities in Malawi comprising 113 hospitals, 466 health centers, 48 dispensaries, 327 clinics, and 23 health posts. Health care services are delivered by both the public and the private sectors. The public sector has 472 facilities which includes all facilities under the Ministry of Health, Ministry of Local Government and Rural Development, the Ministry of Forestry, the Police, the Prisons, and the Army. The private sector has 505 facilities and consists of private for profit and private not for profit providers, mainly Christian Health Association of Malawi (CHAM). (Malawi SPA-2013-14). The major causes of morbidity and mortality in Malawi include HIV/AIDS, acute respiratory tract infections, malaria, diarrhoeal diseases, perinatal conditions, non-communicable diseases including trauma, tuberculosis, malnutrition, cancers and vaccine preventable diseases (College of Medicine, 2011).

5.3 COVID-19 Situation in Malawi

5.3.1 Background

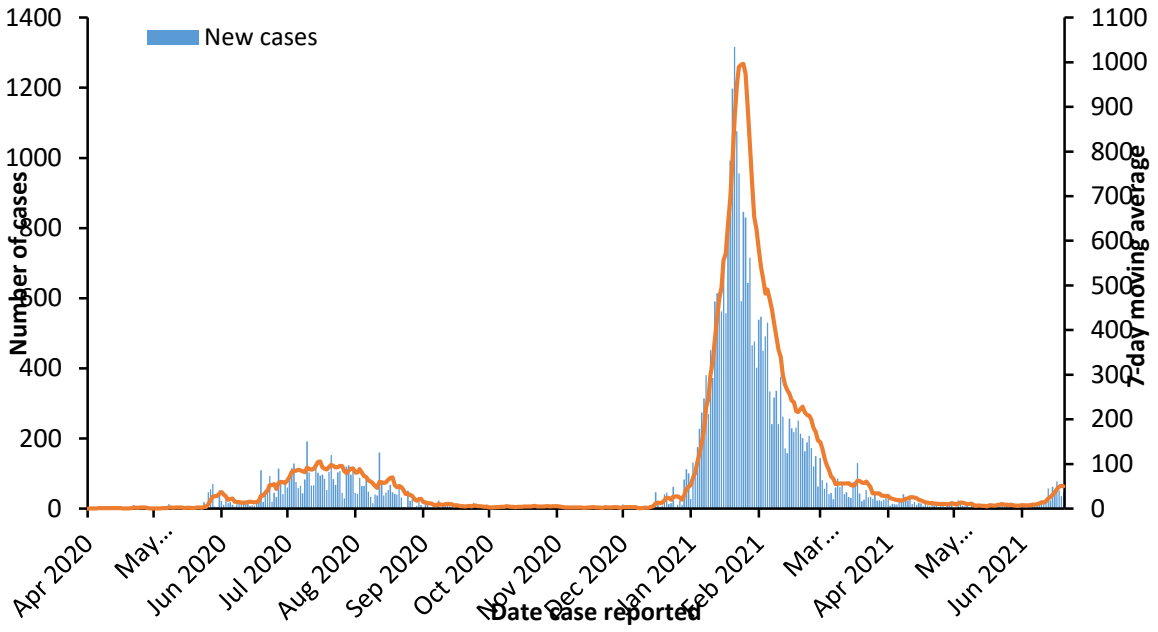
On 31st December 2019, the World Health Organization (WHO) was alerted of an acute flu-like outbreak in China. The IHR-ONE Health Forum of the Ministry of Health, Malawi was alerted of the novel emerging disease, later on known as the Corona Virus Disease (COVID-19), which was declared a Public Health Emergency of International Concern by WHO on 30th January 2020. By this time, Malawi had started monitoring the situation and preparing to respond to potential imported cases and outbreaks. Soon after the COVID-19 was announced as a "Pandemic," a State of Disaster in the country was declared on 20th March 2020, and ordered preventive measures to mitigate its severity. The first three COVID-19 cases were detected on 2nd April 2020 in Lilongwe, Malawi.

After that, the IHR national focal point activated and ascended into the Emergency Operations Centre (EOC) for COVID-19 response on 3rd April 2020. The EOC continues to provide coordination and technical support functions in responding to the COVID-19 epidemic in the country till today. The first wave of the COVID-19 epidemic in the country started from 22nd April 2020 till the end of September 2020.

The reviews of the first wave of the COVID-19 responses were reported in the first COVID-19 Intra-Action Review (IAR) Report. However, the country was hit by the second wave of the COVID-19 epidemic before acting upon most of the recommendations from the COVID-19 IAR Report. The second wave of the COVID-19 epidemic started on 12th December 2020 when surveillance detected the unusual increase of newly confirmed cases and alerted the EOC. Unfortunately, the invasion of later proven mutated SARS-CoV-2 variant (B.1.351) caused a surge of incident cases, severe/critical patients, and mortalities. Since then, the SARS-CoV-2 Delta variant (B.1.617.2) has been identified in Malawi. This variant was responsible for a severe epidemic in India and other parts of the World.

5.4 Case Trends

As at 20th June, 2021, Malawi had registered a total of 34,914 confirmed COVID-19 cases and 1,171 deaths representing a case fatality ratio of 3.4%. Figure 1 below shows the trends in cases from the time the first case was recorded and clearly shows the first and second waves of the pandemic in Malawi.



5.5 Plan Development Process

This Strategy and plan was developed through a collaborative and consultative process involving stakeholders including government ministries, departments and agencies (MDAs), UN Agencies, NGOs Malawi Red Cross Society and other humanitarian actors, coordinated by the Department of Disaster Management Affairs and the National COVID-19 Office in the Office of the President and Cabinet with oversight from the Presidential Taskforce on Coronavirus.

It has been developed following a cluster system approach involving 9 (nine) operational clusters, namely: Inter-Cluster Coordination, Health, Education, Public Communication, Local Governance, Protection and Social Support, Employment and Labour Force Protection, Transport and Logistics and Security and Enforcement, and has also envisaged mandates of decentralized councils towards the national response. In this approach, all clusters are required to align their preparedness and response interventions to this Strategy's objectives and key strategic interventions.

To facilitate fulfilment of aligned cluster plans and accountability responsibilities, and to ensure that activities of all clusters are coordinated, monitored and evaluated, standard planning formats and monitoring and reporting frameworks are provided. Among other outcomes, this will 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.

5.6 Timespan

Due to the evolving nature of the novel coronavirus, this Preparedness and Response Strategy and Plan will be updated annually, or as often as the epidemic situation may dictate. This current one is planned to run from July 2021 to June 2022.

5.7 The Preparedness and Response Strategy

5.7.1 Purpose of the Strategy

The strategy provides a blueprint for preparedness and response to the COVID-19 epidemic in the country for the period July 2021 to June 2022. It builds on but supersedes the National Preparedness and Response Plan that run from July 2020-December 2020; and all other national preparedness and response plans in circulation.

5.7.2 Scope of the Strategy

The strategy defines goals; underlying principles; strategic objectives; control pillars; and key interventions; with a view to building resilient capacity to manage the present outbreak and to prevent, prepare for and control future surges of the same, and anticipating and preparing for other future public health emergencies. It also extends beyond epidemiological-medical domains of the response, in recognizing the perverse effects and impacts associated with the burden of disease and its impacts on individuals, families and the wider community.

5.7.3 Key Expected Outcomes

Through its implementation, the Strategy seeks to help reduce morbidity and mortality from spread of the corona virus through early detection and effective management of infections in the country, in the short term, and to prevent occurrence of new flare ups, and importation of new virus strains into the country, in the medium to long term. It also provides guidance on prioritizing medical and social interventions for the management and effective control of the COVID-19 epidemic, including protecting the Malawi population from adverse social-economic effects and impacts of the epidemic.

5.7.4 Goals

The main goals of the Strategy are to:

1. Interrupt transmission of the causative viral agent(s); and reducing the burden of clinical disease and death among vulnerable populations;
2. Support sustainability of essential health services while containing the COVID-19 epidemic;
3. Minimize the economic and social impacts of the epidemic among vulnerable populations and
4. Characterize the COVID-19 epidemic in the country; including supporting basic and implementation research on the corona virus and COVID-19 disease.

5.7.5 Cluster Requirements

Specific cluster requirements and targets are outlined in the respective cluster preparedness and response plans. Table 1 below outlines the overall financial requirements for each cluster.

Table 1 Overall Financial Requirements

Cluster		Total Requirements (USD)	Available (USD)	Gap (USD)
Inter-Cluster Coordination		**1,792,000**	**287,800**	**1,504,200**
Public Communication		**8,322,316**	**0**	**8,322,316**
Health		**270,984,012**	**77,196,239**	**193,787,773**
Social protection		**86,779,061**	**1,238,676**	**85,540,385**
Education		**30,958,744**	**16,687,198**	**14,271,546**
Security and Enforcement	Immigration	**489,630**	**0**	**489,630**
	Malawi Prison Service	**3,590,320**	**0**	**3,590,320**
	Malawi Defence Force	**4,690,515**	**0**	**4,690,515**
	Malawi Police Service	**1,026,778**	**0**	**1,026,778**
	Total for Security and Enforcement	**9,797,243**	**0**	**9,797,243**
Transport and logistics		**1,380,000**	**55,000**	**1,325,000**
Local Government		**11,177,056**	**0**	**11,177,056**
Grand Total for all Clusters (USD)		**421,190,432**	**95,464,913**	**325,725,519**
Grand Total for all Clusters (MK)		**358,011,867,200**	**81,145,176,050**	**276,866,691,150**

6 PRINCIPLES, SCENARIOS AND PLANNING ASSUMPTIONS

Implementation of this Strategy will be guided by the following underlying cardinal principles aimed at *improving coordination and collaboration; and fostering effective partnerships* among government ministries, departments and agencies (MDAs) on one hand, and between state and none state actors on the other hand.

1) ***One Coordinating Authority:*** The Department of Disaster Management Affairs (DoDMA) under the Office of the President and Cabinet will be the sole coordinating office to ensure supra-sectoral oversight, and efficient and effective delivery of cross ministry and cross cluster interventions. This is in recognition of the cross cutting nature of the response to ensure the achievement of the stated strategic objectives.

2) ***Harmonization and Alignment*:** Within the Malawi 2063 (MW2063) "Inclusively Wealthy and Self-reliant Nation" Vision, this strategy and plan will seek harmonization of activities among partners and stakeholders; and alignment of cluster and sector plans to one national strategic vision to effectively and efficiently respond to the COVID-19 crisis. Through the harmonization and alignment of tools and approaches, the duplication of activities (for example design of messages and IEC materials) is avoided and savings and efficiencies leveraged.

3) ***Principle of Subsidiarity*:** The recognition that lower order organizations in the administrative hierarchy are better placed to carry out functions at their level, and higher levels should attempt to help, support, promote and develop those levels to properly perform the functions assigned. The higher institution should give over or delegate to the lower levels what they can accomplish through their own activities.

4) ***Principle of Solidarity Towards Universal Health Coverage (UHC) as a Human Right:*** The moral responsibility to share the needs and problems of others and to recognize and defend the dignity of each individual. Building more than collaboration with or participation of people in addressing health and health related matters but rather working towards actual and effective empowerment of MDAs through health in all policies, and building a partnership between central MDA services and the society at large.

5) ***Principle of Cost Efficiency:*** recognizing the finite resource envelope against overwhelming needs generated by the COVID-19 pandemic and aiming to provide an effective and efficient response to the crisis through selection of high impact and most cost-efficient strategies in mitigating the impact of the COVID-19 crisis on the Malawi population.

6) ***Principle of Technical and Financial Accountability:*** Making provision for accountability to affected populations in all aspects of the COVID-19 response and activities including actively seeking feedback of beneficiaries and adjusting programmes accordingly; and enforcing a single national system for monitoring implementation of activities and utilization of resources by all actors with trackable standardized indicators.

6.1 Planning Assumptions

Since April 2020 when the first case of Corona virus disease (COVID-19) was reported, Malawi has already experienced two waves, the second being more severe than the first one. The magnitude and impact of the pandemic in the country seems to vary from district to district on account of demographic, social, environmental and economic factors, and from season to season. Going forward, this may have implications for severe COVID-19 cases, mortality & health services demand. Borrowing from emerging pictures across the African continent, the following seem to be some of the key drivers of the COVID-19 transmission trajectory:

1) **Variable Risk of Exposure:** The cold season tends to be the high season for transmission of respiratory pathogens in the Southern African hemisphere where Malawi belongs, and may therefore lead to more intense transmission of COVID-19 as well. Aligned to this are suboptimal state of sanitation and hygiene, access to portable water, population density and poverty, especially in peri-urban slums, social- cultural practices and overall poor living conditions.

2) **Unequal Demographic Susceptibility:** Available data from Malawi and elsewhere in Africa and other regions indicates that everyone is susceptible to contracting the virus. However, there has been an increasing association between older age groups and severity of disease following infection, mainly due to high prevalence of underlying chronic communicable and non-communicable conditions. Younger and middle-aged persons have tended to survive with mild to moderate disease.

3) **Weak Health Systems:** Just like in many other countries on the African continent, general health systems in the country are weak with shortage of skilled health workers, lower density and poor health infrastructures that are inequitably distributed, inadequate and mostly poor state medical equipment and inadequate medical supplies. The health systems are overstretched with double epidemics, and capable of amplifying the corona virus transmission through nosocomial transmission which may be due a combination of low awareness, lack of sufficient PPEs, inappropriate PPE use and unrecognized disease due to inadequate diagnostic capacity. International air travel restrictions during the height of the epidemic have also tended to exacerbate widespread lack of appropriate medical equipment and PPEs in the country. Severe and critically ill COVID-19 patients often require weeks of ventilator or oxygen support to survive. Such capacities are limited in the country.

4) **High Underlying Disease Burden:** Malawi is going through an increasing bulge of chronic communicable and non-communicable conditions particularly among the economically active age groups. These conditions fuelled by the prevailing high level of poverty are being associated with more severe COVID-19 outcomes. This points to high likelihood of more severe outcomes in the affected high risk populations.

5) **Socio-economic, Cultural and Political Factors:** In this country, just like elsewhere on the African continent, cultural and social activities tend to encourage congregation of people. While strong community structures can be leveraged for critical public health measures, they also increase risk of transmission of infections. Available data shows that so far, more males than females have been affected and died. However, should there be intense transmission at community level, this picture may change because females are the usual custodians and care givers of the sick.

The high prevalence of less spacious housing units, the crowded conditions in public transport, high levels of peri-urban poverty, and the low coverage with safe portable water are all limitations in the application of social distancing, isolation in the home and hand washing.

The economic activities in Malawi are mainly informal, making it more difficult for the majority to remain economically afloat during periods of activity limitation and lockdown. Widespread informal lodging in urban slums also makes it more difficult to identify and track contacts and put in place economic mitigation measures.

6.2 Epidemic Scenarios

The international convention structures the COVID-19 response approach into *containment* and *mitigation*. This is to ensure that countries with sporadic cases focus on containing the outbreak and those with community transmission focus on mitigating and controlling the spread at the same time.

1) **Containment Scenario:** This scenario applies where containment measures are possible because either there is a limited number of cases or suspected cases (where there is no laboratory testing capacity); there are few imported cases; and the two earlier situations apply plus evidence of sporadic localized transmission.

2) **Mixed Containment/Mitigation Scenario:** This scenario describes countries with some areas where containment is possible and other areas with sustained transmission leading to challenges in implementing control measures. This means that containment measures have failed in such areas. Therefore, such countries should take appropriate measures to both contain the infection and mitigate against disease in order to slow down the spread of COVID-19 among communities.

6.3 Epidemic Scenarios for the Case of Malawi

While the above scenarios are dynamic, based on data overtime, Malawi is already in the mixed containment/mitigation scenario. The overall approach in this case is to ensure comprehensive interventions for both containment and mitigation. Notwithstanding, the country will need to adjust the implementation of these scenarios based on regular local assessment, including at micro level as necessary.

Furthermore, Malawi will need to begin to evolve the mode of response towards a public health approach whereby core interventions and core capacities become part of health and other social economic systems under routine everyday conditions.

6.4 Key Strategic Objectives

Because the occurrence and spread of the epidemic varies from time to time and place tom place; and because the occurrence of the epidemic evolves overtime, short, medium and long term objectives have been identified as described below:

6.4.1 Short term

(i) Strengthening public knowledge, awareness and behaviour through integrated risk communication and community engagement (RCCE) approaches on the COVID-19 epidemic including provision of psycho-social support;

(ii) Strengthening the core capacity of the country to detect and classify causative viral agents of the COVID-19 epidemic within the borders of the country, including national and international accreditation of diagnostic reference laboratory systems;

(iii) Preventing transmission of corona virus in communities, in healthcare facilities, across borders, and in congregate settings through Infection Prevention and Control (IPC) approaches; and enforcement of preventive measures, laws and regulations;

(iv) Reducing the incidence of, and impact of COVID-19 disease, especially hospitalizations and COVID-19 related deaths, through timely and quality assured case management and vaccinations;

(v) Establishing a highly sensitive, and timely countrywide recording and reporting system for corona virus infection and COVID-19 cases; and tracking progress and trends using standard key performance indicators (KPIs) in all districts of the country, and

(vi) Strengthening national coordination mechanisms for strategic, technical, and operational support to the COVID-19 response by Clusters, Councils and other stakeholders, in collaboration with national and international partners.

6.4.2 Medium to Long Term

(i) Scaling up country readiness and response to mitigate against health, economic and other social impacts of the COVID-19 to minimize disruptions to routine essential activities and services, and

(ii) Strengthening the conduct of basic and operational research on the COVID-19 epidemic towards enhancing scientific understanding of the local epidemic and informing policy decisions on critical unknowns, including:

a. prevalent variants of the virus agents,
b. community burden of infection,
c. modes of transmission,
d. clinical course and severity,
e. clinical outcomes,
f. effectiveness of treatment models and modalities (home based versus facility based care),
g. long-term sequelae and immunity,
h. economic catastrophic impacts of response approaches, and
i. cost-effectiveness of interventions

6.5 Priority Interventions

Based on the previous plans since the epidemic started, identified areas, and gaps in the self-assessment at facility and other levels, the following will constitute the key program areas for key interventions in the national preparedness and response efforts:

6.5.1 Program Planning, Management and Coordination[1]:

Coordination and leadership will be an important consideration for an effective response to the COVID-19 disease. Coordination and leadership work well with streamlined structures with clear lines of authority. Coordination guides and supports the other clusters in their operability. It mobilises and allocates resources, links policy with operational aspects of the responses thereby ensuring a dynamic and effective response to the pandemic. In this context, the following interventions shall be prioritised.

(i) Reviewing and updating cluster and council plans to align with the national strategy and focus; and supporting and monitoring implementation of the Cluster and Council COVID-19 response plans;
(ii) Enhancing collaboration/ coordination across sectors and with implementation and academic institutions such as National and International NGOs, donor partners, the United Nations system for a comprehensive response to the epidemic;
(iii) Supporting stakeholders and partners to ensure better coordination of early detection, clinical care and decentralization of response;
(iv) Supporting mobilization of local and external resources for responding to the epidemic and
(v) Strengthening the national structures for coordination, planning, monitoring and evaluation and oversight of the national response.

6.5.2 Risk Communication and Community Engagement (RCCE)[2]

Risk communication and community engagement provides all necessary communication and community engagement support. Coronavirus disease is still novel and the world continues to explore the epidemiological nature to increase knowledge and develop best practices to delay its spread. There is evidence that provision of clear and simple to understand information to the general public about COVID-19 contributes to the prevention and control of the disease outbreak. It is crucial to counter misinformation and disinformation on COVID-19, hence using a guiding national risk communication strategy on COVID-19. Vaccine hesitancy has been noted to be one of the major challenges requiring interventions. In this context, the key interventions shall include:

(i) Developing and implementing national risk communication and community engagement plans for COVID19, based on findings of national risk behaviour assessments across population groups; and assessment of gaps in knowledge, attitudes and practices;
(ii) Identifying potential key determinants to positive behaviour change and preferred communication channels of key target audience;
(iii) Supporting implementation of protective measures, addressing barriers and possible socio-cultural and economic impacts (especially on the disadvantaged and most vulnerable populations, ensuring access, facilitating acquisition of means for survival (e.g. food aids);
(iv) Communicating for knowledge for decision making and actions;

[1] World Health Organization. Critical preparedness, readiness and response actions for COVID-19 https://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-COVID-19

[2] World Health Organization. Risk Communication and Community Engagement (RCCE) Action Plan Guidance COVID19 Preparedness and Response https://www.who.int/publications-detail/risk-communication-and-communityengagement-(rcce)-action-plan-guidance

(v) Strengthening identification of Risk Communication and Community Engagement actions tailored toward addressing specific population groups and settings to address knowledge, rumours and misinformation; and strengthening procedures for mapping of vulnerable populations;
(vi) Communicating risks and country situations; informing the public on preventive measures and guidance for protecting self and others; and conducting training of trainers on aspects of RCCE to create a pool of RCCE practitioners and advocates;
(vii) Developing and disseminating appropriate IEC materials on COVID-19 based on outcomes of local assessments; and establishing clearinghouse for IEC materials including timely translation into local languages and dissemination through preferred communication channels;
(viii) Identifying and working with trusted community groups (local opinion leaders such as community leaders, religious leaders, health workers, community volunteers) and local NGO networks on COVID-19;
(ix) Establishing systems to detect and rapidly respond to misinformation and rumours.
(x) Linking with psychosocial support team to assist vulnerable groups such as refugees, IDPs against stigmatization and multiple forms of violence;
(xi) Documenting lessons learned to inform policies and strategies as well as future preparedness and response activities; and
(xii) Monitoring impact of RCCE activities and adjusting approaches on the basis of the feedback.

6.5.3 Surveillance, Rapid Response and Case Investigation[3]

Timely and effective surveillance ensures that outbreaks/pandemics are contained in the shortest time possible. It has three key intervention areas; case detection, contact listing, and contact tracing. Key to implementation is the availability of rapid response teams (RRTs) at all levels. RRT is a designated group of people who can be assembled quickly to promptly respond to disastrous or emergency incidents. In COVID-19 response, it is a team that can quickly be assembled to respond to events that a normalized system may not resolve timely. This may include response to an influx of returnees from abroad, untimely follow up of cases or contacts in districts, as well as overdue submission of surveillance reports or line lists by districts. Capacitating RRTs including providing them adequate funding is important. In this context, key interventions in this area shall include the following:

(i) Building capacity of health workers on case detection of COVID-19, specimen collection, contact tracing, and reporting including case-based laboratory surveillance, at both national and sub-national levels, in the context of IDSR and in line with IHR (2005).;
(ii) Establishing or strengthening and maintaining a national COVID-19 surveillance system to gather data on alerts, suspected cases and confirmed COVID-19 cases;
(iii) Rolling out community-based surveillance, strengthen event-based surveillance and investigation and reporting of all suspected cases of COVID-19 in collaboration with partners;
(iv) Producing weekly epidemiological reports and disseminate to all levels and international partners;

[3] World Health Organization. Public health surveillance for COVID-19: interim guidance. https://www.who.int/publications/i/item/who-2019-nCoV-surveillanceguidance-2020.7

(v) Conducting forecasting and predictive analysis (e.g. through statistical modelling) of epidemiologic trends at national level, to gain insights into key epidemiological features of the outbreak such as case reproductive number, severity, and infectiousness, and
(vi) Reporting disease trends and impacts to global and regional laboratory and epidemiology systems as appropriate or required by law.

6.5.4 Management of Points of Entry

Considering that travel of people facilitates spread of COVID-19 from country to country across borders, points of entry (PoEs) are vital in the control of the pandemic. In total, Malawi has 36 border posts that requires health strengthening. All the main points of entry (Kamuzu International Airport in Lilongwe, Chileka International Airport in Blantyre, Songwe border in Karonga, Mbirima border in Chitipa, Mchinji border in Mchinji, Bilira border in Ntcheu, Dedza border in Dedza, Mwanza border in Mwanza, Muloza border in Mulanje, Chiponde border in Mangochi and Marka border in Nsanje) have port health workers who can be trained to conduct screening services at point of entry. Kamuzu and Chileka Airports have access to quarantine facilities. The main challenges are lack of space/holding rooms for suspected cases and offices for port health workers in 7 out of 10 PoEs and shortage of port health workers, for border health control and assisting in related border health issues. In addition, most of the ground border crossings are impacted by porous informal long borders which undermine the impact of the health services provided at the formal ground crossings. Consequently, the following key interventions will be prioritized:

(i) Strengthening implementation of policy of mandatory negative COVID-19 Test certificate of prescribed age at all points of entry;
(ii) Strengthening capacity for PoE screening, testing, isolation and management of ill travellers, including preparation of rapid health assessment/ isolation facilities to manage ill passenger(s) and to safely transport them to designated health facilities, as the case may be;
(iii) Infrastructure development for diagnosis, traveller management and Wash facilities.
(iv) Reinforcing or establishing a mechanism for systematic follow-up of positive but asymptomatic travellers arriving from all countries, especially those with local transmission of COVID-19; and establishing / strengthening data linkage between POE and the national surveillance system;
(v) Regularly monitoring and evaluating the effectiveness of measures being implemented at points of entry and adjusting as appropriate;
(vi) Provision of utilities at Points of Entry and returnee reception centres;
(vii) Facilitating reception of returnees and
(viii) Enhancing screening and monitoring of people at the port of entry.

6.5.5 National Laboratory Diagnostic Systems

Laboratory services are critical for the diagnosis of SARS-CoV-2 infection to establish confirmed cases for implementation of public health measures provided for in the COVID-19 care pathway. The laboratory service tests suspected cases according to the surveillance guidelines for Malawi using molecular tests i.e., RT PCR and GeneXpert for diagnosis of COVID-19. The molecular tests are the main method to detect coronavirus RNA to diagnose infection from the early infectious stage through the clinical stage to recovery. The capacity for COVID-19 testing has improved tremendously in the country since the first cases were identified.

However, there is still suboptimal coverage with confirmatory PCR testing due to challenges with financial resources for procuring adequate amounts of testing kits. This calls for capacity to validate emerging rapid tests and innovations to surmount these limitations in a timely manner, a capacity that is also still limited in availability. The National Laboratory will continue to monitor for acceptable sensitivity and specificity of new test kits and validating them for use. Diagnostic services for COVID-19 will be offered across the country in the laboratories that have been capacitated to test for SARS-CoV-2, 14 RT-PCR laboratories and 29 GeneXpert sites which include selected points of entry. The National Laboratory will also build capacity for gene sequencing to detect SARS-CV-2 variants prevalent at different times of the epidemic. Consequently, the following key interventions will be prioritized:

(i) Developing testing algorithms and strategies in line with the evolving epidemiological situation; and developing surge plans to manage increased demand for testing;
(ii) Building decentralized laboratory and human resource capacity to test for COVID-19;
(iii) Providing laboratory support at national and sub-national levels, including reagents and other supplies; and enhancing technical and financial support for specimen collection, management and transportation;
(iv) Pursuing national laboratory accreditation and establishing access to a designated international COVID-19 reference laboratory;
(v) Regularly disseminating standard operating procedures (as part of disease outbreak investigation protocols) for specimen collection, management, and transportation for COVID-19 diagnostic testing;
(vi) Performing biosafety risk assessment at participating laboratories, and identifying hazards and implementing appropriate biosafety measures to mitigate risks;
(vii) Establishing in-country capacity for, and linkages with internationally recognized laboratories for genetic sequencing of virus materials according to established protocols for COVID-19;
(viii) Developing and implementing national quality assurance scheme for testing COVID-19 and
(ix) Monitoring and evaluating diagnostics performance and data quality and incorporating findings into strategic review of national laboratory plans.

6.5.6 Infection Prevention and Control[4]

Infection Prevention and Control (IPC) is key in planning and responding to the outbreak of COVID 19 for patient safety and to reduce infections. The IPC measures are critical to prevent the spread of the SARS-COV-2. It is increasingly becoming evident that over 90% of the cases with COVID-19 are either asymptomatic or have mild infection. Hence, it is imperative that health workers and communities are drilled in infection prevention practices to limit local transmission of the virus. In this context, the following key interventions will be prioritized:

(i) Implementing actions to limit human-to-human transmission, including reducing secondary infections among close contacts and health-care workers through contacts tracing, managing transmission amplification events, and preventing further spread of viral causative agents from affected areas to non-affected areas, even within districts;
(ii) Developing and supporting the introduction of IPC measures in healthcare facilities (HCFs), hand hygiene compliance initiatives, and WASH interventions;

[4] World Health Organization. Public health surveillance for COVID-19: interim guidance. https://www.who.int/publications/i/item/who-2019-nCoV-surveillanceguidance-2020.7

(iii) Conducting IPC needs assessment in high risk facilities at all levels of healthcare system, including public and private spaces, communities, traditional practices and pharmacies;
(iv) Building capacity of health workers on IPC for COVID-19 and other Severe Acute Respiratory Infections (staff, training, supplies, PPEs, equipment etc.) to facilitate appropriate triaging of patients and clients;
(v) Reviewing, updating and disseminating infection prevention and control protocols, including for triage; and monitoring, reporting and analysing data on healthcare-associated infections among health workers and patients (nosocomial infections);
(vi) Reviewing and updating national IPC guidelines including for patient-referral pathway;
(vii) Disinfecting offices, households, HCFs and public places according to national guidelines;
(viii) Working with key partners in supporting access to water and sanitation (WASH) services in health care facilities and in public places most at risk;
(ix) Promotion of hygiene, and safe water sources in learning institutions;
(x) Establishing and implementing IPC measures in refugee camps, IDPs and urban slums;
(xi) Constructing new cell or isolation blocks at prisons;
(xii) Providing PPEs in Prisons;
(xiii) Decongestion of schools in compliance with COVID-19 preventive guidelines, and
(xiv) Safe and secure conveyance of prisons inmate and police detainees.

6.5.7 Case Management

In the current scenario where: testing is not fully rolled out due to limited availability of test kits and capacity to test; there is limited serological survey data and inadequate incidence/prevalence and accurate case fatality data, it is difficult to project how the cases will unfold in the short to medium term. In order to reduce the mortality of COVID-19 confirmed cases, clinical care and treatment must be enhanced. Currently, major challenges for clinical care include inadequate personnel, inadequate number of beds to provide critical and hospitalized care, inadequate oxygen supply and continued use of temporary shelters such as tents as treatment centres. There is need for permanent structures to be used as infectious disease wards which would be used as COVID-19 treatment centres during this period and could be used for other infectious diseases when COVID-19 is under control. Frontline health care workers are key to providing health services to the population. Yet their working conditions and support received in the form of supplies and equipment are not adequate to respond safely and swiftly to the pandemic. Though case management guidelines have been produced, there is a need to revise and develop more detailed standard operating procedures for the health system and public use. Consequently, the following key interventions will be prioritized:

(i) Expanding testing to identify, isolate, and care for patients early, including providing optimized care for infected patients and capacity building of health workers;
(ii) Conducting mapping and capacity assessment of identified health facilities for case management including screening and Isolation facilities, and Intensive Care Units; and assessing designated referral facilities for case management, including their levels of care and capacities for surge;

(iii) Expanding availability of permanent spacious on-site Infectious Disease wings at all central and isolation wards at district hospitals to carter for the hospitalisation and care of severe COVID-19 cases for the short to medium term, and other infectious diseases in the long run
(iv) Setting up a COVID-19 triage in all health facilities and disseminating COVID-19-specific protocols based on international standards for setting up triage and screening areas at all healthcare facilities;
(v) Conducting trainings on Case management with a focus on the management of patients with severe acute respiratory infection (SARI) associated with COVID-19; and mount cascade trainings on COVID-19 case management at subnational levels;
(vi) Mobilizing resources for equipment, PPEs and supplies for isolation facilities and health facilities;
(vii) Adapting and disseminating guidelines and modules for clinical management and non-pharmaceutical interventions; including guidance on comprehensive medical, nutritional and psychosocial care for COVID-19 patients;
(viii) Setting up complete emergency response teams at regional and district levels ready for deployment within a short time in case of case surge;
(ix) Making available guidance on how and when referral to healthcare facilities is recommended, including hotline contact information for self-care by patients with mild COVID-19 symptoms regularly evaluating implementation and effectiveness of case management procedures and protocols, and adjusting guidance and/or addressing implementation gaps as necessary;
(x) Encouraging all government institutions with special capacity such as the military services, the private sector and other partners with expertise in case management to help scale up treatment capacities in the country;
(xi) Supporting research and development on case management of COVID-19 patients;
(xii) Supporting facilities with supplies and equipment to support case identification and treatment in all target facilities;
(xiii) Continuity of routine essential health services;
(xiv) Conducting regular rapid assessment of selected health facilities on readiness for continuity of routine essential service while combating the COVID-19 outbreak;
(xv) Adapting and implementing guidance on continuity of essential health services; and providing guidance for a triage system to ensure routine services while dealing with COVID-19;
(xvi) Developing and implementing systems for monitoring essential health care packages taking into account dynamics of the COVID-19 pandemic; and ensuring continuity of essential routine services for vulnerable populations within the country's borders;
(xvii) Promoting safe hospitals and quality health services policies during outbreaks to eliminate poor service uptake by patients living with conditions requiring continued care as well as minimizing disruption of routine services and
(xviii) Regularly monitoring delivery of routine or essential health services to avoid disruption and particularly to have a good balance of health care workers while repurposing staff to COVID response.

6.5.8 Vaccines

The Malawi COVID-19 Vaccine Deployment Plan aims at contributing to reduction of COVID-19 morbidity and mortality through an efficient and effective vaccination program. In Malawi, front line health care workers and social workers, individuals with comorbidities and elderly population have been given priority to benefit from the vaccine.

As more and more doses of vaccines become available, the list of beneficiaries will continue to change until those aged 18 years and above are vaccinated. The Malawi population aged 18 years and above is estimated at 8,669,215 of whom 82% (7,098,008) live in rural areas and 1,525,588 in urban areas. By the end of June 2021, approximately 385,000 individuals had received at least one dose out of a targeted 11 million residents projected for attaining community herd immunity. Initial experience with COVID-19 vaccine roll out in the country has shown high levels of hesitancy necessitating more risk communication and community engagement interventions. It has also shown that vaccine uptake was higher during initial phases when vaccines were provided through campaign approaches than when they were provided as part of routine services. In this context, the following key interventions will be prioritized:

(i) Procuring adequate doses of vaccines and related consumables, mostly from domestic resources; and ensuring maintenance of the vaccine cold chain;
(ii) Training adequate numbers of vaccinators at all levels;
(iii) Coordinating and supervising vaccine distribution at national and sub-national levels to ensure that vaccines are accessible in all parts of the country;
(iv) Administering vaccines through approaches that will result in high coverage over the shortest period of time to achieve herd immunity, such as mass vaccination campaigns, and targeted vaccinations in places where large numbers of target populations routinely congregate such as in markets and business centres;
(v) Intensifying effective vaccine risk communication and community engagement;
(vi) Establishing a monitoring and evaluation mechanism for vaccination progress and documentation and
(vii) Reviewing and updating training decks, operational guides, field manuals, facility reporting books and AEFI protocols.

6.5.9 Operational Support and Logistics

Logistics and supplies management is critical to oversee the relevant logistical issues. Supplies and medical equipment are critical components for both treatment and prevention of COVID-19. As such, mounting an effective response will require the availability of adequate supplies of medical equipment and supplies that is underpinned by an efficient logistics system to ensure that supplies are prepositioned according to needs and geographical areas.

While the supplies and equipment are mainly for medical facilities and medical personnel, it is acknowledged that these should also be made available to other supporting personnel including security agencies. The quantification of equipment and supplies needs also to take into consideration the preventive measures that would need to be in place in public facilities including educational institutions to limit spread of the virus. Consequently, the following key interventions will be prioritized:

(i) Assessing and mapping available resources and supply system for critical medical and non-medical items for combating the COVID-19 epidemic based on a national list of essential items for the different response phases and activities;
(ii) Establishing humanitarian corridors to ease surge deployments and supply shipments; and linking to existing / or establishing emergency transport and distribution systems including regional or sub-regional logistics hubs, and air transportation;
(iii) Engaging partners, including the private sector, to boost production of laboratory, critical medical supplies and equipment; and strengthening supply chain systems for medical and non-medical supplies;
(iv) Strengthening local procurement capacity including purchase of contingency stocks, and

(v) Establishing triage, temporal treatment centres and or upgrading facilities in identified major hospitals in accordance to COVID-19 standards.

6.5.10 Health Human Resource Development

Responding to the COVID-19 direct and indirect impact to the health of the population in Malawi, the health system requires adequate and qualified surveillance, laboratory, clinical and other relevant health human resources with surge capacity. This includes the competence of existing workforce and recruitment of new health personnel to aid the whole response to the COVID-19 threat. Key interventions will therefore include:

(i) Training biomedical engineers and operators on maintenance of oxygen equipment;
(ii) Recruiting essential health workers and
(iii) Recruiting temporary health and education sector staff for surge capacity.

6.5.11 Education Sector

The Education sector is one of the key sectors which has been much affected by the negative effects of COVID-19. Schools were closed from March to September 2020 when they were reopened only to be closed again in January 2021 and reopened a month later. The full impact of these closures is yet to be assessed but they include increased incidence of early marriages, teenage pregnancies, disturbance to academic calendar with a risk of not being able to cover the syllabuses. COVID-19 preventive measures are affected by inadequate teachers and infrastructure especially classrooms, water and sanitation facilities, personal protective clothing and isolation facilities for looking after learners who test positive for COVID-19. Consequently, the following key interventions will be prioritized:

(i) Promoting physical distancing through provision of additional classroom spaces and teachers;
(ii) Enhancing hand hygiene through provision of safe water and related supplies;
(iii) Supporting interventions to catch up on lost academic time due to school closures;
(iv) Continuing with teaching and learning when schools and colleges are closed due to COVID-19 pandemic;
(v) Enhancing school health programs and isolation facilities for looking after COVID-19 positive students quarantined in boarding schools and colleges;
(vi) Strengthening coordination with other clusters (Health, Protection, and WASH clusters) and within the cluster in COVID-19 preparedness, response, recovery and case management;
(vii) Intensifying public awareness and capacity building among teachers, learners and community members for behaviour change, and
(viii) Strengthening research and innovation in institutions of higher learning.

6.5.12 Social Protection

Travel, institutional and personal restrictions and other COVID-19 preventive measures led to loss of livelihoods through closure of businesses, disruption to arts, tourism, sports and other recreational activities, loss of jobs, death of breadwinners and their negative impact on mental health and social well-being. Consequently, the following key interventions will be prioritized:

(i) Assessing the situation of the poorest segments of the population, in order to inform plans towards more equity and adequate safety nets for vulnerable populations;
(ii) Assessing and planning for social and economic impacts through multi sectoral partnerships;
(iii) Putting in place national mechanisms towards equitable access and financial protection, reflected in the current and projected increase of government contribution to social protection schemes;

(iv) Investing in social protection activities (e.g.: Social cash transfer) for vulnerable populations to ensure financial risk protection;
(v) Working towards improvements in geographic access to means of livelihood and existing initiatives for community empowerment as a way of getting populations closer to basic assistance and services;
(vi) Providing education support for victims of early marriages and teenage pregnancies and bursaries for those who became destitute due to loss of breadwinners as a result of COVID-19 related deaths, and
(vii) Providing mental health and psychosocial support services to victims of disease and loss of loved ones.

6.5.13 Enforcement and Security

New variants of SARS-COV-2 come into the country through formal and informal borders. Some countries are categorised as high risk, necessitating restrictions of non-essential travel and implementing defined quarantine measures for travellers coming from such countries. Poor adherence to COVID-19 preventive measures has been observed among institutions and members of the public. High number of infections lead to high number of severe forms of COVID-19 requiring opening of field hospitals which were not purpose built for medical services. Security agencies are needed in all these scenarios to enforce the preventive measures, secure the borders and field hospitals. Prisons are generally overcrowded creating an environment conducive for rapid spread of the virus. Proper handling of population in conflict with the law by both the police and the prison authorities is key in preventing the spread of the pandemic. Consequently, the following key interventions, among many, will be prioritized:

(i) Enforcing COVID-19 laws through foot and vehicle patrols to improve adherence to COVID-19 control measures;
(ii) Providing security services at isolation and treatment centres;
(iii) Sustaining COVID-19 intelligence collection in public gatherings, borders and continuous threat assessments;
(iv) Decongesting prisons through construction of new prison cells;
(v) Protecting the prison population through screening and quarantining of new prison inmates before they are integrated with the rest of the prison population; and
(vi) Providing prisoner transport systems which optimize security and pose low risk for prison officers

6.5.14 Research and Innovations

Research in all areas of the pandemic spanning the epidemiology, modelling and making projections of the epidemic, laboratory testing, case management, immune response after natural infection and vaccination, long term mental and physical sequelae of the pandemic is important. Other areas of research include the immediate and long term social and economic impact of the pandemic. COVID-19 led to disruptions of production, transport and supply systems for medicines and commodities used in the response. Innovations by local academic institutions such as the Malawi University of Business and Applied Sciences, Malawi University of Science and Technology and Kamuzu University of Health Sciences, among others, provided possible solutions to these supply chain challenges by producing face shields, safe to use hand washing facilities and hand sanitisers. Encouraging innovations and scaling new innovations to mass production needs to be encouraged. In this context, the following key research initiatives will be prioritized:

(i) Establishing, strengthening or reactivating scientific and research teams to guide the national response;
(ii) Supporting scientific and technological innovations for COVID-19 scale up in the country;
(iii) Carrying out capacity building training for practitioners to develop the skills needed for adoption and scaling of new technologies and innovations;
(iv) Addressing crucial unknowns regarding viral variants, clinical severity, extent of transmission and infection, treatment options, and accelerating uptake of diagnostics, therapeutics, and vaccines;
(v) Preparing national system for possible accelerated registration and availability of new Coronavirus vaccines including introduction of these vaccines, by facilitating regulatory cooperation, communication, and exchange of expertise and experience and seeking to minimize future divergence of new registration requirements;
(vi) Supporting National Regulatory Authorities (NRAs) and Ethics Committees to conduct evaluation and approvals for basic and implementation research of COVID-19 interest; such as supporting expedited regulatory processes for emergency use of COVID-19 therapeutics for COVID-19 patients, and
(vii) Establishing an active medicines and vaccine safety monitoring mechanism for the early detection, assessment, minimization and communication of a vaccine's adverse effects.

6.6 Community Transmission and Response[5]

With the country now experiencing community transmission, a range of indicators to capture transmission intensity will be required to inform decision making. To this effect, WHO has developed community transmission classification that denote low incidence to very high incidence. These are:

(i) No (active) cases.
(ii) Imported/Sporadic cases.
(iii) Clusters of cases.
(iv) Low incidence of locally acquired widely dispersed cases detected in the past 14 days.
(v) Moderate incidence of locally acquired widely dispersed cases detected in the past 14 days.
(vi) High incidence of locally acquired widely dispersed cases in the past 14 days.
(vii) Very high incidence of locally acquired widely dispersed cases in the past 14 days.

This Strategy and Plan will adopt this classification as needed, recognizing that levels of classification for a geographic area may improve or deteriorate over time, and different geographic areas within a country will likely experience different levels of transmission concurrently. Community engagement strategies based on local community perceptions, needs and feedback will be implemented to inform public health measures decision making with the objective that the community owns the public health response.

6.6.1 Thresholds for Alert and Response

Six key indicators which assess both community transmission of the pandemic and health system capacity for case management will be used to determine the status of the epidemic and inform implementation of effective public health measures for prevention and control.

[5] World Health Organisation: Considerations for implementing and adjusting public health and social measures in the context of COVID-19. Interim guidance. 4 November 2020

The indicators are as follows: weekly change of number COVID-19 confirmed cases; weekly positivity rate, weekly number of COVID-19 deaths; daily central hospital COVID-19 bed occupancy; weekly COVID-19 new admissions and daily availability of oxygen cylinders against requirement for COVID-19 admitted cases. Each indicator is scored, and aggregate scores up to a maximum of 30 are made to determine the situation level of the epidemic. There are five levels[6] or tiers which will in turn inform selection and communication of public health prevention and control measures to be implemented at each level. The measures aim at three distinct but related outcomes:

i. slowing down and stopping transmission, preventing outbreaks and delaying virus spread;
ii. providing optimized care for all patients; and,
iii. minimizing the impact of the disease and response measures on the health systems, social services and economic activity.

The scores and the corresponding levels are shown in figure 2 below while the detailed COVID-19 Thresholds for Alert and Response can be accessed from the Ministry of Health.

Final Score COVID-19 Alert and Threshold Response Level

LEVEL	**Level1**	**Level 2**	**Level 3**	**Level 4**	**Level 5**
MODE	Under Control	Alert	Resurgence	Resurgence	Resurgence
Sum of scores	<10	10 - 15	16 - 20	21 - 25	25 - 30

[6] Critical preparedness, readiness and response actions for COVID-19. Geneva: World Health Organization; (https://www.who.int/publications/i/item/critical-preparedness-readiness-and-response-actions-for-COVID-19)

7 IMPLEMENTATION AND MONITORING ARRANGEMENTS

7.1 Coordination and Implementation Arrangements

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

The Department of Disaster Management Affairs (DoDMA) is responsible for overall coordination of the COVID-19 Response. The Ministry of Health is the technical lead institution for implementing health related COVID-19 preparedness and response activities and will provide all the necessary technical support and expertise in this area. In response to COVID-19 as a public health disaster, a national Emergency Operation Centre (EOC) was activated for the day to day operations of the response. It is housed in the Public Health Institute of Malawi (PHIM) under the Ministry of Health. The Response is implemented through nine operational clusters, namely: Inter-Cluster Coordination, Health, Education, Public Communication, Local Governance, Protection and Social Support, Employment and Labour Force Protection, Transport and Logistics and Security and Enforcement. Similar structures/clusters are replicated at the district level.

Table 2 Cluster Leads and Co-Leads

Cluster	**Lead (Ministry/Department)**	**Co-Lead**
Inter-Cluster Coordination	DoDMA	UNRCO
Local Governance	MoLGRD	UNDP
Health	MoH	WHO/UNAIDS
Public Communication	MoICT/MoH	UNICEF
Employment and Labour Force	MoLSI	ILO
Protection and Social Support	MoGCDSW	UNICEF
Security and Enforcement	MoHS	
Education	MoEST	UNICEF/SC
Food Security	DoDMA	WFP
Shelter and Camp Management	MoLHUD	MRCS
Transport and Logistics	MoTPW	WFP

Coordination Structure

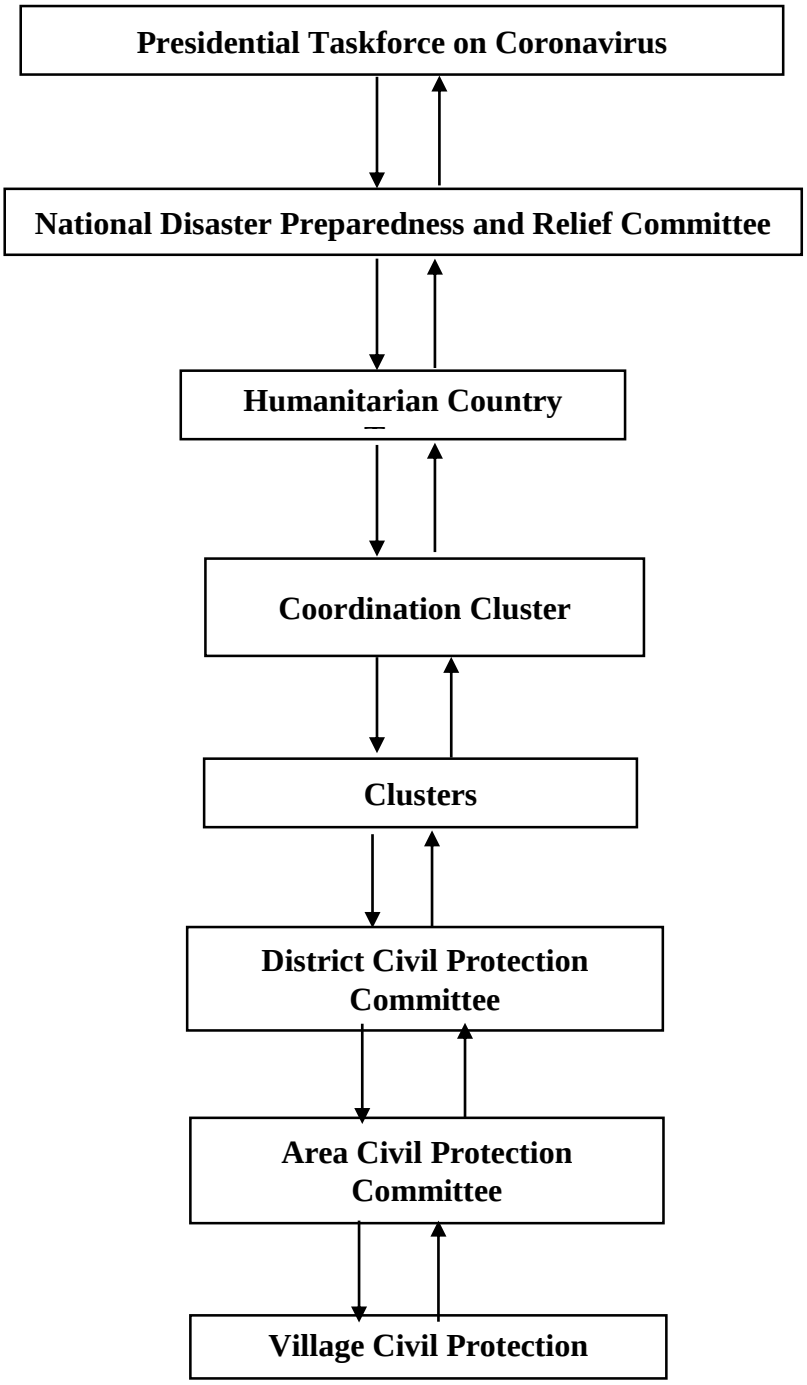


Figure 1: Coordination Structure

7.2 Monitoring of the Preparedness and Response Strategy and Plans

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 objectives, various clusters identified a set of priority indicators. The clusters will regularly monitor implementation of their activities using a monitoring and evaluation (M &E) framework which will be developed. The Health Cluster has already developed its M and E framework and is attached in annex I. Some performance indicators for each cluster are included in the cluster plans and some key indicators are presented in Table 3 below.

7.3 Table 3 Key Performance Indicators

Area	Key Performance Indicator	Baseline	Target
Program planning, Management and Coordination:	Number of clusters and councils with operational plans	TBD	100%
	Percentage of response plan budget that is funded.	TBD	100%
Risk Communication and Community Engagement (RCCE)	Percentage of members of the population with accurate information on COVID-19	TBD	80%
Health cluster	Case fatality rate	2.9%	<2%
	Positivity rate	varies	<5%
	Percentage of critical cases and deaths fully or partially immunized.	TBD	TBD
Points of Entry	Percentage of passengers who test positive on entering Malawi.	TBD	<1%
	Number of points of entry with appropriate infrastructure for port health services.	0	8
Social Protection Cluster	Percentage of students needing bursaries who have been provided with bursaries.	TBD	100%
	Number of households supported with social cash transfers for four months.	TBD	293,000
Education Cluster	Number of days in a year when both primary and secondary schools are closed nationally due to COVID -19	TBD	0
	Number of classroom spaces created/constructed	TBD	3,500
Security and Enforcement Cluster	Number of institutions successfully prosecuted for contravening COVID-19 preventive measures	TBD	TBD
	Pieces of legislation reviewed to strengthen COVID-19 preventive measures	0	2
	Number of individuals successfully prosecuted for contravening COVID-19 preventive measures	TBD	TBD
Local Governance Cluster	Number of local government councils with one or more COVID-19 related bye-laws.	TBD	35

CLUSTER PLANS

8 INTER-CLUSTER COORDINATION

The Department of Disaster Management Affairs (DoDMA) leads the co-ordination, communication and assessment operation for preparedness, emergency response and recovery while the United Nations Resident Coordinator's Office (UNRCO) co-leads. DoDMA also works together with the National COVID-19 Office (NCO) in the Office of the President and Cabinet to co-ordinate the national preparedness and response to COVID-19.

8.1 Overall Objective

To facilitate appropriate coordination arrangements and communication between Government, UN, and NGOs including Malawi Red Cross Society (MRCS) in responding to emergencies and during preparedness and response planning process.

8.1.1 Specific Objectives

i. To strengthen coordination between government, the UN and NGOs for COVID-19 preparedness, response and recovery efforts at national and local levels;
ii. To support coordination of cluster preparedness and response interventions and
iii. To coordinate resource mobilization and equitable allocation.

COVID-19 Preparedness and Capacity Building Activities

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Strengthened preparedness capacity for COVID-19 response	Develop M&E framework	M& E framework	0	1					DoDMA, NCO, UNRCO	10,000	0	10,000
	Review ToRs for Clusters	Reviewed Cluster ToRs	0	10					DoDMA, NCO, UNRCO	5,000	0	5,000
	Orient Clusters on ToRs and SoPs	No of Clusters oriented	0	9					DoDMA, NCO, UNRCO	20,000	0	20,000
	Compile and consolidate reports on COVID-19	No of reports	On-going	24					DoDMA, NCO, UNRCO	15,000	5,000	10,000
	Support the operations of the National Emergency Operation Centre (NEOC)	Functional EOC	National EOC operational	1					DoDMA, NCO, MoH	30,000	10,000	20,000
	Support the National COVID-19 Office (NCO)	Functional NCO	NCO operational	1					DoDMA/NCO	110,000	40,000	70,000
	Facilitate Technical and financial Support to cluster coordination	Clusters provided with Funds	0% of cluster activities funded	100% of cluster activities funded					DoDMA, NCO, UNRCO	100,000	0	100,000
Sub-Total For Preparedness and Capacity Building Activities										**290,000**	**55,000**	**235,000**

COVID-19 Response Activities

Outcome	Activities	Indicator (s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Improved Coordination of COVID-19 response	Facilitate NDPRC and PTF COVID-19 Meetings	No of meetings	2 per month	4 per month					DoDMA /NCO	100,000	40,000	60,000
	Facilitate Inter-cluster coordination meetings and EOC Operations	No of meetings	Every fortnight	Weekly					MoH DoDMA NCO UNRCO	15,000	15,000	0
	Facilitate reception of returnees	No. of returnees received per week	250	250					MoH DoDMA	1,082,000	114,000	968,000
	Coordinate cluster response planning and implementation	No of Response planning meetings							DoDMA NCO	25,000.00	15,000.00	10,000.00
	Conduct Monitoring and Assessment of COVID-19 response interventions	Number of monitoring reports	0	6					Cluster leads & Co-leads	150,000	48,800	101,200
	Facilitate resource mobilization as needed (eg. Flash Appeal or CERF).								DoDMA NCO	10,000	0	10,000
Sub-total for Response Activities										**1,382,000**	**232,800**	**1,149,200**

COVID-19 Early Recovery Activities

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Improved coordination of COVID-19 recovery activities	Coordinate quarterly, semi-annual and annual review meetings	Number of review meetings	1	3					DoDMA NCO UNRCO	60,000	0	60,000
	Facilitate the development of after action review (AAR) with lessons learned	Number of AARs	1	1					DoDMA NCO UNRCO	10,000	0	10,000
	Develop follow on review plan	Plan developed	0	1					DoDMA NCO UNRCO	50,000	0	50,000
Sub-total for Early Recovery Activities										**120,000**	**0**	**120,000**
Grand Total										**1,792,000**	**287,800**	**1,504,200**

8.2 Summary Budget for Inter-Cluster Coordination and Assessment

Main Activity	Total	Available	Gap
Preparedness and Capacity Building Activities	290,000	55,000	235,000
Response Activities	1,382,000	232,800	1,149,200
Early Recovery Activities	120,000	0	120,000
Grand Total	**1,792,000**	**287,800**	**1,504,200**

9 PUBLIC COMMUNICATION AND ENGAGEMENT CLUSTER

9.1 Overall Cluster Objective

The core objective of the Cluster is to enhance information flow amongst all stakeholders and the general public and interface with community for full participation in problem solving in public matters during emergencies.

9.1.1 Specific Objectives

The specific objectives include to;

i. Provide timely communication which will among other things, counter spread of fake news on COVID-19;
ii. Raise awareness amongst stakeholders and the general public on COVID-19 including vaccines;
iii. Coordinate and monitor implementation of communication interventions for all COVID-19 stakeholders;
iv. Fight stigma against suspected COVID-19 cases;
v. Support implementation of the vaccine roll out communication strategy;
vi. Coordinate and monitor the implementation of all risk communication and community engagement interventions implementation by all stakeholders;
vii. Develop/ review agreed RCCE strategies and work plans for the cluster;
viii. Facilitate capacity building for cluster members, RCCE partners, front-line workers. and affected populations on relevant thematic areas in emergencies and beyond and
ix. Hold cluster feedback meetings to provide platform for all stakeholders to share progress and work plans on public communication and Engagement interventions implementation in response to disaster and emergencies.

9.2 Key Approaches and Functions

The key clusters methodologies include;

(i) Civic/public awareness,
(ii) Community engagement,
(iii) Social mobilization and
(iv) Advocacy

9.3 Structure and Leadership of the Public Communication and Engagement Cluster

The joint leads for the Public Communication and Engagement Cluster are the Ministry of Information and Ministry of Health. The Cluster membership is open to all key government ministries, departments and agencies (MDAs), UN agencies, media bodies, development partners and NGO partners engaged in public communication and engagement activities. Government MDAs include the Ministry of Information (MoI), Ministry of Health (MoH), Ministry of Civic Education and National Unity (MoCENU), National Initiative of Civic Education (NICE), Ministry of Education (MoE), Ministry of Local Government (MLG), Department of Disaster Management Affairs (DoDMA), National COVID-19 Office (NCO), Department of Community Development and Department of Agricultural Extension Services. UN agencies include UNICEF, WHO, RCO, UNDP, World Bank (and others).

COVID-19 Spread Prevention and Control activities

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Enhanced knowledge, awareness and behavior change on COVID-19 pandemic	Conduct Media briefings through (Online presence and press releases)	Number of media briefings conducted	5	40					MoI, MoH	48,700	0	48,700
	Orient Media on vaccine reporting and awareness	Number of media orientations conducted	2	3					MoI, MoH	127,500	0	127,500
	Create demand for vaccines	As per vaccine deployment plan	0	29					MoI, MoCENU. NICE. MoH	6,050,012	0	6,050,012
	Conduct community sensitization – tradition leaders, religious and structure leaders,	Number of sessions conducted	0	29					MoCENU, MoH	298,101	0	298,101

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Disseminate IEC materials through online platforms	Number of online platforms utilized	15	40					MoCENU	41,200	0	41,200
	Organize weekly phone-in programmes where experts will be engaged	Number of radio and TV phone-ins programs organized	0	24					MoI MoCENU, MoH	167,520	0	167,520
Enhanced awareness on COVID-19 prevention measures	Produce radio and TV spots, jingles and comedies	Number of radio and TV jingles produced	1	12					MoI, MoCENU	106,000	0	106,000
	Air jingles through Community and national radios and TV	Number of Community and national radios and TV engaged	5	35					MoI	294,000	0	294,000
	Engage Celebrity, influential and opinion leaders' endorsement	Number of celebrities and influential leaders engaged	0	30					MoI MoCENU	67,547	0	67,547
Sub-total for Spread Prevention and Control Activities										**7,200,580**	**0**	**7,200,580**

COVID-19 Response Activities

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Enhanced communication interventions on COVID-19	Review of the national communication Strategy for COVID-19	Number of communication Strategy reviewed	0	1					MoH, MoCENU, MoI	35,400	0	35,400
	Print COVID-19 Communication Strategy	Number of copies printed	0	500					MoCENU	29,810	0	29,810
	Print IEC materials like flyers, leaflets and brochures	Number of IEC materials produced	0	35,000					MoCENU, MoI, MoH	226,667	0	226,667
	Disseminate IEC materials	Number of disseminated IEC materials	5,000	350,000					MoCENU, MoH	85,933	0	85,933
	Conduct coordination meetings	Number of meetings conducted	0	12					MoI, MoH	18,453	0	18,453
Total for Response Activities										**396,263**	**0**	**396,263**

Early Recovery Activities

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Enhanced positive behavioural change practices on COVID-19	Develop Behavioural Change Communication (BCC) messages	Number of messages developed	0	50					MoH, MoCENU	35,233	0	35,233
	Pre-test BCC messages	Number of pre-test sessions conducted	0	2					MoCENU, MoI, MoH	26,267	0	26,267
	Produce radio and television jingles	Number of radio and TV jingles produced	0	20					MoI, MoH	36,000	0	36,000
	Print BCC messages in various media formats	Number IEC materials printed	0	100,000					MoCENU, MoI, MoH	226,667	0	226,667
	Distribute IEC messages	Number IEC materials distributed	0	100,000					MoCENU, MoI, MoH	50,933	0	50,933
	Conduct Community Sensitization activities	Number of community sensitizations conducted	0	87					MoCENU, MoI, MoH	176,373	0	176,373

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Air radio and TV jingles through community and National media stations	Number of radio and TV station engaged	0	50					MoCENU, MoI, MoH	174,000	0	174,000
Total for Recovery Activities										**725,473.00**	**0**	**725,473.00**
GRAND TOTAL										**8,322,316**	**0**	**8,322,316**

9.4 Summary Budget for Public Communication and Engagement Cluster

Main Activities	Total	Available	Gap
COVID-19 Spread Prevention and Control activities	7,200,580	0	7,200,580
COVID-19 Response Activities	396,263	0	396,263
Early Recovery Activities	725,473.00	0	725,473.00
GRAND TOTAL	**8,322,316**	**0**	**8,322,316**

10 HEALTH CLUSTER

10.1 Health Cluster - Overall Cluster Goal

The overall goal of the health cluster is to prevent the further escalation of the epidemic, rapidly detect new infections, reduce morbidity and mortality from COVID-19 in the country. The health cluster response is structured into 12 Pillars as follows: Coordination, Leadership and Resource Mobilization; Risk Communication and Community Engagement; Surveillance and Rapid Response Teams; Points of Entry; Laboratory and Diagnostics; Clinical Care and Treatment for Case Management; Infection Prevention and Control; Vaccines; Logistics and Supplies Management; Infrastructure and Equipment; Continuity of Health Services and Human Resource Development Pillar.

10.1.1 Health Cluster Specific Objectives

(i) To strengthen coordination and leadership for the health sector response towards the COVID-19 epidemic in Malawi;
(ii) To provide meaningful, relevant, accurate and actionable information on COVID-19 to all Malawians;
(iii) To detect COVID-19 cases and contacts in Malawi;
(iv) To strengthen all POEs in order to minimize the transmission of COVID-19 from other countries to Malawi;
(v) To provide timely and quality testing services for COVID-19 to ensure early detection for rapid appropriate interventions;
(vi) To manage all COVID-19 confirmed cases through provision of clinical, nursing and psychosocial care at all levels of health service delivery;
(vii) To prevent and control the spread of COVID -19 through implementation of IPC measures at all levels;
(viii) To prevent infection and severe SARS COVID-2 disease by immunising at risk populations (phase 1 and 2);
(ix) To mobilize COVID-19 supplies, medicines, equipment, and pre-position and deliver them;
(x) To strengthen capacity of all district and central hospitals to deliver services for moderately and severely ill patients affected by COVID-19 and isolate cases;
(xi) To maintain equitable access to essential health services delivery to minimize consequences and mitigate the impact of COVID-19 on the population and
(xii) To provide adequate and qualified surveillance, lab, clinical and relevant health human resources for COVID-19 response.

Implementation Framework

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Pillar 1. Coordination, Leadership and Resource Mobilization												
Enhanced capacity of the EOC to effectively coordinate all functions.	Renovation of the EOC office building	PHIM office and conference space increased	0	% Completion					PHIM/ MOH	102,612	0	102,612
	Engage Staff for the EOC - Data Clerks	# Of clerks in place	2	6					PHIM /MOH	47,165	0	47,165
	Engage data clerks district and central hospitals 12 months	# Of clerks in place	0	31					PHIM and Local government cluster	243,688	0	243,688
	Engage Staff for the EOC - IMS Operators	# Of IMS operators in place	3	6					PHIM	67,918	0	67,918
Improved multi-sectoral coordination of the outbreak response at all National level	Collect and update the COVID-19 financing data	% Partners filling Resource mapping	0	2					Planning /MOH	-	0	-
	Conduct Joint Intra Action Review meetings with all stakeholders	JAAR report	0	2					PHIM	116,639	0	116,639
	Support districts to conduct Joint Intra Action Review (JAAR)meetings	JAAR report	0	2					PHIM	115,844	0	115,844
	Finalize and publish Threshold and Alert Levels system to guide public health measures in the response	Completed Threshold and Alert Levels system	1	2					PHIM	14,922	14,922	-

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Conduct cross-border activities with neighbouring countries to improve collaboration			4					Districts	147,692	0	147,692
	Develop National IHR policy to guide in the response of public health emergencies incl. COVID-19	National IHR policy	0	1					PHIM	56,765	0	56,765
Improved multi-sectoral coordination of the outbreak response at District level	Conduct an integrated supervision to monitor districts' implementation of COVID-19 by laws	# Of districts reporting regular meetings of cluster /PHEMIC)	TBD	28					PHIM /EOC	108,049	0	108,049
	Procure vehicles for national response, grant monitoring and coordination	# Of vehicles procured	0	15					PHIM	846,154	0	846,154
Subtotal Pillar 1										**1,867,448**	**14,922**	**1,852,526**

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Pillar 2 To provide meaningful, relevant, accurate and actionable information on COVID-19 to all Malawians through to December 2021												
Increased awareness of COVID-19 through National-level Interventions	Conduct supportive supervision and monitoring of RCCE activities	# Of supervisions visits	0	6					HES (MOH)	104,305	0	104,305
	Training of district trainers on community health register to report community health deaths and other indicators	# Of district teams trained	0	29					Community health /DHSS/Community Nursing	72,935	0	72,935
	Training of HSAs community health registers to report community health deaths and other indicators	# Of people trained	0	10000					Community health /DHSS/Community Nursing	223,066	0	223,066
	Produce and air COVID 19 radio jingles and video clips	# Of campaigns conducted	0	800					HES (MOH)	145,437	0	145,437
	Airtime for HSAs for communication	# Of HSAs supported with communication	0	10000					EH	27,137	0	27,137
	CSO meeting on COVID 19	# Of meetings	4	4					HES (MOH)	5,834	0	5,834

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Support community health ambassador on their advocacy role with private sector and donors	# Of Community Health Ambassadors	4	4						9,498	0	9,498
	Review meetings with extended DEC on community COVID-19 response	# Of meeting with DEC	0	29					HES (MOH) Community health	57,436	0	57,436
	Community health interface/dialogue meetings	# Of interface dialogue meetings conducted	0	29					HES Community health DHSS	400,000	0	400,000
	Review meeting with the HSAs and district staff on community COVID-19 response	# Of review meeting conducted	0	4					EH	288,178	0	288,178
	Procurement of communication equipment (mobile van for PA system one per zone)	# Of PAs procured	0	5					HES	437,750	0	437,750
	Conduct engagement meetings with the Community structures, CSOs, Faith Base, Traditional leaders, Youth Clubs and Parliamentarians (Politicians)	# Of people reached through the meetings conducted	0	45,000					Community health /DHSS/Community Nursing	244,233	0	244,233

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Increase community engagement around early care seeking behavior	% Of people with early care seeking behavior	0	45,000					Community health /DHSS/Community Nursing	244,233	0	244,233
	Dissemination of COVID 19 Guidelines	# Of dissemination meetings conducted	0	29					Community health /DHSS/Community Nursing	223,066	0	223,066
	Support supervision and monitoring for response	# Of supervisions conducted	0	4					Community health /DHSS/Community Nursing	89,552	0	89,552
	Orient community health structures HCMCs and VHCS, CHAGS, VDC, ADC on basic messages and prevention	# Of health structures oriented	0	10,000					HES	4,939	0	4,939
Subtotal RCCE										**2,577,599**	**-**	**2,577,599**

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Pillar 3 To detect COVID-19 cases and contacts in Malawi through to June 2022.												
All policies and guidelines in place for surveillance	Revise SOPs and Guidelines according to emerging public health events	All Policies and guidelines in place for surveillance	1	4					PHIM	7,426	0	7,426
	Adapt 3rd Edition IDSR Technical guidelines, consolidation of TGs and data collection tools, training, modules printing and distribution								PHIM	7,005	0	7,005
Ensure early detection and strengthen contact tracing	Conduct review meetings of current policies implementation including active case finding, case investigation and contact tracing at national and district levels	Review meetings held	0	12					PHIM /Surveillance sub committees	7,120	0	7,120
	Provision of fuel, airtime, field allowances (emergency funds) for contact tracing teams	# Of months districts provided with logistics for contact tracing	2	12					PHIM	152,435	0	152,435
	Conduct zonal supportive supervision in surveillance, laboratory, clinical data management	# Of supportive supervision visits done	0	4					MoH-PHIM	3,685	0	3,685

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Comprehensive surveillance for COVID-19 in selected sentinel sites	Establish sentinel sites for COVID-19 sentinel and mortality surveillance	# Of sites established and % reporting surveillance data	0	8					MoH-PHIM	259,583	0	259,583
	Establish sites for COVID-19 Vaccine AEFI and Impact	# Of sites established and % reporting surveillance data	0	5					PHIM	269,578	0	269,578
Timely and Complete COVID-19 data for public health action	Establish data management centers in all 29 high burden districts	# Of districts with functional and equipped data management centers		29					MoH-PHIM	15,654	0	15,654
	Train Data Management Officers for each district and central hospitals	# Of data management officers trained		29					MoH-PHIM	51,000	0	51,000
	Conduct data management and cleaning exercise with district data management teams	# Of data cleaning exercises conducted		4					MoH-PHIM	234,182	0	234,182
	Procure laptops for national level data management team	# Of laptops procured		10					PHIM	23,000	0	23,000
	Procure laptops for IDSR Focal persons for data management	# Of laptops procured		34					MoH-PHIM	51,000	51,000	-

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Conduct Quarterly performance review meetings of district IDSR focal persons& district response team members on data management and reporting	# Of quarterly performance review meetings conducted		4					PHIM	74,772	0	74,772
	Provision of logistical support to central level and districts for data bundles for data reporting and analysis and review meetings (to ICT for costing)	# Of months of data bundles		6 mnths					PHIM	109,000	0	109,000
Enhanced capacity for national level analysis, modelling projection and knowledge translation for public health action	Establish editorial team for producing sitreps and epidemiological bulletins at national and district level	# of weekly epidemiological bulletins produced	0	52					PHIM	17,755	0	17,755
	Conduct operational research meeting and carry out operational research (sub tasks to meet to identify research priorities)	Priority Operational research identified and research conducted	1	4					PHIM	924,951	0	924,951
	Training in mathematical and epidemiological modelling for surveillance officers	# of officers with capacity to do mathematical modelling	0	5					PHIM	25,000	0	25,000

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Provide support to production of daily situation reports (TA)	Percentage of outbreak situation reports produced	0	100%					MoH-PHIM	-	0	-
Enhanced capacity for surveillance activities including contact tracing and home-based case management	Procurement of Vehicles for Covid surveillance and monitoring (29 districts, 7 CHAM hospitals and 4 central hospitals)	# of vehicles procured	0	40					MoH Planning	973,577	0	973,577
	Training of trainers for community-based surveillance in all 29 districts	# of master trainers in CBS trained	0	145					MoH-PHIM	42,033	0	42,033
	Training of District Trainers in community-based surveillance (to work with RCCE)	# of trainers in CBS trained	0	725					District Councils	29,171	0	29,171
	Training of community structures in surveillance (to work with RCCE)	#/Percentage of VHCs trained in surveillance in each district	TBD	TBD					District Councils	-	0	-
	Training of community-based Health workers on contact tracing	Percentage of districts with community-based Health workers trained on contact tracing		80%					MOH - PHIM	217,500	0	217,500

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Train frontline health care workers on the use of IDSR to support COVID-19 reporting in all districts	# of IDSR training sessions conducted	6	15					MoH-PHIM	248,237	0	248,237
Comprehensive COVID-19 surveillance system with One Health approach	Conduct School Health Surveillance across all schools	Percentage schools conducting surveillance and reporting to the national surveillance platform	0	80%					PHIM, MoE	-	0	-
	Develop genomic surveillance strategy for variants of SARS-CoV-2	Genomic surveillance strategy developed	0	1					PHIM	19,510	0	19,510
	Conduct Surveillance and Syndromic Surveillance using EMR data) (to ICT for costing if any)									-	-	-
Subtotal Pillar 3										**3,763,175**	**51,000**	**3,712,175**

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Pillar 4 To strengthen all POEs in order to minimize the transmission of COVID-19 from other countries to Malawi												
Enhanced capacity of PoEs	Conduct Biannual National Review meetings	2 national review meetings held	0	2					MOH EHS, PHIM	10,372	0	10,372
	Conduct supportive supervision and Mentorship at all PoEs at least quarterly	# of supervision visits (reports produced)	0	4					PHIM, District Councils	30,173	0	30,173
	Assist all PoEs to Develop PHE Contingency Plan	Developed Contingency Plan	0	1 per PoE					PHIM, District Councils	-	0	-
All incoming travelers screened and tested for COVID-19	Establish Infrastructure at PoE for Screening, Laboratory services and quarantine facilities in all PoEs	# of POEs with infrastructure for screening, Lab and quarantine	TBC	18					Health cluster, District Councils	4,000,000	0	4,000,000
	Revise, Print and distribute Health Declaration Forms and PoE Algorithms and SOPs	# of POEs with stock out of health declaration forms (# of days per month)	0	200,000 health declaration forms					MOH, PHIM, District Councils	8,291	0	8,291
	Procure, distribute & calibrate equipment for temperature screening and reporting	# of POES with functioning equipment	0	8					POES, HTSS	186,097	0	186,097

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Procure ICT Equipment for PoE surveillance strengthening for 36 PoEs	# of PoEs with functioning ICT infrastructure	0	36					PHIM, Health Cluster	-	0	-
	Orient Multisectoral PoE workers in new policies	# of PoE workers oriented in new policies	0	100 workers per PoE					PHIM	-	0	-
	Train PoE staff in Trusted Traveling Platform	# of PoE Staff Trained	0	360					Security Cluster	-	0	-
	Revise (Legislation) penalties for violating COVID-19 Measures at PoE	# of Revised Legislation	0	1					MOH, Ministry of Justice	-	0	-
	Support Joint Boarder Patrols at all PoEs	# of joint border patrols conducted	0	Twice per week					District Councils	-	0	-
	Recruit and Deploy Multisectoral staff to support PoEs	# of staff recruited and deployed	0	TBD					DHRMD, District Councils, all sectors involved	-	0	-
Subtotal Points of Entry										**4,234,933**	**-**	**4,234,933**

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Pillar 5 To provide timely and quality testing services for COVID-19 to ensure early detection for rapid appropriate interventions .												
Coordinated and strengthened COVID-19 laboratory testing services	Forecast, quantify and monitor reagents required for testing in all laboratories	Quarterly forecasting reports produced								7,364	0	7,364
	Provide External QA to all 207 COVID -19 Testing sites	# of labs participating in EQA								10,000	0	10,000
	Conduct onsite supervision to all COVID-19 testing sites									141,176	0	141,176
	Conduct quarterly National Review meetings	4 review meetings conducted								41,488	0	41,488
	Review guidelines and SOPs on COVID-19 labs	All guidelines updated finalized and disseminated								12,645	0	12,645
	Validate COVID-19 antibody and antigen tests	# and types of tests validated and in use								3,686	0	3,686
	Service contracts for PCR machines (8) and BSCs (12)	All PCR machines serviced as planned								25,016	0	25,016
Turn-around time for COVID-19 testing in all	Support Laboratory Staff on COVID-19 testing backlog	# of labs with 24 hrm turnaround time (PCR and GeneXpert's								157	0	157

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
facilities at 24 hours	Adapt and strengthen existing specimen transport networks to integrate COVID-19 samples	Revised national Sample transportation guideline								184,939	0	184,939
expansion of COVID -19 testing sites	Eight GeneXpert platforms (16 modules) for the PoEs procured									480,000	0	480,000
	Providing GeneXpert training									12, 001	0	12, 001
	Procure five ultra-freezers for the central hospital labs									11,765	0	11,765
	Procure 36 large freezers Fridge and Freezer)									21,177	0	21,177
	Procure 50 refrigerated cooler boxes									-	0	-
identification of COVID-19 variants	Two molecular labs for Covid19 sequencing constructed/renovated	Two molecular labs for Covid19 sequencing constructed/renovated								2,480,000	168,537.95	2,311,462

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Efficient Laboratory Information Management System for COVID-19	Provide digital LIMS to laboratories conducting COVID 19 testing in all testing facilities (12 desks tops and printers)	% Laboratories providing timely information	TBD	100%						16,800	0	16,800
Subtotal for Laboratories										**3,436,213**	**168,538**	**3,267,675**

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Pillar 6 To manage all COVID-19 confirmed cases through provision of clinical, nursing and psychosocial care at all levels of health service delivery												
Increased capacity of Health workers in case management	Conduct joint clinical case management supervision to all district for the quality of care	# of supportive supervision visits and reports	0	4	X	X			Clinical services /central hospitals	7,590	0	7,590
	Procure utility vehicles for mobile clinic support for 29 districts, 7 CHAM and 4 central hospitals	# of vehicles procured	0	40	X	X				1,321,200	0	1,321,200
	Update /revise case management guidelines	Guidelines updated to include management of comorbidities and protocols and death audits	0	1			X		Clinical case management sub committee	8,252	0	8,252
	Review the Community Home Based Care Policy and Guidelines (four activities: review meeting, consultation meeting, printing and dissemination)	Home based care policy and guidelines review meetings	0				X		Community health /DHSS/Community Nursing	5,428	0	5,428
	Print and disseminate the home-based care policy and guidelines	Dissemination meetings	0	3				X	Community health /DHSS/Community Nursing	7,191	0	7,191

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Train community-based providers (community health nurses, school health nurses, community midwifery assistants, HSAs, AEHOs) on community and school case management.	# of providers trained	0	1000			X		Community health /DHSS/Community Nursing	11,294	0	11,294
	Support community health nurses and community midwifery assistants, HSAs, AEHOs to conduct home visits to patients' home isolation for COVID-, and school health visits	# of home visits	0	1250			X	X	Community health /DHSS/Community Nursing	49,941	0	49,941
	Meetings to develop proposal for WHO EMT support	Conduct meeting for WHO EMT Human resource support		2			X			5,979	0	5,979
	Recruitment of volunteers to bridge health human resource gaps in Public and CHAM facilities				X	X			Clinical/Nursing/Human Resources Department/ planning	-	0	-
	Meeting to develop CPD modules for continued competency among HCWs on critical care	CPD module development meetings	0	3			X	X	Clinical/nursing	12,145	0	12,145

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Disseminate CPD Modules to HCWs	Printing and distribute CPD modules to HCWs	0	1000				X	Clinical/nursing	5,882	0	5,882
	Expand access to CPD Modules through online access	Development online components and access for CPD	0	1				X	Clinical	1,250	0	1,250
	Training for implementation of guardian's SOP in COVID-19 care	# of Health workers trained		10			X	X	Clinical/Nursing	41,661	0	41,661
	Continuation of services guideline development meetings	# of meetings		3			X	X	Clinical/Nursing	10,875	0	10,875
	Training of HCWs on implementation of continuation of services	# of health workers trained		29			X	X	Clinical	80,388	0	80,388
	Develop case management module and training plan	Case management module and training plan meetings		3			X		Clinical	15,950	0	15,950
	Orientation of Third Edition of Case management manual to HCWs in all districts	# of districts with training implemented		29			X	X	Clinical	80,388	0	80,388
	Zonal Training of medical staff on COVID-19 and death audit	# of zonal trainings		3			X	X	Clinical department	15,736	0	15,736

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Monthly supportive supervision for central hospitals	# of supervision rounds conducted		12			X	X	Clinical/Nursing/Planning/PHIM	53,798	0	53,798
	Monthly supportive supervision for district ETUs	# of supervision rounds conducted		12			X	X	Clinical	31,191	0	31,191
	Training of HCW in Psychological First Aid	# of training sessions conducted # of mental held worker trained in PFA		29 500			X	X	Clinical/Nursing	80,388	0	80,388
	Training of Mental Health Professionals in Remote counselling using Chipatala Chapafoni	# of Mental health professionals trained in remote counselling		500			X	X	Clinical/Nursing	4,020	0	4,020
	Provide Psychological First Aid (PFA) through the Chipatala Chapafoni	# of clients provided with PFA through Chipatala Chapafoni		10000			X	X	Clinical (NCDs and Mental Health)	20,000	0	20,000
	Meetings to develop referral pathway to ETU	# of meetings	0	2			X		Clinical/Nursing	5,979	0	5,979
Subtotal case management										**1,876,527**	**-**	**1,876,527**

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Pillar 7 To prevent and control the spread of COVID -19 through implementation of IPC measures at all levels by 2021												
Updated guidelines and SOPS	Finalize print and disseminate guidelines on community waste management	Waste management guidelines available in all health facilities	0	2000					IPC subcommittee (QM	442,606	0	442,606
	Review IPC guidelines/SOPs and other sectoral guidelines as required (cleaning and disinfection)		TBD	3000					IPC subcommittee	6,215	0	6,215
	Print and disseminate national IPC Guidelines								QM	286,259	0	286,259
Adherence to standards and guidelines	Conduct assessments, mentor ship and supervision in IPC & WASH to district IPC teams (private and public)	% District supervisions reports /visits	0	33					QM	14,946	0	14,946
	Enforce compliance to IPC measures though regulatory inspection	Number of health facilities inspected	0	75					MCM	80,000	0	80,000
	Procure and install washing machines	# of washing machines procured	0	15					HTSS	105,000	0	105,000
	Procure and install incinerators	# of incinerators procured	0	15					HTSS	600,000	0	600,000

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Facilitate Construction of Water Points for community and health facilities to increase access to water to enhance WASH	# of water points constructed	TBD	700					EH DHSS's	2,446,150	0	2,446,150
Subtotal IPC										3,981,177	0	3,981,177
Pillar 8 Vaccinations Objective 8 Prevent severe COVID-19 disease and reduce hospitalizations by Vaccinating over 18 and at-risk populations												
Eligible population protected against severe COVID-19	Procure vaccines	# of vaccines doses procured	492,500	17,338,430						121,369,010	71,591,848	49,777,162
	Administer vaccines according to deployment plan	% over 18 population fully vaccinated		100%						5,857,471	176,710	5,680,761
Sub Total Pillar 8 Vaccinations										**127,226,481**	**71,768,558**	**55,457,923**

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Pillar 9 To mobilize COVID-19 supplies, medicines, equipment, and pre-position												
Efficient and effective country wide logistics system for the delivery of supplies and medical equipment in place	Update standardized supplies delivery bi-weekly report template, SOP and platform	Reports submitted according to new template	0	1					HTSS	3,854	0	3,854
	Provide warehousing in each region including site supervision and enhancement assessment	Warehousing available in each region							HTSS	1,898	0	1,898
Information on commodities and supplies logistics available.	Develop supervision tools for management of commodities in facilities COVID19 commodity tracking and data quality supervision	Tools available							HTSS	671		671
	Establish timely reporting mechanism of commodities and supplies logistical information from facilities to central level using digital methods and display on dashboard (USSD/SMS/Internet system)								HTSS	53,205	0	53,205

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Update Open LMIS to cover all commodities, supplies in all facilities related to COVID-19 response and provide weekly reports								HTSS	5,911	0	5,911
Health workers and patients protected against COVID-19 infection	Procurement of PPE								HTSS	7,635,806	0	7,635,806
	Procure and distribute COVID-19 Diagnostic Supplies								HTSS	38,455,856	0	38,455,856
Improved outcomes for patients critically ill with COVID-19	Maintain oxygen plants									151,282	0	151,282
	Procure oxygen plants	plants installed in Mzuzu, Zomba, Kasungu Karonga		4						3,415,516	3,415,516	-
	Procure oxygen equipment for ETUs and vans for transporting oxygen									9,024,087	0	9,024,087
	Procure equipment for District Hospitals									3,532,497	0	3,532,497
	Procure equipment for infectious disease units									12,123,683	0	12,123,683

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Procure specialized diagnostic health equipment for case management (Scan Machines and MRI Machines. Digital x-rays	# of scans procured	TBD	4						2,144,697	0	2,144,697
	Procure essential medicines for treatment of comorbidities and COVID-19 (not costed)	80,548,963	3,415,516	77,133,447						4,000,000	0	4,000,000
Subtotal supplies and logistics										**80,548,963**	**3,415,516**	**77,133,447**

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Pillar 10 To strengthen capacity of all district and central hospitals to deliver services for moderately and severely ill patients affected by COVID-19 and isolate cases (ETU)s												
Improved digital health infrastructure for data and information services	Procure container type data center	# Of Container type data center	0	1					Digital Health	659,615	0	659,615
	Establish reliable nationwide connectivity to support COVID-19 response coordination, communication and information sharing	# Of PHEOC connected to internet	1	30					PHIM	215,397	0	215,397
		# Of PHEOC members fully supported for communication								-	0	-
	Provide ICT infrastructure to support national and district level PHEOC daily operations	# Of district PHEOC establish with adequate ICT infrastructure	0	29					PHIM	298,640	0	298,640
	Provide reliable ICT infrastructure to support COVID-19 vaccination program	# Of vaccination SMS sent	0	15,000,000					PHIM	764,294	0	764,294
		# Of tablets procured and distributed for COVID vaccination		885					PHIM	-	0	-

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Develop and maintain COVID 19 Electronic Certificate Platforms (Trusted Travel integration, negative certificates and vaccination certificates)	# Of electronic certification system developed and in operation	0	2					PHIM	99,031	0	99,031
	Maintain COVID-19 related Digital Platforms and ICT infrastructure for coordination (IMS, Zoom, etc.), information sharing (Website, dashboards), and surveillance work (Media monitoring, OHSP, OHSP mobile apps)	# Of							PHIM	35,387	0	35,387
	Maintain COVID-19 Digital Platforms and ICT infrastructure for risk communication and community engagements								PHIM	396,591	0	396,591
	Develop additional COVID-19 Digital systems for surveillance, case management and IPC usage								PHIM	142,560	0	142,560

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Procure Servers for computing capacity to manage all nationwide health related data								PHIM	474,096	0	474,096
	Establish infectious diseases units in 4 central hospitals								CHS /Planning	12,500,000	0	12,500,000
	Renovate 40 health posts and COVID-19 centers								DHSS /Planning	10,800,000	0	10,800,000
Subtotal Pillar 10										**26,385,612**	**0**	**26,385,612**

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Pillar 11. Human Resource Recruitment and Deployment												
Strengthen capacity of health workforce to respond to COVID-19	Train biomedical engineers and operators on maintenance of Oxygen equipment (Two week - Central Level Training)									150,000	0	150,000
	Recruit Essential Health Workers									10,177,478	1,777,705	8,399,773
	Recruit temporary staff for surge capacity									4,000,000	0	4,000,000
Subtotal Human Resources										**14,327,478**	**1,777,705**	**12,549,773**

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
Pillar 12. To maintain equitable access to essential health services delivery to minimize consequences and mitigate the impact of COVID-19 on the population through to December 2021.												
Established effective patient flow	Establish screening/triage of all patients on arrival at all sites using the most up-to-date COVID-19 guidance and case definitions.									824,368	0	824,368
	Establish mechanisms for isolation of patients in all care sites using the most up-to-date COVID-19 guidance									-	0	-
	Establish clear criteria and protocols for targeted referral (and counter-referral) pathways									-	0	-
	Assess public and private Maternal/Under 5 Health Services Care and Client Flow									8,043	0	8,043
Increased availability and accessibility of essential quality health service	Establish outreach mechanisms as needed to ensure delivery of essential services									-	0	-
	Identify routine and elective services that can be delayed or relocated to less affected areas									5,995	0	5,995

Outcome	Activities	Indicators	Baseline	Target	Timeframe				Responsible agencies	total	available	gap
					Q1	Q2	Q3	Q4				
	Develop guidelines for provision of medicine refills for longer periods of time to minimize hospital visits									0	0	0
	Enforce PPE usage for all health workers and clients attending services with updated guideline and measures (according to new legislation for COVID-19									0	0	0
Subtotal continuation of essential services										**838,406**	**-**	**838,406**
GRAND TOTAL										**270,984,012**	**77,196,239**	**193,787,773**

10.2 Summary Budget for Health Cluster

Main Activity	Total	Available	Gap
Subtotal Pillar 1: Coordination, Leadership And Resource Mobilization	**1,867,448**	**14,922**	**1,852,526**
Subtotal Pillar 2: Risk Communication And Community Engagement	**2,577,599**	**0**	**2,577,599**
Subtotal Pillar 3: Surveillance and Rapid Response Teams;	**3,763,175**	**51,000**	**3,712,175**
Subtotal Pillar 4: Points of Entry	**4,234,933**	**0**	**4,234,933**
Subtotal Pillar 5 :Laboratory and Diagnostics	**3,436,213**	**168,538**	**3,267,675**
Subtotal Pillar 6: Clinical Care and Treatment for Case Management	**1,876,527**	**0**	**1,876,527**
Subtotal Pillar 7: Infection Prevention and Control	**3,901,177**	**0**	**3,901,177**
Sub Total Pillar 8: Vaccination	**127,226,481**	**71,768,558**	**55,457,923**
Subtotal Pillar 9: Logistics and Supplies Management	**80,548,963**	**3,415,516**	**77,133,447**
Subtotal Pillar 10: Infrastructure and Equipment	**26,385,612**	**0**	**26,385,612**
Subtotal Pillar 11: Human Resource Development	**14,327,478**	**1,777,705**	**12,549,773**
Subtotal Pillar 12: Continuation Of Essential Services	**838,406**	**0**	**838,406**
Grand Total	**270,984,012**	**77,196,239**	**193,787,773**

11 PROTECTION AND SOCIAL SUPPORT

11.1 Overall Objective (s)

i. To reduce protection threats for the affected populations, and to protect all vulnerable[7] groups from violence, exploitation, abuse and neglect during disasters and ensure that human rights are respected;
ii. To mainstream social inclusion, gender, disability and social accountability in COVID-19 response and
iii. To cushion the socio-economic impact of COVID-19 on the poor and vulnerable.

11.1.1 Specific Objectives

A. Protection:

(i) Advocate for inclusion of rights, needs of men, women and children, adolescent girls, persons with disabilities, the elderly, migrants, refugees and asylum-seekers, and persons deprived of liberty in the prevention, early detection, care and treatment strategies and programs on COVID-19;
(ii) Mainstream social inclusion, gender, disability and social accountability in protection at cluster and inter-cluster planning and service delivery levels. (to coordination cluster);
(iii) Provide mental health and psychosocial support (MHPSS) and prevent stigma for all COVID-19 affected populations;
(iv) Support continued essential protection services for the general population;
(v) Prevent early child marriages and teen pregnancies and support the affected children;
(vi) Provide targeted support for vulnerable groups at risk of infection and those affected by COVID-19;
(vii) Risk mitigation of gender-based violence (GBV) and all forms of violence, abuse, exploitation and neglect, including the risks for people in isolation and quarantine;
(viii) Prevent separation of children from caregivers and
(ix) Strengthen coordination of protection partners at national, district and community levels for an effective response to COVID-19.

B. Social Support

(i) Prevent the poor and vulnerable from falling further into poverty and assist them to cover their basic needs including food security;
(ii) Support the continuous uptake of nutritious meals to help prevent the outbreak of opportunistic diseases during the pandemic;
(iii) Protect the poor and vulnerable from engaging in negative coping mechanisms and selling off productive assets as a result of loss of livelihood sources due to strict crowd control measures aimed at controlling spread of the disease;
(iv) Promote health seeking behavior of the poor and vulnerable during the Coronavirus disease outbreak in Malawi;

[7] These include children, women, elderly, people with disabilities, children in institutional care, child headed households, street connected children, children in contact with the law, adolescent girls, young women, men, migrants, refugees, asylum-seekers, victims/survivors of GBV, persons deprived of liberty, commercial sex workers, People Living with HIV and AIDS, the chronically ill, COVID-19 affected populations, and those in hard-to-reach locations or with poor access to services

(v) Assist the poor and vulnerable reconstruct their livelihoods post the Coronavirus disease outbreak and

(vi) Ensure that, to the extent possible, the support provided contributes to strengthen the national social support systems and its future sustainability.

(A) Protection

COVID-19 Prevention and Spread Control Activities (Immediate)

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Increased capacity of social service workforce to provide preventive and response services for COVID -19	Train protection and GBV prevention workforce to provide protection services in preventing and responding to COVID-19	Number of workforce trained in COVID-19 prevention and response services Number of people trained on PSEA	0 0	200 500					MOGCDSW, UN Women, UNFPA, Save the Children, Red Cross, One Community, SOS Children's Village, Action Aid, CARE, Malawi Interfaith AIDS Association (MIAA), Tithetse Nkhanza, Theatre For a Change,JRS,centre for Social Concern, Centre for Social Research	100,000	50,000	50,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Train district and community level protection structures in supporting vulnerable populations to prevent and respond to COVID-19 (including GBV prevention and response)	Number of district and community structures trained on GBV prevention and response	0	500					MOGCDSW, UN Women, Action Aid, CARE, Concern Worldwide, Goal, Red Cross, OXFAM, Plan International, Tithetse Nkhanza, United Purpose,UNFPA, Trust PSS, Trocaire, Save the Children, USAID CARE Titukulane, YONECO, Malawi Police Service, UNFPA, United Purpose	200,000	18,176	181,824

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Conduct MHPSS training for frontline workers and partners to support COVID-19 affected populations	Number of frontline workers and partners trained in MHPSS	130	1,000					MOGCDSW, Ministry of Health, District Social Welfare Offices, UNICEF, World Vision International, Action Aid, Fountain of Life, MIAA, Trust PSS, Concern Worldwide, Plan International, Public Affairs Committee	400,000	125,500	275,000
	Disseminate SOPs and referral guidance for MHPSS and protection related to COVID-19	Number of district councils reached	0	29 Councils					MOGDSW,KFW, World Bank	50,000	0	50,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
		Number of screening sessions conducted for quarantine facilities in districts/urban councils	2	30					MOGCDSW,	0	0	0
	Procure and distribute equipment and resources for remote programming in prevention response to COVID-19 (phones, airtime, radios etc.)	Number of pieces of equipment and supplies supplied	0	100					MOGCDSW, MoH,MACRA,UNICEF, UNFPA,	200,000	0	200,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Support development of remote programs on protection and GBV prevention in response to COVID-19	Number of programs developed	0	10						100,000	0	100,000
		Number of services with remote programs	0	10								
Enhanced protection of frontline workforce from contracting COVID-19 while performing duties	Provide sanitary equipment and PPEs for frontline workers, including social service, police, and justice workforces	Number of sanitary equipment and PPEs procured	0	700					MOGCDSW, UN Women, Action Aid, CARE, Every Girl in School, Goal, Plan International, UNFPA, Save the Children, OXFAM and other stakeholders	400,000	0	400,000
Protection planning and service delivery mainstreamed in key sectors	Mainstream gender activities in key clusters (Protection, Health, Education)	Number of cluster plans with gender mainstreamed	0	4					MOGCDSW, UN Women, Goal, OXFAM, USAID CARE Titukulane, Red Cross and other stakeholders	20,000	0	20,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Mainstream protection services in schools (including tertiary level) with Safe Schools programs	Number of schools with Safe School programs mainstreamed	0	250					MOGCDSW, Ministry of Education, UNICEF, OXFAM and other stakeholders, Save the children	200,000	0	200,000
	Provide PPEs (e.g. masks, soap/sanitisers, hand washing facilities etc.) to learners	Number of learners reached Number of schools reached	0 0	1,000,000 1,000						100,000	0	100,000
	Provide PFA training to teachers and other school structures such as mother groups	Number of teachers trained in PFA	0	1,000						200,000	0	200,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Enhanced delivery of quality and equitable, rights-based protection services to vulnerable populations affected by COVID-19	Conduct protection and GBV assessments on key protection issues	Number of assessment conducted and results disseminated	1	2					MOGDSW, UN WOMEN,UNFPA, UNICEF	100,000	0	100,000
	Advocate for surveillance systems to include systematic collection of age/sex categories and inclusion of vulnerabilities	Number of advocacy documents Number of advocacy engagements	0 0	5 10					MOGCDSW, UNICEF, Red Cross, OXFAM, UNFPA, and other stakeholders	0	0	0

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Increased information access to vulnerable populations on COVID-19 prevention and response	Disseminate information on COVID-19 prevention and response to vulnerable groups at risk of contracting the disease including people with disabilities such as hearing	Number of people reached with COVID-19 prevention and response messages	0	500,000					MOGCDSW, UN Women, Action Aid, CARE, Concern Worldwide, Goal, Red Cross, OXFAM, Plan International, Tithetse Nkhanza, United Purpose, UNFPA, Trust PSS, Trocaire, Save the Children, USAID CARE Titukulane, YONECO, Theatre for a Change	100,000	0	100,000
	Advocate with health services to provide SRHR services to adolescent girls and young women	Number of adolescent girls and young women accessing SRHR services	0	50,000					MOGCDSW, UN Women, Action Aid, CARE, Concern Worldwide, Goal, Red Cross, OXFAM, Plan International, Tithetse Nkhanza, United Purpose, UNFPA, Trust PSS, Trocaire,	20,000	0	20,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
									Save the Children, USAID CARE Titukulane, YONECO, Theatre for a Change			
	Conduct SRHR and GBV awareness sessions to adolescent girls and young women and link them services in health facilities (e.g provision of contraceptives, water and sanitation needs in maternity facilities	Number of awareness sessions on SRHR and GBV to adolescent girls and young women on service provision in health facilities Number of adolescent girls reached with SRHR and GBV awareness messages	0	200					MOGCDSW, UN Women, Action Aid, CARE, Concern Worldwide, Goal, Red Cross, OXFAM, Plan International, Tithetse Nkhanza, United Purpose, UNFPA, Trust PSS, Trocaire, Save the Children, USAID CARE Titukulane, YONECO, Theatre for a Change	50,000	0	50,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Disseminate protection referral pathways for COVID-19 response in communities (including refugee camps)	Number of remote dissemination sessions in communities (TA Level)	0	480						50,000	0	50,000
Increased number of vulnerable populations accessing COVID-19 preventive and response services including GBV, MHPSS, diversion, alternative care, SRHR	Conduct screening and assessment of returnees, provide them with appropriate services including psychological First Aid, and safely repatriate them	Number of returnees screened, assessed, counseled and safely repatriated	10,000	20,000					MOGCDSW, UN Women, Action Aid, CARE, Concern Worldwide, Goal, Red Cross, OXFAM, Plan International, Tithetse Nkhanza, United Purpose, UNFPA, Trust PSS, Trocaire, Save the Children, USAID CARE Titukulane, YONECO	200,000	0	200,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Enforce SOPs for protecting vulnerable groups in line with COVID-19	Number of SOPs enforced	0	5					MOGCDSW, UN Women, Action Aid, CARE, Concern Worldwide, Goal, Red Cross, OXFAM, Plan International, Tithetse Nkhanza, United Purpose, UNFPA, Trust PSS, Trocaire, Save the Children, USAID CARE Titukulane, YONECO, Theatre for a Change	0		0

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Provide support services to communities/ families for shielding the elderly to protect them from contracting COVID-19	Number of communities stocked with PPEs to support the elderly	0	500					MOGCDSW, Malawi Liverpool Welcome Trust	50,000	0	50,000
			0	100					MOGCDSW, local govenment, MACOHA	50,000	0	50,000
	Provide tailored support using GBV/child protection case management to people affected by COVID-19 and other vulnerable groups	Number of vulnerable populations reached with COVID-19 prevention /response services including GBV	0	20,000					MOGCDSW, District Social Welfare Offices, UNICEF, Lilongwe Catholic Health Commission, YONECO, One Community, SOS Children's Village, MIAA, Plan International, Save the Children, Theatre for Change, Tithetse Nkhanza, Women Judges Association of Malawi,	400,000	25,000	375,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
									Trocaire, Action Aid, UNFPA, The Gender and Justice Unit, Goal, Fountain of Life, MIAA, OXFAM, Malawi Police, Malawi Prisons and other stakeholders			
	Divert children in contact with the law and institute other measures to reduce the number of people detained as a result of arrest or criminal charges to ensure decongestion of holding cells	Number of children diverted from criminal justice system	674	1,500					MOGCDSW, Judiciary, Malawi Police, UNICEF, Irish Rule of Law International and other stakeholders	100,000	0	100,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Provide sanitary equipment and PPE to protection structures (child care institutions, reformatory centres, CVSUs, PVSUs, CBOs, One Stop Centres, Courts, prisons, and other places with vulnerable populations).	Number of structures supported with sanitary equipment and PPE for the vulnerable populations	0	300					MOGCDSW, UN Women, Action Aid, CARE, Every Girl in School (EGISA), Goal, Plan International, UNFPA, OXFAM, Tithetse Nkhanza and other stakeholders	200,000	0	200,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Provide Psychological First Aid (PFA) and necessary referrals for child protection, GBV and to other COVID-19 related cases through the National Helpline, GBV Crisis Helpline) and police Mthetsa Nkhanza line	Number of children, parents and primary caregivers provided with PFA through toll free helplines	0	4000					MOGCDSW, UNICEF, Tithetse Nkhanza, UNFPA and other stakeholders	200,000	0	200,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Operationalize Community Based Complaints and Feedback Mechanism (CBCFM) including referral pathways	Number of functional CBCFM	0	3,000					MOGCDSW, UNICEF, DSWOs, UN Women, Plan International, UNFPA and other stakeholders	200,000	40,000	160,000
Strengthened coordination of protection service providers for effective prevention and response to COVID-19	Conduct Protection Cluster coordination activities at national and district levels	Number of coordination meetings convened	0	100					MOGCDSW, SOS Children's Village, Action Aid, Concern Worldwide, Goal, Tithetse Nkkhanza, Red Cross, UN Women, UNICEF, Save the Children), UNFPA	100,000	0	100,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Enhanced delivery of quality and equitable, rights-based protection services to vulnerable populations affected by COVID-19	Carry out Protection monitoring at national and district levels	Number of protection monitoring reports developed	0	90					MOGCDSW Red Cross, OXFAM, UNFPA	100,000	0	100,000
Sub-Total Prevention and Spread Control Activities (Immediate)										**3,890,000**	**258,676**	**3,631,824**

COVID-19 Response Activities (Immediate)

Outcome	Activities	Indicators	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Increased access of vulnerable populations to COVID - 19 prevention and response services	Provide Mental Health and Psychosicial Support Services (MPHSS) to vulnerable groups and other affected populations	Number of children, parents and primary caregivers provided with community based MPHSS	29,000	100,000					MOGCDSW, District Social Welfare Offices, UNICEF, Lilongwe Catholic Health Commission, YONECO, One Community, SOS Children's Village, MIAA, Plan International, Save the Children, Theatre for Change, Tithetse Nkhanza, Women Judges Association of Malawi, Trocaire, Action Aid, UNFPA, The Gender and Justice Unit, Goal, Fountain of Life, MIAA, OXFAM and other stakeholders	200,000	0	200,000

Outcome	Activities	Indicators	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Provide GBV Case Management through protection service points or mobile services	Number of people reached with GBV related case management	24,000	50,000					MOGCDSW, District Social Welfare Offices, UNICEF, Lilongwe Catholic Health Commission, YONECO, One Community, SOS Children's Village, MIAA, Plan International, Save the Children, Theatre for Change, Tithetse Nkhanza, Women Judges Association of Malawi, Trocaire, Action Aid, UNFPA, The Gender and Justice Unit, Goal, Fountain of Life, MIAA, OXFAM and other stakeholders	200,000	85,000	115,000
	Support interventions on preventing and responding to rape and defilement	Number of defilement cases reported	0	200					MoGCDSW, MoH, MoJ,	200,000	0	200,000

Outcome	Activities	Indicators	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
		Number of defilement cases concluded	0	160								
	Support implementation of the Action Plan on Ending Child Marriages and Teen pregnancies	Number of child marriages annulled	100	20,000					MOGCDSW, UN Women, Action Aid, CARE, Concern Worldwide, Goal, Red Cross, OXFAM, Plan International, Tithetse Nkhanza, United Purpose, UNFPA, Trust PSS, Trocaire, Save the Children, USAID CARE Titukulane, YONECO, Theatre for a Change	400,000	125,000	275,000
		Number of survivors of child marriages and teen pregnancies re-enrolled in school	0	15000								

Outcome	Activities	Indicators	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
		Number of survivors of child marriages and teen pregnancies supported on skills development	0	2000								
	Provide safe Alternative Care and safely reintegrate children in Child Care Centres (CCIs)	Number of children provided with alternative care services including children reintegrated from CCIS	1,100	2,000					MoGCDSW, Save the Children, SOS and partners	100,000	50,000	50,000

Outcome	Activities	Indicators	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Provide protection services to other vulnerable groups affected by COVID-19 (e.g. Children, men, people in isolation, bereaved families etc.)	Number of people affected by COVID-19 reached with protection services	0	50,000					MoGCDSW	200,000	0	200,000
Identity of children and survivors of Sexual and Gender Based Violence (SGBV) protected	Develop IEC materials on protecting the identity of children and survivors of SGBV	Number of IEC materials developed	0	500					MoGCDSW, YONECO, Plan International, Tithetse Nkhanza, UNICEF	50,000	0	50,000
		Types of IEC materials developed	0	10								

Outcome	Activities	Indicators	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Disseminate IEC materials on protecting identity of survivors of SGBV and other areas through various platforms (e.g. Media, child online initiatives etc.)	Number of dissemination sessions conducted	0	50					MoGCDSW, YONECO, Plan International, Tithetse Nkhanza, UNICEF	30,000	0	30,000

Outcome	Activities	Indicators	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Orient relevant stakeholders and protection structures (MACRA , MDAs, Media, district child protection Committee, Gender Technical Working Groups, community structures and other Internet Service providers on guidelines for protecting identity of children and survivors	Structures oriented in protecting survivors of SGBV	0	20					MoGCDSW, YONECO, Plan International, Tithetse Nkhanza, UNICEF	50,000	0	50,000

Outcome	Activities	Indicators	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Advocate with the Presidential Taskforce on Rape and Defilement for the President to issue a statement on the guidelines for protecting survivors	Press release on Guidelines for protecting identities of survivors of SGBV issued	0	0					MoGCDSW, YONECO, Plan International, Tithetse Nkhanza, UNICEF	10,000	0	10,000
Strengthened coordination of protection service providers for effective prevention and response to COVID-19	Provide support for district coordination	Number of district Social Welfare Offices that have accessed logistical support	0	30					MOGCDSW, Malawi Prisons Service,	100,000	15,000	85,000

Outcome	Activities	Indicators	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Conduct Protection Cluster coordination activities at national level	Number of Coordination meetings convened	0	200					MOGCDSW, UNICEF, UNFPA, SOS Children's Village, Action Aid, Concern Worldwide, Goal, Tithetse Nkhanza, Red Cross, UN Women, Save the Children Plan International and other stakeholders,	50,000	0	50,000
	Conduct protection monitoring of the COVID-19 response	Number of protection monitoring reports developed	0	100					MoGCDSW and UNICEF	50,000	0	50,000
Sub-total for COVID-19 Response Activities (Immediate)										**1,640,000**	**275,000**	**1,365,000**

COVID-19 Early Recovery Activities (Medium-Long term)

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Enhanced provision of protection and GBV prevention and response services to survivors of the COVID-19 pandemic, their families and other affected vulnerable groups	Provide MPHSS support to vulnerable groups and other COVID-19 affected populations	Number of children, parents and primary caregivers provided with community post placement PFA support.	0	50,000					MOGCDSW, District Social Welfare Offices, UNICEF, Lilongwe Catholic Health Commission, YONECO, One Community, SOS Children's Village, MIAA, Plan International, Save the Children, Theatre for Change, TithetseNkhanza, Women Judges Association of Malawi, Trocaire, Action Aid, UNFPA, The Gender and Justice Unit, Goal, Fountain of Life, MIAA, OXFAM and other stakeholders	200,000	0	200,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Provide post placement GBV services to population affected by COVID-19	Number of people reached by gender-based violence (GBV) post placement support recovery services through referral pathways	24,000	50,000						200,000	0	200,000
	Provide direct support (material or economic) to people affected by the negative impacts of COVID-19 using case management	Number of people reached with direct support services (material or economic)	0	20,000						200,000	0	200,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Strengthen coordination and monitoring of protection response	Conduct coordination meetings at national and district levels	# of coordination meetings conducted	0	100					MOGCDSW, UNICEF	50,000	0	50,000
	Monitor protection response	Number of monitoring reports developed	0	60					MOGCDSW,UNICEF	50,000	0	50,000
Sub-total Early Recovery Activities (Medium-Long term)										**700,000**	**0**	**700,000**
TOTAL BUDGET (PROTECTION)										**6,230,000**	**533676**	**5,696,824**

B. Social Support

COVID-19 Prevention and Spread Control Activities (Immediate)

Outcome	Activities	Indicators	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Risk of contracting or spreading COVID-19 through the SCTP minimised	Facilitate awareness of COVID-19 prevention control measures focusing on the 2nd Wave among SCTP implementers and beneficiaries	Number of District Councils reached with improved awareness messages in line with the second wave of COVID-19 adapted for the SCTP	0	28					MoGCDSW UNICEF, GIZ, NLFC, EPD,	144,330	0	144,330
	Change transfers payment schedule from monthly/ bi-monthly to 4 monthly	Number of districts with paid transfers for four months	0	28					MoGCDSW UNICEF, GIZ, NLFC, EPD,	0	0	0
	Provide PPES to District Councils workforce on the SCTP	Number of District Councils reached with PPEs for officers working on the SCTP	0	28					MoGCDSW KFW, UNICEF, GIZ, NLFC, EPD, IA	393,000	0	393,000

Outcome	Activities	Indicators	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Facilitate provision of sanitary materials to SCTP beneficiaries and CSSCs	Number of SCTP beneficiaries and CSSCs provided with sanitary materials	0	293,000					MoGCDSW KFW, UNICEF, GIZ, NLFC, EPD, IA	609,264	0	609,264
Sub-total for Prevention and Spread Control Activities										**1,146,594**	**0**	**1,146,594**

COVID-19 Response Activities (Immediate)

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Ultra-poor households cushioned from falling into deep poverty as a result of the effects of COVID-19	Facilitate provision of transfer top ups to existing SCTP households	Number of SCTP households supported with transfer top ups for four months	0	293,000					MoGCDSW UNICEF, GIZ, NLFC, EPD	6,041,238	0	6,041,238
	Extend by 3 months the benefit duration of households under the COVID-19 Urban Cash Transfer Intervention (CUCI)	Number of additional months for CUCI program	3	6					MoGCDSW UNICEF, GIZ, NLFC, EPD)	20,056,732	0	20,056,732
	Facilitate implementation of a Horizontal expansion for ultra-poor families which have lost their breadwinners	Percentage of ultra -poor families which have lost their breadwinners reached with a financial cushioning package	0	100%					MoGCDSW UNICEF, GIZ, NLFC, EPD	522,131	0	522,131

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Strengthened coordination of Social Protection service providers for effective prevention and response to COVID-19	Facilitate coordination meetings at national and City Council levels	Number of coordination meetings conducted	0	4					MoGCDSW KFW, UNICEF, GIZ, NLFC, EPD, IA	20,619	0	20,619
	Monitor protection response	Number of monitoring reports developed	0	30					MoGCDSW KFW, UNICEF, GIZ, NLFC, EPD, IA	47,423	0	47,423
Improved Transparency and accountability	Provide support towards Grievance Response Mechanisms (GRM)/ Case management Committees in the Urban Cash transfers Implementing cities	Number of GRM Committees supported.	0	1					MoGCDSW UNICEF, GIZ, NLFC, EPD	19,072	0	19,072

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
		Call Centre fully operational for the entire duration of CUCI	0	6					MoGCDSW, EPD, NLGFC, UNICEF	300,000	0	300,000
		Call Centre transitioned to a permanent feature of the MNSSP II systems and leveraged for a variety of purposes, including non-GRM	0	3					MoGCDSW, EPD, NLGFC, UNICEF, GIZ	350,000	0	350,000
Sub-total- Response Activities (Immediate)										**27,357,215**	**0**	**27,357,215**

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Livelihoods of ultra-poor and vulnerable households restored and strengthened	Facilitate implementation of a financial livelihood restoration lump sum to household on the CUCI	Number of households on the CUCI reached with a financial livelihood restoration transfer	0	185,286					MoGCDSW UNICEF, GIZ, NLFC, EPD	20,056,840	0	20,056,840
	Expand reach of the SCTP from the current 10% to 15% of the household population of Malawi, to capture all vulnerable groups in line with MNSSP II's vision	Percentage increase in the SCTP Coverage	10%	15%					MoGCDSW UNICEF, GIZ, NLFC, EPD SUPPORT DIVISION	27,711,340	0	27,711,340
	Fast track development of the SCTP Emergency MIS	SCTP Emergency MIS developed and operational	0	1					MoGCDSW UNICEF, GIZ, NLFC, EPD	705,000	705,000	0
	Expand electronic payment methodology for the SCTP	Number of districts using electronic payment method to deliver transfers to beneficiaries	2	10					MoGCDSW UNICEF, GIZ, NLFC, EPD	2,969,072.00	0	2,969,072.00

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Facilitate generation of lessons on implementation of the responses	Number of evaluations conducted on implementation of the interventions	1	4					MoGCDSW UNICEF, GIZ, NLFC, EPD	603,000	0	603,000
Sub Total COVID-19 Early Recovery Activities (Medium-Long term)										**52,045,252**	**705,000**	**51,340,252**
TOTAL BUDGET (SOCIAL SUPPORT)										**80,549,061**	**705,000**	**79,844,061**
Grand Total for Social Protection Cluster										**86,779,061**	**1,238,676**	**85,440,385**

11.2 Summary Budget Protection and Social Support

Intervention	Main Activity	Total (USD)	Available (USD)	Gap (USD)
(A) Protection	COVID-19 Prevention and Spread Control Activities (Immediate)	3,890,000	258,676	3,631,824
	COVID-19 Response Activities (Immediate)	1,640,000	275,000	1,365,000
	COVID-19 Early Recovery Activities (Medium-Long Term)	700,000	0	700,000
	Sub-Total	6,230,000	533676	5,696,824
B. Social Support	COVID-19 Prevention and Spread Control Activities (Immediate)	1,146,594	0	1,146,594
	COVID-19 Response Activities (Immediate)	27,357,215	0	27,357,215
	COVID-19 Early Recovery Activities (Medium-Long Term)	52,045,252	705,000	51,340,252
	Sub-Total	80,549,061	705,000	79,844,061
	GRAND TOTAL	**86,779,061**	**1,238,676**	**85,440,385**

12 EDUCATION CLUSTER

The Education Cluster is led by the Ministry of Education (MoE) with UNICEF and Save the Children as co-leads. Other members include other government agencies, members of the UN family, bilateral funding partners, local and international non-governmental organisations and the academia and institutions of higher learning.

12.1 Overall Cluster Objective

The Education Cluster will ensure that teaching and learning continues through innovative solutions and creating an enabling environment in communities with special attention given to vulnerable groups[8] in the education sector.

12.1.1 Specific Objectives

(i) Intensify public awareness and capacity building among teachers, learners and community members for behavior change;
(ii) Ensure continuity of teaching and learning when schools and colleges are closed due to COVID-19 pandemic;
(iii) Strengthen coordination with other clusters (Health, Protection, and WASH clusters) and within the cluster in COVID-19 preparedness, response, recovery and case management;
(iv) To promote safety and decongestion in schools and colleges and
(v) To strengthen research and innovation in institutions of higher learning.

12.2 Target Population

The target population for the cluster include:

(i) Early childhood development centres (ECD): 2,014,820 children (1,027,559 boys and 987,261 girls) from ECD and preschools including those with disabilities;
(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 and
(v) Teacher population at primary 66, 350 (25,970 females and 40,380 males); at secondary 14, 398 (3, 292 females and 11, 106 males).

12.3 COVID-19 and Other Risks to The Cluster

(i) Education institutions being utilised as isolation and quarantine centres;
(ii) Essential workers (e.g teachers, caregivers) who may get in contact with potential COVID-19 victims;
(iii) Inadequate resources for maintaining and sustaining a COVID-19 safe learning environment;

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

(iv) Parents and guardians unable to sustainable provision of personal protective equipment and hand hygiene supplies needed to prevent the spread of COVID-19;
(v) Failure by learners and teachers to sustain observance of COVID-19 preventive measures;
(vi) Failure to adjust to new ways of working (i.e. through technology) given the poor connectivity in some parts of the country and
(vii) High cost of data for coordinating cluster meetings.

12.4 Risk Communication and Community Engagement

(i) Ministerial Circular with the MoE COVID-19 school response guidelines;
(ii) Mass media including community radio and interactive radio drama, theatre for development (TfD);
(iii) Child friendly and inclusive information education and communication (IEC) materials – material development and printing;
(iv) E-messages in collaboration with telecommunication companies (MoE to engage service providers);
(v) School based sensitization including utilizing school assembly and conducting open air awareness campaigns when schools re-open;
(vi) Community based awareness using megaphones to mobilise parents to support learning and
(vii) Psychosocial support to help children cope and support resilience.

COVID-19 Spread Prevention and Control activities

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe Quarters				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Improved social and WASH behavior and practices amongst learners, teachers and community members in order to best respond to the COVID-19 pandemic	Develop culturally appropriate COVID-19 related IEC materials	Types of assorted IEC materials developed	TBD	5					MoE/ Cluster members	150,000	0	150,000
	Translate, print and distribute developed COVID-19 IEC materials into local languages	No of learners, teachers, community members reached	TBD	500,000					MoE/Cluster members	466,667	0	466,667
Enhanced Communication and Coordination	Conduct cluster and inter cluster meetings	No of Cluster meetings	TBD	12					Cluster members	0	0	0
	Facilitate harmonization and coordination of all digital platforms that collect COVID 19 data into existing centralized database	Harmonised data	0	1					Cluster members	0	0	0
Sub-total for Spread and Control Activities										**616,667**	**0**	**616,667**

COVID-19 Response Activities

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Improved capacity to effectively coordinate and monitor implementation of response and recovery activities at national and sub-national levels for Ministry of Education, other collaborating ministries and the Education Cluster	Supportive supervision and provision of technical assistance for monitoring, information and data management	Monitoring visits	0	18					MoE/Cluster members	260,000	260,000	0
	Conduct risk assessment/analysis to guide the education response to COVID-19	No of assessments conducted	0	2					MoE/Cluster members	400,000	0	400,000
Continuity of teaching and learning for all learners while schools and colleges are closed due to the COVID-19 and school re-opening	Support airing of radio programs	No of learners reached	2 million	4 million					MoE/Cluster members	200,000	41,993	158,007
	Printing and distribution of Teaching and learning materials to support home learning	Number of teaching guides by subject		80,000					MoE/Cluster members	939,997	0	939,997
		Number of learners booklets by subject		500000								
		Number of booklets for learners with special needs		50, 000								

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Support community dialogues/sensitization for Comprehensive Sexuality Education during COVID-19 with a focus on life skills education, sexuality education and reduction of teenage pregnancies and child marriages											
		Reduced number of Teen pregnancies;	40000	20000					MoE/Cluster members	350,000	0	350,000
		Child Marriages	40000	10,000								
	Establishment of radio station for radio learning at Malawi College of Distance Learning	Radio station established at MCDE	0	1					MoE	278,455	278,455	0
	Community capacity building to support home learning and COVID-19 prevention	Number of community structures sensitised	0	1000					MoE/Cluster members	100,000	0	100,000
	Conducting training/capacity building to ECD caregivers on COVID -19 prevention	Number of caregivers trained	1496	3000					MoEG/WVI	100,000	93,000	7,000
	Module development and printing for lower secondary (English, Math, Agric, Physics, Chemistry, Biology and Chichewa)	Modules developed and printed	0	7					MoE/UNICEF	839,997	839,997	0

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Procure and provide solar powered radio to vulnerable families (Radio, multiband, solar, wind-up)	No of solar powered radios procured	0	15000					MoE/UNHCR	700,000	622,440	77,560
	Air interactive radio instruction (IRI) radio programs and print and distribute paper packaged home learning tools	No of ECD children reached through IRI	1,350,000	1,800,000					Save the Children MoE Unicef	394,203	329,617	64,586
	Monitoring effectiveness of Covid19 open distance and e-learning initiatives for improvement	Monitoring activities and system reports produced for each education district	0	34					UNICEF	70000	0	70000
	Develop virtual science laboratory to support online, TV and radio lessons especially for STEM and practical aspects for secondary and primary education to ensure enhanced learning and quality while learning from home through fablab established at MCDE	Number of STEM practical simulations produced and available to students online, on TV and installed at wirelessly access LMS installed in zones	0	200					Higher Education Institutions	450000	0	450000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Provision of take home rations	No of learners supported with THR	300,000	1,800,000					WFP/Marys meals	9,000,000	9,000,000	0
Enhanced safety, protection and wellbeing for all learners including girls and those with disabilities and teachers during the COVID-19 period and after reopening of schools.	Procurement and distribution of PPEs for frontline education staff and teachers	Number of frontline staff bought PPE	0	3400					MoE , Cluster members	100,000	88,731	11,269
	Recruit auxiliary teachers (IPTE 13) graduates waiting for deployment) to support accelerated learning and to decongest classrooms - for 1 year with focus on schools with high PTR (Pupil/Teacher Ratio)	No of auxiliary teachers hired	0	5,000					MoE. Cluster members	6,340,900	1,202,113	5,138,787
	Train the newly recruited auxiliary teachers (IPTE 13) with no teaching experiences in a) COVID-19 prevention, case management and containment b) remediation	No. of teachers trained disaggregated by gender	0	3000					MoE, Cluster members	150,000	0	150,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Train qualified teachers and learners in Mental Health and Psychosocial Support with a focus on Psychological First Aid (PFA) and Social Emotional Learning in collaboration with Ministry of Gender	Number of teachers and learners accessing PSS disaggregated by gender and location	0	20,000					MoE , Cluster members	360,000	0	360,000
	Establish temporary learning spaces to address classroom congestion	No of tents procured	0	500					MoE. Cluster members	597,358	508,105	89,253
	Construction of classroom blocks	No of classroom blocks constructed	0	3,000					MoE, Cluster members	1,800,000	1,800,000	0
	Support the provision of TLM to the constructed temporary learning spaces	No desks procured	TBD	40,000.00					MoE ,Cluster members	1,600,000	231,175	1,368,825
		No portable chalkboards	TBD	10,000.00								
	Construction of boreholes	No of schools supported	0	300					MoE. Cluster members	79,260	79,260	0
0.15	Monitoring cluster interventions at National and district level	No Monitoring visits	0	5					MoE ,Cluster members	39,630	39,630	0
Sub-total for response activities										**25,149,800**	**15,414,516**	**9,735,284**

Early Recovery Activities

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Enhance safety and decongestion to promote safety of all learners and teachers in schools through implementation of infection prevention measures promotion of the overlapping or double shift policy at primary level.	Provision of child protection services in schools (complaint boxes, referral pathways, school police)	No of schools with established child protection services	0	300					MoE, Cluster members	200,000	180,600	19,400
	Enhance compliance of Covid19 prevention in education institutions	All Education centres	0	34					MoE, Cluster members	23,082	23,082	0

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Support development of accelerated education program to facilitate rapid catch-up (including training of teachers) using cascading approach	No of teachers equipped with requisite skills	0	90,000					MoE, Cluster members	450000	0	450,000
	Support second chance education-complementary Basic Education (CBE), functional literacy (FAL)	No of schools reached	0	680					MoE, Cluster members	969000	969,000	0
	Support resumption of school feeding	No of schools with school feeding program resumed	0	250					MoE, Cluster members	2,250,000	0	2,250,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Development of remedial and accelerated program for different grades (printing materials/ workbooks)	No of remedial and accelerated programs	0	8					MoE, Cluster members	364,000	0	364,000
	Back to school campaigns - mass media, divisions, district and school/community	No of education districts reached	0	34					MoE, Cluster members	17,000	0	17,000
	Sanitization and disinfection of schools	No of schools disinfected	0	100					MoE, Cluster members	100,000	100,000	0
	Preparing the system, schools and teachers for reopening of schools after closures and difficult circumstances and supporting education financing	Comprehensive school safety system in place with well-prepared schools, teachers and learners	0	1					MoE, Save the Children UNICEF	50,000	0	50,000

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Use of Science, Technology and Innovation (STI) in schools for schools amidst COVID-19 and future pandemics	Training innovators in rapid prototyping and production	Number of innovators trained	0	100					Higher Education Institutions (all young innovators – less than 25 yrs)	21,500	0	21,500
	Refurbishing of school desks, chairs and beds	Number of desks, beds, chairs refurbished	0	350,000					Higher Education Institutions (TVET students, SE metal/wood work)	565,210	0	565,210

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Digital printing of menstrual cups for ages >12	No menstrual cups printed	0	296,000					Higher Education Institutions (National makerspaces, fbalabs, design studios, innovation hubs and garages including DSTI innovation garage)	117,800	0	117,800
	Mobilization of innovators and technologists	Database of innovators and technologists with specialities	0	1					Higher Education Institutions (DSTI, DIST, NCST, NPC, DPs databases)	14,875	0	14,875

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
	Training of scientists in novel survival techniques, kits and equipment	Number of scientists trained	0	750					DSTI,DHE, Higher Education Institutions, Academy of Sciences, NCST	19,590	0	19,590
	Rapid publication	Number of papers published	0	750					Higher Education Institutions	6,740	0	6,740
		Number of patents filed	0	100					DSTI, RG, DPs, Higher Education Institutions	23,480	0	23,480
Sub-total Budget for recovery										**5,192,277**	**1,272,682**	**3,919,595**

12.5 Budget Summary for Education Cluster Plan

Main activity	Total	Available	Gap
Spread Prevention and Control activities	616,667	0	616,667
Response Activities	25,149,800	15,414,516	9,735,284.00
Early Recovery Activities	5,192,277	1,272,682	3,919,595
GRAND TOTAL	**30,958,744.00**	**16,687,198.00**	**14,271,546.00**

13 SECURITY AND ENFORCEMENT CLUSTER

13.1 Department of Immigration and Citizenship Services

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

Specific Objectives	
Objective ID	Description of the specific Objective
Screening of people	To strengthen screening of people entering Malawi at the port of entry in liaison with port health officials
Border patrols	To conduct border patrols to counter illegal entry to subject the culprits to thorough screening by health officials
Roadblocks	To mount permanent and temporary roadblocks where health officials will also be present for screening purposes
Suspension of Visas	To suspend issuance of border passes and visas in order to minimize cross border activities
Sanitation, vehicles, motor cycles and boats	To procure operation vehicles, motor cycles, boats and sanitation items

COVID-19 Spread Prevention and Control activities (Immediate)

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Reduced risk of imported cases	Screening and monitoring of people at the port of entry	Number of ports of entry that do the screening	5.	36					Immigration Services	121,212	0	121,212
Enhanced screening and monitoring irregular migration	Mounting of permanent roadblocks	Number of irregular migrants screened and monitored	2	15					Immigration Services	60,606	0	60,606
Enhanced screening and monitoring of irregular migration	Mounting of adhoc roadblocks and conducting sweeping operations	Number of irregular migrants screened and monitored	15	30					Immigration Services	60,606	0	60,606
Enhanced screening and monitoring of irregular migration	Conductin g marine patrols	Number of irregular migrants screened and monitored	2	12					Immigration Services	125,994	0	125,994
Sub-total Prevention and Control activities (Immediate)										**368,418**	**0**	**368,418**

COVID-19 Response Activities (Immediate)

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe Quarters				Responsible Agencies	Budget (USD)		
										Total	Available	Gap
Personal Protective Equipment (PPEs) procured	Procuring of Personal Protective Equipment (PPEs)	Number of Personal Protective Equipment(PPEs)	62,335 items	366,680 items	1	2	3	4	Immigration Services	121,212	0	121,212
Issuance of visas suspended	Suspending of issuance of visas	Percentage of ineligible applications declined	TBD	100%					Immigration Services	0	0	0
Sub-total for Response Activities (Immediate)										**121,212**	**0**	**121,212**

Early Recovery Activities (Medium-Long term)

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe	Responsible Agencies	Budget (USD)		
							Total	Available	Gap
Visa suspension uplifted	Uplifting of visa suspension	Number of visas approved	1,200	12,000	On going	Immigration Services	0	0	0
Passport process normalized	Normalization of passport process	Number of passports issued	1000	25,000	On going	Immigration Services	0	0	0
Permit process normalized	Normalization of permit process	Number of permits issued	500	2000	On going	Immigration Services	0	0	0
Citizenships process normalized	Normalization of Citizenships process	Number of Citizenships issued	5	20	On going	Immigration Services	0	0	0
Sub-total for Early Recovery Activities (Medium-Long term)							**0**	**0**	**0**
Grand Total for Department of Immigration							**489,630**	**0**	**489,630**

13.2 Malawi Prisons Service

13.2.1 Overall Cluster Objective

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

13.2.1.1 Specific Objectives

(i) Enhance screening of inmates on entry, during incarceration, and upon discharge;
(ii) Provide personal protective equipment and sanitary products to officers, spouses, dependants, and inmates;
(iii) Sensitize officers, spouses, dependants, and inmates on the emerging developments in respect of COVID-19 pandemic;
(iv) Rehabilitate, refurbish facilities and construct additional facilities that are earmarked for isolation facilities COVID-19 cases;
(v) Enhance classification of new admissions and place them into designated isolation facilities;
(vi) Enhance collaboration with other key stakeholders in the fight against the pandemic;
(vii) Train both technical and non-technical health workers, and members of staff on proper management of new strain of COVID-19 pandemic;
(viii) Maintain sanitation of the country's prisons through continuous fumigation of the facilities and mass testing of staff, spouses, dependants, and inmates and
(ix) Minimize spread of COVID-19 virus among prison staff through working from home using online meetings i.e.Zoom meetings and teleconferencing.

13.2.2 Target population

The Department's plan is targeting a population of 22,500 of which, 12, 500 are inmates, 10,000 officers, their spouses and dependents.

13.2.3 COVID-19 risks to the cluster

The Malawi Prisons Service is at high risk of the COVID-19 pandemic due to the following reasons, among others: congested prison cells, mobile population, inadequate prison cells to cater for isolation centers for positive cases, inability to conduct pre-admission screening, lack of supplies for personal protection (PPEs) and disinfection.

13.2.4 Risk communication and community engagement

The Department plans to reach out to inmates through conducting awareness campaigns in all facilities, providing preventive and supportive health care services which include supplies for hand hygiene, as well as monitoring and evaluation of compliance to the preventive measures put in place. Officers, spouses and dependents will be reached through awareness campaigns at designated places, and monitoring and evaluation of compliance to the preventive measures will be put in place. In addition, awareness campaigns targeting the general public will be conducted through both electronic and print media. Information, education and communication materials outlining guidelines on preventive measures for visitors will be displayed in strategic places in all Prisons' facilities.

Amenities for hand hygiene (buckets of water and soap/sanitizer) will be provided to visitors in all facilities and prison officers will be available to provide further guidance and to ensure compliance.

COVID-19 Prevention and Spread Control Activities (Immediate)

Outcome	Activities	Indicator (s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budgets (USD)		
					1	2	3	4		Total	Available	Gap
Improved Prisons sanitation	Provision of sprayers to Prison station	Number of sprayers procured and distributed	80	20					Prisons	3,205	0	3,205
	Provision of disinfectants/hand hygiene products to prisons	Number of facilities having the disinfectants	31	37					Prisons	977,595	0	977,595
	Provision of PPEs to prison staff, dependents and inmates	Number of staff, spouses, dependants, and inmates benefited	15,882	22,500					Prisons	235,086	0	235,086
	Provision of moving cells for transferring prisoners	Number of moving cells procured and distributed	0	4					Prisons	270,270	0	270,270
	Provision of motor vehicle for monitoring compliance	Number of vehicles	0	4					Prisons	230,769	0	230,769
	Operational/Administration cost for the above 4 activities								Prisons	191,963		191,963

Outcome	Activities	Indicator (s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budgets (USD)		
					1	2	3	4		Total	Available	Gap
	Fumigation of prison facilities (once a month)	Number of mass sprays done	2	12					Prisons	20,270	0	20,270
	Awareness campaigns to inmates	Number of awareness campaigns	1	12					Prisons	45,547	0	45,547
	Public awareness campaigns	Number of awareness campaigns	0	8					Prisons	27,026	0	27,026
Enhanced Security	Rehabilitation of isolation facilities/clinics	Number of facilities rehabilitated	2	10					Prisons	81,040	0	81,040
	Construction of additional 4 cell blocks to reduce congestion in prisons	Number of cell blocks constructed	0	4					Prisons	384,616	0	384,616
	Operation/administration cost for the above 2 activities									46,566	0	46,566
Reduced Over crowding	Inspection of Prisons by the Inspectorate of Prisons	Number of Inspections	1	4					Ministry of Homeland	68,668	0	68,668
Subtotal for Prevention and Spread Control Activities (Immediate)										**2,582,621**	**0**	**2,582,621**

Outcome	Activities	Indicator (s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budgets (USD)		
					1	2	3	4		Total	Available	Gap
COVID-19 Response Activities (Immediate)												
Enhanced Humane Custody of COVID-19 Cases	Provision of security service to COVID-19 Isolation centers and health care	Number of officers and health workers participating	391	2,346					Prisons	525,810	0	525,810
Outcome 2:Enhanced COVID-19 Management	Provision of medical drugs to isolation centers	Number of facilities having the drugs	7	10					Prisons	50,000	-	50,000
	Provision of beds and mattresses to isolation centers	Number of beds and mattresses	0	100					Prisons	5,405	-	5,405
	Transferring COVID-19 cases to designated facilities	Percentage of COVID-19 cases isolated	0	100					Prisons	97,296	-	97,296
	Provision of nutritional food to COVID-19 positive patients	% of COVID-19 positive patient being given nutritional food	0	100					Prisons	129,730		129,730
Sub-total for Response Activities (Immediate)										**808,241**	**0**	**808,241**

Outcome	Activities	Indicator (s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budgets (USD)		
					1	2	3	4		Total	Available	Gap
COVID-19 Early Recovery Activities												
Normal Services Restored	Impact assessment	Report	0	4					Prisons	45,404		45,404
	Transferring affected inmates back to designated facilities	% of inmates transferred back	0	100					Prisons	100,000		100,000
Outcome 2:Enhanced effective resettlement	Psycho-socio support	% of inmates counselled	0	100					Prisons	54,054		54,054
Sub-total for Early Recovery Activities										**199,458**	**0**	**199,458**
Grand Total for Malawi Prisons Service										**3,590,320**	**0**	**3,590,320**

13.3 Malawi Defence Force

13.3.1 Overall Objective

The main objective of this preparedness and response plan is to prevent, contain and manage the outbreak of COVID-19 disease in Malawi.

13.3.1.1 Specific Objectives

(i) Assist in enforcement of COVID-19 preventive measures compliance in selected areas, districts or entire country;
(ii) Assist in control of illegal movement of people through border patrols;
(iii) Assist in provision of security in isolation centres;
(iv) Build capacity of all health care workers (HCW) in all MDF camp hospitals;
(v) Strengthen COVID-19 disease surveillance/screening in all MDF sites and case management and
(vi) Mobilize COVID-19 prevention supplies and equipment.

COVID-19 Prevention and Spread Control Activities (Immediate)

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible agencies	Budget (USD)		
				Target	1	2	3	4		Total	Available	Gap
Improved capacity of health care workers in all MDF camp hospitals	Train health care workers in MDF	No. of health care workers trained	150	400	150	150	100	-	MDF and MoH	140,000	0	140,000
Reduced exposure and infection of COVID-19	Procure PPEs	No. of beneficiaries issued with PPEs	4,655	8,000					MDF	180,000	0	180,000
Reduced transmission of COVID-19 and facilitate recovery	Construction of isolation centres	No. of isolation centres constructed	0	4	4				MDF	307,692	0	307,692
Reduced transmission of COVID-19 and falitate recovery	Procure equipment for isolation centres	No. of isolation centres equipped	0	4	4				MDF	205,128	0	205,128
Total Budget for COVID-19 Prevention and Spread Control										**832,820**	**0**	**832,820**

COVID-19 Response Activities (Immediate)

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Controlled illegal movement	Facilitate control of illegal movement of people through border vehicle patrols	No. of vehicle patrols conducted	1	12	3	3	3	3	MDF	1,307,692	0	1,307,692
	Facilitate control of illegal movement of people through boat patrols	No. of boat patrols conducted	1	12	3	3	3	3	MDF	538,461	0	538,461
Enforcement of COVID-19 preventive measures compliance	Facilitate enforcement of COVID-19 preventive measures compliance by conducting patrols	No. of patrolled conducted	0	12	3	3	3	3	MDF	615,384	0	615,384
Improved security in isolation centres	Facilitate provision of security in isolation centres	No. of isolation centres secured	1	7					MDF	1,396,158	0	1,396,158
Sub-total for Response Activities										**3,857,695**	**0**	**3,857,695**
Grand Total for Malawi Defence Force										**4,690,515**	**0**	**4,690,515**

13.4 Malawi Police Service

13.4.1 Overall Cluster Objective

To execute pro-active coronavirus operations while executing the Malawi Police Service's mandate of providing security and maintaining peace in Malawi including areas along the borders taking cognizance of the fact that transmission of the coronavirus is accelerated through mobility of people.

13.4.1.1 Specific Objectives

(i) Keep all police officers well informed and trained about the pandemic including their role in prevention and aiding treatment;
(ii) Enforce compliance with COVID-19 related laws and by laws;
(iii) Prevent the the spread of the outbreak among the officers, the detained suspects and those seeking their service or across these groups are put in place;
(iv) Maintain efficient and effective communication and coordination between the Malawi Police Service and the district/national response team through establishment of focal persons and communication systems and
(v) Monitor implementation of policies and strategies in police stations across the country.

13.4.2 Target Population

The target population comprises the police officers, the travelling community and the whole population in Malawi.

13.4.3 COVID-19 Risks to the Cluster

Risks include: public disorder, mass non-compliance to COVID-19 preventive measures, inability to contain public disorder, food shortages, inadequate Morgues/Mortuary space loss of key personnel due to infection, absenteeism, overwhelmed government systems, failure of critical infrastructure, inadequate legal frameworks permitting action, opportunistic criminal activities due economic impact, prolonged recovery plan, injuries to members of the public and police officers, congestion in police cells and long and porous borders.

COVID-19 Spread Prevention and Control Activities

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	Q4		Total	Available	Gap
Increased awareness on COVID-19 spread and control	Conduct Sensitization meeting among police officers on COVID-19	Number of sensitized meetings conducted	1	12					MPS	13,135.94	0	13,135.94
Improved screening and management of COVID-19	Operationalize COVID-19 intelligence	Intelligence gathered							MPS	13,458.95	0	13,458.95
	Procure infrared thermometers for screening suspects	Number of infrared thermometers procured	60	120					MPS	8,075.38	0	8,075.38
	Procure re-usable bags for keeping suspects' properties	Number of reusable bags	-	648,000					MPS	4,306.86	0	4,306.86
Enhanced compliance and enforcement on COVID-19 preventive measures	Procure sanitary products for cells, offices	Number of products	-	24,480					MPS	56,527.59	0	56,527.59
	Procure PPE (Surgical & re-usable face masks and other PPEs)	Number of PPE	-	504,000					MPS	47,106.33	0	47,106.33

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	Q4		Total	Available	Gap
and guidelines.	Conduct border patrols	Number of border Patrols	270	3,240					MPS	418,842.53	0	418,842.53
	Monitor implementation guidelines	Number of monitoring exercises	3	36					MPS	6,823.69	0	6,823.69
	Disinfect Police formations	Number of formations	0	60					MPS	33,647.38	0	33,647.38
Sub-total for Spread Control Activities										**601,924.65**	**0**	**601,924.65**

Response Activities

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe (Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Enhanced adherence to COVID-19 control measures	Vehicle and foot patrols to enforce laws and bylaws	Number of patrols	270	3,240					MPS	166,130.55	0	166,130.55
	Carry out escorts of deportees from point of entry to their destinations	Number of escorts	-	144					MPS	47,106.33	0	47,106.33
	Collect fingerprint of deportees	Number of deportees	-	18,000					MPS	28,734.86	0	28,734.86
	Operationalize COVID-19 intelligence	Intelligence gathered							MPS	33,647.38	0	33,647.38
	Responding to public disorders	Number of public disorders	-	180					MPS	15,767.16	0	15,767.16
Sub-total for Response Activities										291,386.28	0	291,386.28

Early Recovery Activities

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Reduced stigma and discrimination	Sensitization meetings on crime, stigma and discrimination	Number of meetings	0	12					MPS	31,179.00	0	31,179.00
	Psycho Social Support for police officer	Number of police officers	0	20,000					MPS	23,553.16	0	23,553.16
Enhanced security and enforcement	Enhancement of rural and urban patrols due to likelihood of increased crime rate	Number of Patrols	270	3,240					MPS	78,734.86	0	78,734.86
Total Budget for recovery										**133,467.02**	**0**	**133,467.02**
Total for Malawi Police Service										**1,026,777.95**		**1,026,777.95**
SECURITY AND ENFORCEMENT GRAND TOTAL										**13,245,617.89**	**0.00**	**13,245,617.89**

13.5 Budget Summary Security and Enforcement

Institution	Main Activity	Total	Available	Gap
Department of Immigration and Citizenship Services	Spread Prevention and Control activities (Immediate)	974,478	0	974,478
	Response Activities (Immediate)	585,402	0	585,402
	Early Recovery Activities (Medium-Long term)	NA	NA	NA
	Sub-total	**1,559,880**	**0**	**1,559,880**
Malawi Prisons Service	Prevention and Spread Control Activities (Immediate)	2,767,188		2,767,188
	Response Activities (Immediate)	2,854,473		2,854,473
	Early Recovery Activities	333,648		333,648
	Sub-total	**5,955,309**	**0**	**5,955,309**
Malawi Defence Force	Prevention and Spread Control Activities (Immediate)	832,820	0	832,820
	Response Activities (Immediate)	3,857,695	0	3,857,695
	Sub-total	**4,690,515**	**0**	**4,690,515**
Malawi Police Service	Spread Prevention and Control activities	615,060.59	0	615,060.59
	Response Activities	291,386.28	0	291,386.28
	Early Recovery Activities	133,467.02	0	133,467.02
	Sub-total	**1,039,913.89**	**0.00**	**1,039,913.89**
Grand Total for Security and Enforcement		**13,245,617.89**	**0.00**	**13,245,617.89**

14 TRANSPORT AND LOGISTICS

14.1 Overall Objectives

To provide timely logistics and operational support to the Health and Education clusters, logistics humanitarian actors and key stakeholders involved in the COVID-19 emergency response activities

14.1.1 Specific Objectives

i. Assess, coordinate and address identified gaps within the COVID-19 supply chain response and network and
ii. Facilitate dedicated common logistics services including engineering, storage and transport

COVID-19 Prevention and Spread Control Activities (Immediate)

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe Quarters)				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Key stakeholders are better equipped to carry out prevention and spread control activities	Procure large Mobile Storage Units (MSU)/tents for storage needs, health screening, isolation and treatment	Number of tents procured	0	15					WFP and National Logistics Cluster	500,000	0	500,000
	Map out, analyse and assist in addressing supply chain gaps	Number of operational information products produced	10	30					National Logistics Cluster	60,000	10,000	50,000
Sub-total Prevention and Spread Control Activities (Immediate)										**560,000**	**10,000**	**550,000**

COVID-19 Response Activities (Immediate)

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe				Responsible Agencies	Budget (USD)		
					1	2	3	4		Total	Available	Gap
Key stakeholders have increased access to facilities for storage, health screening, isolation, treatment or testing purposes	Install Mobile Storage Units (MSU)/tents for storage needs, triage and temporary isolation of cases upon request	Number of tents erected	15	35					WFP and National Logistics Cluster members	100,000	10,000	90,000
	Provide light construction works (including concrete and wood works)	Percentage of light construction requests supported	80%	100%					WFP and National Logistics Cluster members	350,000	0	350,000
	Provide dedicated logistics surge personnel to coordinate engineering, storage and transport services	Number of logisticians deployed	1	3					National Logistics Cluster	50,000	10,000	40,000

	Transport essential supplies	Amount of cargo transported	50MT	300MT					National Logistics Cluster	200,000	20,000	180,000
	Provide warehousing support to key stakeholders	Amount of storage space availed	300m2	500m2					National Logistics Cluster	10,000	5,000	5,000
Sub-total Response Activities (Immediate)										**710,000**	**45,000**	**665,000**

COVID-19 Early Recovery Activities (Medium-Long term)

Outcome	Activities	Indicator(s)	Baseline	Target	Timeframe Quarters)				Responsible Agencies	Budget (USD)		
					1	2	Q3	Q4		Total	Available	Gap
Smooth transition from emergency to regular operations with well documented lessons achieved	Maintain logistics coordination and technical capacity	Number of logistics coordination meetings or simulation exercises held	0	10					National Logistics Cluster	60,000	0	60,000
	Avail logistics service support for demobilization activities as required	Percentage of service support requests supported	0	5					National Logistics Cluster	50,000	0	50,000
Sub-total **for Recovery Activities (Medium-Long term)**										110,000	0	110,000
TRANSPORT AND LOGISTICS GRAND TOTAL										**1,380,000**	**55,000**	**1,325,000**

14.2 Budget Summary Transport and Logistics

Main Activity	Total	Available	Gap
COVID-19 Prevention and Spread Control Activities (Immediate)	560,000	10,000	550,000
COVID-19 Response Activities (Immediate)	710,000	45,000	665,000
COVID-19 Early Recovery Activities (Medium-Long term)	110,000	0	110,000
GRAND TOTAL	**1,380,000**	**55,000**	**1,325,000**

15 LOCAL GOVERNANCE COORDINATION CLUSTER

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

15.1 Overall Cluster Objective

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

15.1.1 Specific Objectives

i. Provide policy guidance and legal advice to the LGAs as they are engaged in implementing COVID-19 response activities;
ii. Provide timely information to the LGAs and ensure effective knowledge management by sharing with the LGAs about any changes in policy, rules and regulations regarding the response;
iii. Standardize, structure and coordinate COVID-19 response by the LGAs and ensure that the LGAs effectively collaborate with other service providers at national, district and sub district levels to avoid duplication of effort and policy contradictions;
iv. Establish cluster-wide coordination platform for engagement at national, district and community levels to leverage support for provision of adequate resources to LGAs to effectively respond to the COVID-19 pandemic;
v. Mainstream COVID-19 response activities into annual investment plans and district development plans and
vi. Monitor and evaluate COVID 19 related interventions.

15.2 Target population

The LG Coordination cluster will target a population of up to 100,000 people as it will affect all 35 Local Government Authorities in Malawi with COVID-19 response activities aimed at engaging key sector staff and heads, project managers, local traditional leaders, area development committees, village development committees, civil protection committees and other key stakeholders at the LGA level.

15.3 COVID-19 risks to the cluster

The following are the risks associated with the LG Coordination cluster: limited resources to prevent huge number of people being affected; lack of proper and adequate protection of LG staff, leaders and other frontline workers involved in fighting the pandemic; high illiteracy, poverty and mistrust to adhere to COVID-19 preventive measures.

Emergency Preparedness and Capacity Building Activities

COVID-19 preparedness and capacity building

Outcome	Activity	Monitoring Indicator	Baseline	Target	Timeframe (Quarters)				Budget Estimate		
					1	2	3	4	Total	Available	Gap
Capacity for response enhanced	Conduct case management training on COVID-19 for newly recruited health workers[1]	Number of HW trained	0	120					1,600.00	0	1,600.00
	Train district and facility based burial teams	Number of burial teams trained	0	25					8,000.00	0	8,000.00
	Train HSAs on contact tracing	Number of HSAs trained	50	210					3,600.00	-	3,600.00
	Train Children Corners and Volunteers on COVID 19	Number of children corners and volunteers trained	0	30					2,133.33	-	2,133.33
Local transmission of COVID-19 controlled	Procure PPEs for all frontline staff and distribute (masks, sanitizers, buckets, soap)	Number of masks procured	0	10,000					6,250.00	-	6,250.00

Outcome	Activity	Monitoring Indicator	Baseline	Target	Timeframe (Quarters)				Budget Estimate		
					1	2	3	4	Total	Available	Gap
	Engage local leadership, using group village headmen to strengthen spread control	Conduct meetings to formulate burial byelaws	0	2					4,012.00	-	4,012.00
Local coordination and Community Engagement enhanced	Conduct public announcements using vans in all areas including hard to reach areas	No. of Van mobilization visits	0	90					160	-	160
	Conduct community sensitization using youth clubs	No. of youth clubs reached with response messages	0	252					2,338.05	-	2,338.05
		No of district community structures oriented		300					37,317		37,317
	Conduct community Sensitization- Chiefs, Religious leaders, full council, schools-SHN PEAs Head, Roadshows, theater groups (all districts)-	Number of community sensitization campaigns conducted	4	29					118,327	0	118,327
Sub-total for Preparedness and Capacity Building									**183,737.38**	**0.00**	**183,737.38**

COVID-19 response activities

Outcome	Activity	Indicator	Baseline	Target	Timeframe (Quarters)				Budget Estimate		
					1	2	3	4	Total	Available	Gap
Local Livelihood enhanced	Provide food and ration for covid 19 cases admitted	Number of admitted patients	0	50					3,666.67	0	3,666.67
	Provide food and ration for health workers in quarantine after working in isolation centres	Number of health workers	0	20					5,993.40	0	5,993.40
Public adherence to Preventive Measures on COVID-19 Enhanced	Support health workers working in isolation centres	Number of health workers in isolation ward	0	35					28,326.00	0	28,326.00
	Escort returnees to their respective homes and sensitise communities on safe practices	Number of returnees escorted	30	180					5,000.00	-	5,000.00
	Conduct sample collection and quality checks on samples	Number of samples collected	65	200					3,000.67	-	3,000.67
	Conduct follow up of contacts in the communities	Number of contacts followed up	120	300					6,200.00	-	6,200.00

Outcome	Activity	Indicator	Baseline	Target	Timeframe (Quarters)				Budget Estimate		
					1	2	3	4	Total	Available	Gap
	Conduct fumigation and disinfection of offices, health facilities, markets and other public high risk areas	Number of premises disinfected	20	100					6,000.00	-	6,000.00
	Engage local leadership, using group village headmen to strengthen spread control	Number of local leaders	0	25					2,012.00	-	2,012.00
	Hold Public Health Emergency Committee (PHEMIC) meetings	Number of meetings done	0	6					1,669.33	-	1,669.33
	Hold Disaster Relief and Rehab Teams (DRRT) weekly meetings	Number of meetings done	0	12					993.33	-	993.33
	Conduct ACPC Coordination Meetings at area level	Number of meetings	2	10					5,087.00	-	5,087.00

Outcome	Activity	Indicator	Baseline	Target	Timeframe (Quarters)				Budget Estimate		
					1	2	3	4	Total	Available	Gap
	Conduct DCPC Coordination Meetings at district level	Number of meetings	1	5					3,983.33	-	3,983.33
	Facilitate VCPC Coordination Meetings with other structures	Number of coordination meetings	10	100					5,486.67	-	5,486.67
	Provide psychosocial support to vulnerable groups	Number of vulnerable groups reached out	0	15					5,672.00	-	5,672.00
	Conduct mentoring sessions with Youth Groups on Psychosocial support	No. of Youth Groups Trained	0	10					3,066.67	-	3,066.67
	Promote Livelihood improvements strategies	Livelihood strategies enhanced	0	1000					566.67	-	566.67
	Transport for collecting oxygen	Number of trips	0	52					9,750.00		9750
	Formulate council COVID-19 by laws and enforce them	Number of by laws formulated	0	2					32,733.33	-	32,733.33

Outcome	Activity	Indicator	Baseline	Target	Timeframe (Quarters)				Budget Estimate		
					1	2	3	4	Total	Available	Gap
	Conduct follow up visits on returnees	Number of follow ups	5	30					6,400.00	-	6,400.00
Total for response activities									135,607.07	0	135,607.07
Total for one local governance coordination									**319,344.45**	**0**	**319,344.45**
Total for 35 Councils plus Mzimba North									**11,177,055.75**	**0**	**11,177,055.75**

15.4 Budget Summary Local Government Coordination Cluster

Main Activity	Total	Available	Gap
COVID-19 preparedness and capacity building	183,737.38	0.00	183,737.38
COVID-19 response activities	135,607.07	0	135,607.07
Estimate for one local governance coordination	**319,344.45**	**0**	**319,344.45**
Grand Total for all 35 Councils Including Mzimba North	**11,177,055.75**	**0**	**11,177,055.75**

16 ANNEXES

16.1 Annex I: Monitoring and Evaluation Framework for the Health Cluster

INDICATOR Measurable and attainable	**BASELINE** What is the current value	**TARGET** What is the target value?	**MEANS OF VERIFICATION** How will it be measured?	**FREQUENCY** How often will it be measured?	**RESPONSIBLE** Who will measure it?	**REPORTING** When will it be reported?
Goal						
COVID-19 Case Fatality Rate	2.9% (TBD)	<2%	Number of COVID-19 deaths / Number of total COVID-19 confirmed cases	Daily basis	MOH	On daily basis
Outcome 1. Strengthened coordination and leadership for the health sector response towards the COVID-19 epidemic in Malawi Outcome indicator: % updated response plan funded						
Outputs						
Formal coordination mechanisms revised & in place with TORS	50%	100%	Report of revised coordination mechanisms	Once	MOH/ DODMA /ICCG	By end of September
% Partners submitting completed updated resources mapping /5ws	15.7 %	90%	Resource mapping and 5ws reports	Monthly	Planning /EOC	Monthly
% District plans reflecting partners contributions	TBD	100%	District plans	Monthly	Planning dept	Monthly
Outcome 2. Meaningful, relevant, accurate and actionable information on COVID-19 to all Malawians (risk communication and community engagement)						
Outputs						

INDICATOR Measurable and attainable	**BASELINE** What is the current value	**TARGET** What is the target value?	**MEANS OF VERIFICATION** How will it be measured?	**FREQUENCY** How often will it be measured?	**RESPONSIBLE** Who will measure it?	**REPORTING** When will it be reported?
Risk communication strategy in place for COVID -19	0	1	Reports on Published IEC materials, videos, radio and TV	Once	HES/EOC /PHIM	End September
Regular Public communication Press statements Radio and TV shows and debates	Daily Weekly	Daily Weekly	Radio, press statement	Weekly	RCC sub committee	Weekly
Engagement and sensitisation of key interest group (parliamentary, chiefs, religious groups)		100%				
Functioning of Key social media Face book /internet communication sites (people reached)	100% time	100% time				
Outcome 3 Timely detect COVID-19 cases and contacts in Malawi (surveillance) **Outcome indicators: Weekly COVID-19 Confirmed Case % of Change:**						
Outputs						
No /%of contacts of positive cases traced (disaggregated by district)	0	80%	Surveillance reports form districts	daily /Weekly	Districts /PHIM surveillance team	Weekly

INDICATOR Measurable and attainable	**BASELINE** What is the current value	**TARGET** What is the target value?	**MEANS OF VERIFICATION** How will it be measured?	**FREQUENCY** How often will it be measured?	**RESPONSIBLE** Who will measure it?	**REPORTING** When will it be reported?
Number of health workers in each district orientated on **revised** surveillance guidelines.	0	29 RRT and 5 NRRT teams	Reports from RRTs and NRRTS	Weekly	EOC Districts	Weekly
% Travelers with positive test results followed up at district level.	0	80%	Surveillance reports from Districts (EOC dash board)	Weekly /or as required	EOC? districts	Weekly
4.All POEs strengthened to minimize the transmission of COVID-19 from other countries to Malawi (POES) Outcome indicator % of travellers at PoEs with valid test results						
Outputs						
No of returnees tested	TBD	100%	Reports from POES	Weekly	EOC	weekly
No of POEs with testing facilities	2	8	Reports from POEs /Labs	Weekly	POEs /EH/Labs	weekly
Outcome 5. Availability of Timely and quality testing services for COVID-19 to ensure early detection for rapid COVID-19 interventions (laboratories) Outcome indicators Weekly COVID positivity rate. No of tests per population						
Outputs						
No. of Appropriate and fully functioning and quality Diagnostic services in place in public and private sector for real time and antibodies tests	54 laboratories public	62	Reports from laboratory services Supervision and Quality reports	Weekly	EOC /PHIM	Weekly

INDICATOR Measurable and attainable	**BASELINE** What is the current value	**TARGET** What is the target value?	**MEANS OF VERIFICATION** How will it be measured?	**FREQUENCY** How often will it be measured?	**RESPONSIBLE** Who will measure it?	**REPORTING** When will it be reported?
Average no of samples tested per day (to further define indicator and time frame)	230	2000/day	Reports from laboratory services	Daily	EOC /Labs /PHIM	Daily
Outcome 6. COVID-19 confirmed cases treated through provision of clinical, nursing and psychosocial care at all levels of health service delivery						
Outputs						
All districts and central hospitals with Available, Sufficient and quality services for treatment of COV-19 patients in place in public and CHAM and private facilities. (Moderate –severe)	TBD	33 (to include CHAM and Private)	Reports from all districts and central hospitals (Dash boards) and supervision reports /assessments	Monthly	MOH (clinical services)	Weekly
Recovery rate /case fatality rate disaggregated by facility		TBD	Reports from Health facilities	Weekly	Clinical /districts and CHS	Weekly
Outcome 7. spread of COVID -19 Prevented and controlled (infection prevention)						
Outputs						
No/% of facilities /institutions assessed with Infection prevention measures in place		100%	Reports from IPC	Weekly /monthly	Preventive/Environmental Health Services, IPC, Police, district and city councils	Weekly/monthly

INDICATOR Measurable and attainable	**BASELINE** What is the current value	**TARGET** What is the target value?	**MEANS OF VERIFICATION** How will it be measured?	**FREQUENCY** How often will it be measured?	**RESPONSIBLE** Who will measure it?	**REPORTING** When will it be reported?
Outcome 8 Prevent infection and severe SARS COVID-2 disease by immunising at risk populations **Outcome indicators: % Target population fully immunised**						
Outputs						
% Of at-risk groups fully immunised	TBD	100% of over 18 population	EPI records	weekly	EPI /DHSS; s	Weekly
% Critical cases and deaths fully or partially immunised	TBD	TBD	Hospital records	Weekly	Clinical Digital health	weekly
Outcome 9. Adequate COVID-19 supplies, medicines, equipment, and pre-position and timely delivered **Outcome indicators: % of District hospitals and treatment facilities with oxygenated beds (TBD) oxygen cylinders**						
Outputs						
Stock out rates (disaggregated by districts for PPEs, essential drugs, testing kits)	TBD	20%	LMIS reports DASH boards Quantification report	Weekly	HTSS	Weekly and 6 monthly
District /Central hospital reporting rates	32%	100%	LMIS	Weekly	HTSS /Districts and central hospitals	

INDICATOR Measurable and attainable	**BASELINE** What is the current value	**TARGET** What is the target value?	**MEANS OF VERIFICATION** How will it be measured?	**FREQUENCY** How often will it be measured?	**RESPONSIBLE** Who will measure it?	**REPORTING** When will it be reported?
Outcome 10 Capacity of all district and central hospitals to deliver services for moderately and severely ill patients affected by COVID-19 and isolate cases **Outcome indicators: Weekly COVID deaths; Daily Bed occupancy rates and central and district hospitals and weekly admissions**						
Outputs						
No of districts and CHS with ETUs and isolation facilities (by moderate – severe) infrastructure for critical care units (public private CHAM)	Baseline to be determined	33	Reports from districts and central hospitals	Daily /weekly	Clinical services, district and central hospitals	Weekly
Outcome 11. Maintain equitable access to essential health services delivery to minimize consequences and mitigate the impact of COVID-19 on the population						
Outputs						
Outpatient service utilization (OPD visits per 1,000 population)	1,046 visits / 1,000 population (pre covid)	>=1100/1000 population	DHIS 2	Monthly	CMED	Every month
% Of under 1 yr. old children fully immunised	TBD ?65% DHIS 2)	90% (ref HSSP2 M&E framework)	DHIS 2	Monthly	CMED	Every month
% Births attended by skilled personnel	57% (to be verified)	80%	DHIS 2	Monthly	CMED	Every month

INDICATOR Measurable and attainable	**BASELINE** What is the current value	**TARGET** What is the target value?	**MEANS OF VERIFICATION** How will it be measured?	**FREQUENCY** How often will it be measured?	**RESPONSIBLE** Who will measure it?	**REPORTING** When will it be reported?
Outcome 12 Adequate and qualified surveillance, lab, clinical and relevant health human resources for COVID-19 response						
Outputs						
Health worker surge capacity specifically, for Clinicians, Laboratory personal, nurses, Environmental health	(Insert baselines)		HR returns form district and central hospitals	Monthly	HR central hospitals and district councils	Monthly
% Health workers trained and skilled in covid -19 areas (case management surveillance, IPC etc.)	TBD	100%	Reports from programmed /Districts	Monthly	Clinical /PHIM. Districts, Nursing. Environmental health	Monthly