

Climate resilient health and well-being for rural communities in southern Malawi (CHWBRC)

Annex 7: Stakeholder Engagement Plan and Summary of Stakeholder Consultations

Accredited Entity: Save the Children Australia

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1. Introduction

1.1 Purpose

1. Stakeholder engagement has been and will remain one of the key drivers for the successful delivery and sustainability of the proposed project on Climate Resilient Health and Well-Being for Rural Communities in Southern Malawi. This document has two sections: section 1 details how the project will engage stakeholders during the project implementation period, while section 2 describes the consultations undertaken to date as part of the proposal design. Stakeholders considered for engagement during implementation are a mix of those consulted during design phase, as well as a few additional individuals or organizations that have been recommended as part of the design.
2. While district and community representatives informed the design of the project through feasibility study and stakeholder consultations, the project will endeavour to engage the wider groups of stakeholders regularly to inform the detailed implementation plans and defining of specific activities. This will allow for community ownership of the intervention and positively influence sustainability.
3. The purpose of this process is to outline the considerations and requirements Save the Children has when consulting and engaging with relevant persons during or upon completion of the Climate Resilient Health and Well-Being for Rural Communities project.
4. The objectives of this process are to:
 - a) Ensure development of, planning and implementation of activities are participatory and community driven;
 - b) Meet Gender Equality and Social Inclusion (GESI) requirements when engaging, planning and implementing project activities
 - c) Develop a consistent process and platform for recording and storing stakeholder details and data associated with consultation; and
 - d) Assist in ensuring key messaging across Climate Resilient Health and Well-Being for Rural Communities project.

1.2 Responsibilities and Resources

5. The Project Implementation Unit (PIU) owns this procedure and is responsible for ensuring its implementation, monitoring and reviewing either directly or through delegation.
6. The Gender and Social Inclusion specialist hired full time as part of the PIU will lead in ensuring that GESI requirements are achieved during stakeholder engagement, activity planning and implementation. This will – among other duties – include developing standard operating procedures, and / or promotion of common approaches used within the SCI federation. The role will promote use of culturally appropriate strategies such as separate meetings for males and females or targeting female input through women's groups.
7. PIU will manage data generated in association with the requirements of this procedure e.g. consultation, planning and review meetings, recommendations, etc.

1.3 Review

8. This procedure needs to be implemented, updated and refined throughout the lifecycle of the Project. During review, the focus and scope of the plan will change to reflect the varying stages of project implementation and to encompass any changes to project design.
9. This project will review the procedure at least once a year. Early triggers for review may include a significant number of grievances received through the Grievance Redress Mechanism (GRM – see annex 6 for more detail on the GRM).

1.4 Legislation and Guidance

Table 1: Legislation and Regulations relevant to stakeholder consultation

Regulation	Description
Updated Nationally Determined Contribution (2021),	<p>Highlights Government of Malawi commitment to promote stakeholder engagement in developing climate-resilient infrastructure, and enhanced climate-adaptation capacity of all stakeholders, through better access to climate information and early warning and response mechanisms that safeguard lives and livelihoods from shocks.</p> <p>Government of Malawi commits to continue to provide policy direction and create a conducive environment where various stakeholders will fully participate in the implementation of the Nationally Determined Contributions. The project will embrace these approaches to achieve stakeholder engagement in the design, implementation, monitoring and evaluation of this initiative.</p>
Malawi's National Adaptation Plan Framework	<p>This acknowledges the presence of multiple stakeholders on the ground implementing various climate change projects/programs across the country. These include donors, NGOs, CSOs, faith-based organizations and community-based organizations (CBOs). These stakeholders have many years of grassroots experience that needs to be adopted/adapted.</p> <p>The NAP commits to involve stakeholders at every step of the NAP process and build upon their experiences, using lessons and best practices from various adaptation projects to inform new projects.</p> <p>In this respect, Climate Resilient Health and Well-Being for Rural Communities project will embrace this approach to benefit from the rich experiences and lessons of various stakeholders in developing, planning and implementing its activities.</p>
National Adaptation Plan of Action (2006)	<p>Acknowledges the benefits of stakeholder engagement in its development and promotes use of the participatory rural appraisal (PRAs) methodology, to obtain the communities' perception and views regarding the adverse impacts of climatic change on sustainable rural livelihoods, and a range of coping and adaptation measures.</p>
Sendai Framework for Disaster Risk Reduction 2015-30 of which Malawi is a signatory,	<p>This promotes broader and a more people-centred preventive approach to disaster risk. Demands that disaster risk reduction practices need to be multi-hazard and multisectoral, inclusive and accessible in order to be efficient and effective.</p> <p>At the minimum, Governments commits to engage with relevant stakeholders, including women, children and youth, persons with disabilities, poor people, migrants, indigenous peoples, volunteers, the community of practitioners and older persons in the design and implementation of policies, plans and standards.</p>
National Disability Mainstreaming Strategy and Implementation Plan (NDMS&IP) 2018 - 2023	<p>Calls upon development practitioners to ensure full and effective participation and inclusion of persons with disabilities to bring about positive change in society. Government commits to strengthen participation and representation of men, women, boys and girls with disabilities at all levels of decision-making and development. It also commits to promote provision of information in accessible formats to persons with disabilities for their effective participation.</p>
The Malawi National Gender Policy (2015)	<p>Highlights the need for equal participation and involvement of women, men, girls, boys and vulnerable groups in the management of natural resources, environment and climate change. The project will promote achievement of this aspiration by ensuring that involvement of women, men, girls, boys and</p>

Regulation	Description
	vulnerable groups in the management of natural resources, environment and climate change

1.5 External Guidance documents

10. Other guidance that has been drawn on includes:

- GCF's Revised Environmental and Social Safeguards Policy¹;
- GCF Gender Policy that commits to contribute to reducing the gender gap of climate change-exacerbated social, economic and environmental vulnerabilities and exclusions through GCF climate investments that mainstream gender equality issues.
- The Residual Risk Management Plan (Annex 6) for Climate Resilient Health and Well-Being for Rural Communities project
- GESI Plan (Annex 8).

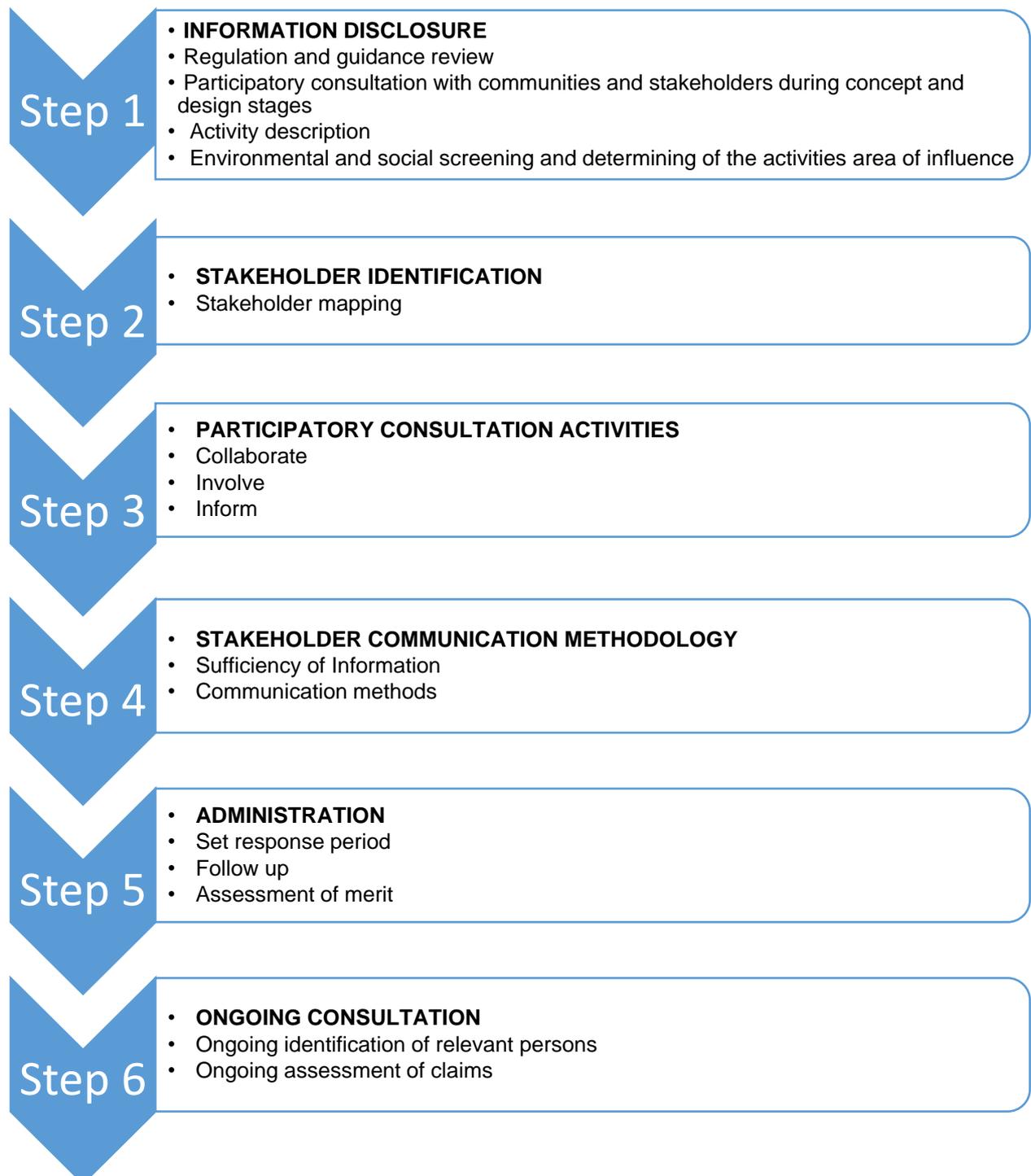
¹ <https://www.greenclimate.fund/sites/default/files/document/revised-environmental-and-social-policy.pdf>

2. Stakeholder Engagement Process

The following section outlines the six steps in the stakeholder engagement process Save the Children will employ during the Climate Resilient Health and Well-Being for Rural Communities project implementation.

11. This process is applicable to planned activities.

12. Figure 1: Stakeholder engagement process steps



2.1 Step 1: Information Disclosure

13. Information disclosure will be the first and critical step in stakeholder engagement activities. The term disclosure emphasizes SCI commitment in making information available and accessible to interested and affected parties. The project will communicate such information in a manner that is understandable to stakeholders for effective stakeholder engagement. To make this information more constructive the project will ensure that affected communities have accurate and timely information about the project, its impacts, and any other aspects that may affect them.
14. Among others, information disclosure will include proposed project plan, potential benefits and disadvantages of the project, proposed environmental and social safeguards, project progress updates, project changes, grievance mechanism, and community health and safety considerations. Information disclosure will also cover indigenous people's resource rights (land, forests, tenure systems, government established compensation frameworks), and security arrangements for the project.
15. At every stage of project development, the project will be adapting the information procedures to ensure that we are being transparent and accountable; apply good practice principles, weigh the risks and benefit, and manage information on sensitive and controversial issues. Building on the consultations done during the design, the project commits to continue using the following platforms for stakeholder engagement
 - a) Public consultation, face to face public dissemination, workshop;
 - b) Brochures, posters or flyers, banner prepared to visually explain the project;
 - c) Correspondence (phone, letter, email)
 - d) Media campaign through mass media, radio, television: press releases, company publication (website), media kits;
16. The project will use a standardised stakeholder mapping and or identification method to generate a list of potentially relevant persons, while acknowledging that stakeholders are not a homogenous group – they have distinct needs, power and influence. This step is an attempt to understand who the stakeholders are as people, define their interests and affiliations, what influence they have for the success or failure of the project, and outline the best approaches for communicating with and engaging them over the long term.
17. Throughout the project design, the project identified and characterized stakeholders early on to inform the design team when making decisions about which stakeholders to involve and how to involve them in the design and implementation. During implementation, the project will employ a similar approach including the need to acknowledge the broad interests of the stakeholders and diverse backgrounds of the stakeholders.
18. Early identification of, as well as recognizing the broad interests and diversity in the backgrounds of stakeholders during project implementation will allow for local tailoring of the implementation and sustainability approach in each district. During implementation, the project will build relationships with stakeholders including local governance structures to increase the likelihood of success and sustainability.
19. Acknowledging the diversity of interests and impact of climate risks on different groups of people, the project will promote equal participation of men, women, boys and girls and people with disabilities. Women, men and children play different but equally important roles, and the project will use gender equality and social inclusion strategies to stimulate participation from them all.

2.2 Step 2: Stakeholder Identification

20. This process involved stakeholder mapping and a list of proposed stakeholders is detailed in Table 2.
21. Stakeholder identification included distinct steps of (i) identifying individuals, groups, local communities and other stakeholders that may be affected by the project, including those who are disadvantaged or vulnerable; (ii) identifying broader stakeholders who may be able to influence the outcome of the project (iii) identifying legitimate stakeholder representatives, and (iv) mapping the impact population.

22. For the Climate Resilient Health and Well-Being for Rural Communities project, stakeholders, include persons or groups the project will affect directly or indirectly, as well as those who may have interests in a project and/or the ability to influence its outcome, positively or negatively. The list was compiled with inputs from the technical lead at the Ministry of Health (preventive health department) and the Environmental Affairs Department (NDA) was consulted to validate the list.

23. With this in mind, stakeholders are categorized into three groups:

- a) Directly Impacted Stakeholders: this include stakeholders impact communities, village heads, community and religious leaders, the sub-district head as well as villagers in the project affected communities, district level officials and vulnerable people, such as women, youth, elderly and minority ethnic groups.
- b) Indirectly Impacted Stakeholders: this includes Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs) in the targeted districts.
- c) Other Relevant Stakeholders: People or entities who are interested in the project or who can influence project operations, such as government agencies, other companies working in the area, media and academia.

Table 1: List of stakeholders

This table has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.*

Stakeholder Name	Contact Person <i>Phone, Email, Website, Address</i>	Impact <i>How much does the project impact them? (Low, Medium, High)</i>	Influence <i>How much influence do they have over the project? (Low, Medium, High)</i>	What is important to the stakeholder?	How could the stakeholder contribute to the project?	How could the stakeholder block the project?	Strategy for engaging the stakeholder

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2.3 Step 3: Consultation Activities

Engagement Methods

24. The approach of consultation is as a two-way flow of information where stakeholders, families, individuals, communities or organizations are empowered to participate in decisions that affect them. Consultation will take a variety of forms including but not limited to facilitated public meetings/ workshop, focus group discussions (FGD), one-on-one (individual/ group face to face) interviews, seminar. Multiple formats of interaction will continue to offer a more holistic understanding of stakeholders' opinions, values, insights and recommendations.
25. Project design has involved the stakeholders in diverse ways including consultations during Entity Plan Development, Concept Development and Full Proposal Development. The design has engaged government officials, development partners and communities through key informant interviews and focus group discussions in various studies and consultation meetings to feed into the design. Future engagements will vary according to the participants, but in all cases will promote participation by ensuring that the venue is culturally appropriate and accessible for all groups, the timing is convenient, and the manner of conduct of the consultation is socially and culturally appropriate. To promote gender equality and social inclusion, the project will hold separate consultation meetings for women, youth, children and people with disabilities. The consultations will provide for sufficient notice for participants to prepare and provide input to the project.
26. In order to reduce the information burden on the participants; the possibility of confusion or misinformation and to improve the likelihood of receiving valuable feedback from the consultation processes; the project will use various communication methods to exchange information during consultation. Regardless of the method applied, the information provided will be as targeted as possible. For instance, use of community awareness meetings for community members, use of power point presentations for national and district level stakeholders, sharing of progress reports for government officials and national and sub-national technical committees and social media platforms such as Facebook and Twitter.
27. To promote collaboration in identifying problems and finding solutions, the project will embrace principles of transparency and accountability by promoting accountability platforms such as toll free line and community feedback sessions, which SCI currently operates in all other projects (see annex 20 for a detailed description of current accountability mechanisms). The project will promote open mindedness to embrace new ideas and innovations in addressing the critical challenges the communities may be facing as they relate to human health and climate change.
28. In relation to gender mainstreaming during project implementation, the project will:
 - Promote gender-balanced participation of people with disability, men and women;
 - Train all project staff in gender equality and social inclusion;
 - Include a role of GESI specialist and additional technical support from the wider Save the Children movement on disability inclusion, with experience in analysis, planning and monitoring. The specialist will lead in mentoring and training government counterparts and implementing partner staff
 - Design communication materials to challenge social norms and promote positive discrimination for women and people with disability by depicting them in active leadership roles.

2.4 Step 4: Stakeholder Communication Methodology

Sufficiency of information and Communication Methods

29. To ensure sufficiency of information, we will promote use of targeted information and language of preference. In most cases – especially for community-level materials – the project will provide information in local languages like Chichewa. Recognizing high illiteracy levels, the project will use a mix of communications methods to convey information. These will include but is not limited to: phone messaging; print outs; audio messaging; and videos/animations during trainings and meetings.

30. Table 3 below depicts the proposed communication methods the project will use:

Table 3: Communication methods proposed during project implementation

Mode	Description
Face-to-face Individual Briefing (Engage)	The individual briefings will provide a high level of project detail and allow for concise feedback, in a personal environment. This will be relevant for national and subnational level government officials, local leaders in the surrounding area and local high priority stakeholders to improve understanding of issues such as project timeframe, environmental, economic and social benefits and proposed management tools. This approach was used in the design stages to solicit input for key stakeholders.
Face-to-face Group Meetings (Engage)	The project will employ group meetings to communicate key strategies to stakeholders, allowing many interested parties to attend. The approach has been useful when determining partnership opportunities and collaboration with stakeholders and will be useful in the future partnership and collaboration opportunities during implementation.
Workshops (Engage)	The design of the project has used workshops as a platform to allow stakeholders to explore key issues, provide feedback and develop action plans. This has fostered ownership of the plans by those affected. The project will employ this approach during project implementation.
Focus Groups Discussion (FGD) (Engage)	The design used this approach during the various studies and explored various issues of interest. This tool will remain relevant during project implementation to engage stakeholders on different issues of interest. For example, gender and social inclusion issues will be discussed in focus groups with different audiences.
Correspondence (phone, letter, email) (Communicate)	The design team has communicated updates and key decisions throughout the project design stage to inform key stakeholders of official decisions and news regarding the project. They will continue to be used during implementation to secure partnerships, letters will be issued for invitations to meetings or workshops, and email alerts will be sent to invite comment or alert stakeholders to issues. Correspondence with government officials during the approvals phase will be logged in the stakeholder database.
Newsletters and flyers (Inform)	Newsletters and flyers allow the project to keep stakeholders on the database regularly informed about key project developments, including project launch, progress reports, deliverables and success stories. Newsletters will allow for the incorporation of graphics (illustrations and photographs) and design in the communication stream. To increase reach, the written material will be translated into local languages.
Media Campaign (Inform)	To promote key project milestones, the project will use media campaigns. These may include speeches and press releases that allow for clear, simple information dissemination to the communities and general public.
Seminar (Communicate)	Given that Human Health and Climate Change is a new investment area for the government of Malawi, it is anticipated that there will be new findings or information generated in the course of project implementation which will be suitable to share via learning seminars. This will allow for presentations, discussions including constructive criticism, and recommendations on the newly generated information which would have a positive impact on the health sector policies and strategies.

2.5 Step 5: Administration

31. SCI (being a child centred organization) will adapt and use one of its common approaches to project and program implementation called Child-Centred Social Accountability (CCSA). CCSA is a rights-based and community-driven approach through which rights-holders (children and communities), often supported by civil society organisations, use participatory mechanisms and processes to directly engage with duty-bearers (decision-makers, public officials, and/or service providers) with the aim of holding them to account for their decisions and actions. It includes a range of different methods and tools whereby children and communities:
 - a. Identify and analyse key issues of concern to themselves
 - b. Engage stakeholders
 - c. Access relevant information on their rights
 - d. Assess relevant services, programmes and budgets
 - e. Facilitate/participate in interface meetings with duty-bearers to agree on action plans
 - f. Follow up on commitments and ongoing advocacy for improvements.
32. From practice, this approach ensures improved developmental outcomes for children and communities (for example, better health, nutrition and education) by strengthening access to and quality of services, and by contributing to implementation of children's rights. By building and strengthening spaces for children and communities to participate in service assessments, decision-making processes and advocacy, CCSA leads to improvements in the capacity of children, particularly children most impacted by discrimination and inequality, to exercise their civil and political rights, including the right to be heard. Besides, CCSA leads to better governance for children by strengthening legal, policy and financial frameworks; improving access to and quality of services; reducing levels of wastage and corruption; improving access to information; and building transparency, trust and dialogue between duty-bearers and rights-holders. Experience also shows that CCSA results in strengthened reporting and monitoring of implementation of child rights to UN and regional human rights treaties bodies and other accountability mechanisms, by generating data and information through CCSA
33. Using this common approach will enable SCI to record issues generated during consultation processes or community engagement meetings and through the toll-free line. Communities will receive feedback on issues they have raised via local governance structures such as village development committees, area development committees at community levels and district councils at sub national levels.

2.6 Step 6: Ongoing Consultation

The design has had successful and meaningful two-way consultation and engagement with communities and stakeholders during the design using the various approaches enlisted in Table 3. For ongoing engagement and consultations, the same approaches will be followed during activity development phases and prior to the start of an activity. Ongoing consultation will serve several purposes:

- a. To update on activity progress;
 - b. To close out of communication commitments made during initial consultation;
 - c. A platform to notify relevant persons of any deviations to the activity details originally provided during initial consultation and highlight if the plan is no longer appropriate or effective; and
 - d. Development of open communication channels with key relevant persons.
34. To reduce the information burden on the participants and increase the likelihood of receiving valuable feedback from the consultation processes; the project will use various communication methods to exchange information during consultation while still maintaining the level of engagement needed.

Ongoing Identification of Relevant Stakeholders

35. Over the duration of implementation, changes in relevant stakeholders may occur. New interest groups may emerge, requiring adjustments to the stakeholder mapping. The project will make provision for

stakeholder identification resulting from on-going consultations and communication. As part of project implementation, the project will plan to review the list of relevant persons and update it accordingly.

Complaint and Feedback Mechanism

36. The Complaint and Feedback Mechanism describes the process of an available channel for affected people (and other interested or concerned parties) to lodge a complaint or express a grievance against the project, staff or their agents. Complaints or need for feedback may arise from unplanned impacts as they relate to the project's environmental and social safeguards and or how activities are being implemented. The Complaint and Feedback Mechanism also describes SCI procedures, roles and responsibilities for addressing grievances and resolving disputes appropriately and in a timely manner.
37. Save the Children has a well-developed complaints and feedback mechanism. This constitutes suggestion boxes at all project meetings and distribution sites, a toll free hotline (52121) and help desks in the field offices. These are also supported with provision of mobile phones, where the communities are given mobile numbers of key staff (District Coordinator, MEAL Officer and other key staff) to call or message if needed.
38. At all meetings people will be encouraged to provide feedback and raise concerns they may have, as well as being given accountability cards with the toll free line written on them, so that community members can easily refer to it. All these mechanisms allow for anonymous feedback, low literacy options, and provide an opportunity for a quick resolution to the issue.
39. The main objectives for this Complaint and Feedback Mechanism include:
 - a. Establishing a mechanism for responding to complaints/grievances in an understanding, transparent and culturally appropriate manner.
 - b. Developing an easy access, no cost and efficient grievance procedure for project affected people and other stakeholders.
 - c. Ensuring effective dialogue and open lines of communication with the public.
 - d. Helping to prevent unrealistic expectations and/or negative perceptions from the local population towards the Project.
 - e. Establishing a system of investigation, response and quick grievance resolution.
 - f. Reducing the number of grievances received over time.
 - g. Improving social performance through the analysis of grievances and refinement of work practices.
 - h. Ensuring that non-compliances with project environmental and social commitments are adequately corrected in a timely fashion and are subsequently monitored.
40. The project will be able to do so at three levels:
 - a. GCF
 - b. Accredited entity
 - c. Activity level
41. For a detailed description of the GRM used by the AE – Save the Children Australia – please see annex 20, section 4.2.
42. The Eight-step grievance/complaint management process will be applied to the Project by the following the process described below:

Table 4: Grievance Redress process in tabulated form

Step	Application/How	Responsibility
Publicise the process	Develop a procedure which explains how the Complaint and Feedback Mechanism will work in the targeted communities	PIU
Complaint /Grievance/Statement is submitted	Affected parties will submit complaints or grievances through a toll-free line, suggestion box, helpdesk and the frontline officers. The submission may be oral or written. SCI will keep confidentiality of the complainant(s).	PIU/Toll-Free Line Manager/Frontline officer
Complaint/Grievance/Statement is received and acknowledged:	The project commits to acknowledge any grievance submitted by complainant is received as soon as possible at the latest within 24 hrs of submission	PIU/Toll-Free Line Manager/Frontline officer
Complaint is registered:	This is to take record of the issues raises in the complaints/grievance/feedback register.	PIU/Toll-Free Line Manager/MEAL Manager
Complaint Analysis & determination of corrective action	This will aim to categorise the complaint to facilitate referral to relevant officers/authority. There are 9 categories SC. Refer to Appendix 1 for the categorization	Toll-Free Line Manager/MEAL Manager
Refer the complaint to the relevant authority	The relevant authority investigates the complaint	Relevant Authority
Feedback to the affected party	This it to provide feedback to the issues raised by the affected party. This closes the case	Toll-Free Line Manager/MEAL Manager
Other avenues/ third party approach:	Refer to third party if the corrective action is unsatisfactory and is criminal in nature.	Toll-Free Line Manager/MEAL Manager

3. Summary of Stakeholder Consultations

3.1 Summary of Main Findings and impacts on project design

43. Stakeholder consultations have been a key part of the Climate resilient health and well-being for rural communities in southern Malawi (CHWBRC) project which has been developed via consultations between Save the Children International in Malawi (SCI) with national and sub-national government officials, and community engagement at representative communities across the targeted districts.
44. This section documents how the relevant project stakeholders have been engaged and defines the types of engagement established in the project design. The goal was to identify all the people and organizations involved in or potentially affected by the project, as well as inform the project design. .

45. The information gathered from the various audiences within the stakeholder consultations informed the project design in multiple different areas. Feedback was taken from each meeting, focus group, workshops and interview and where relevant, led to changes to certain aspects of the project – whether large or small. Key impacts are detailed below.

3.1.1 Government ministries

46. Throughout the project design, the core project team have consulted extensively with the Ministry of Health, as well as the Environmental Affairs Department, the Department of Disaster Management Affairs and other ministries to differing extents. As the Co-executing entity, the MoH had arguably the largest impact on the detailed project design, and a representative from the HCCT was part of the core project design team. Meetings with MoH, EAD and other ministries resulted in or contributed to the following:
 - A shift away from the more agriculture and food security aspects of the design, to focus more on the climate change impacts on health, because of the need in the country and the scarcity of existing health-focused climate projects, as opposed to food security and agriculture-based projects.
 - The initial inclusion of the Health Early Warning and Response System as a direct response to disease outbreaks following extreme weather events.
 - Removing vaccines (activity 3.1.3) from the project medical provisions, due to existing vaccine programs in country and complex vaccine supply and procurement rules that would not work within the project.
 - Understanding of how the national climate-resilient infrastructure would work – MoH explained in a discussion that a full, new document was not necessary, and that the climate-resilient standard would be a new sub-section of existing infrastructure standards.
 - In addition to the overarching strategic move from a more food-security focused project, activity 4.1.4 under nutrition outcomes shifted to be more specifically focused on improving nutrition through a health-focused approach, especially relating to mothers of young children and pregnant and lactating women.
 - Project implementation was also discussed, with an agreement between SC and the MoH on fiscal arrangements (using the new, 'Health Sector Joint Fund'), Government secondees to the PIU (at district and national level) and efficient working practices at district level (working collaboratively with the district office through secondments and national partners). More information available in **Annex 20, and Funding Proposal, B4.**

3.1.2 Other international and national-level stakeholders (NGOs, CSOs, Multilaterals, donors, private sector)

47. Non-Governmental stakeholders consulted included (but were not limited to) UNDP, WHO, Christian Health Organization of Malawi (CHAM), GIZ, FCDO, USAID, Catholic Health Commission of Malawi

(CHC), Creative Centre for Resource Mobilization (CRECCOM) as well as private sector organizations with an interest in funding the project, such as GlaxoSmithKline (GSK) and Sanofi, or with a technical input such as the Global Energy Alliance for People and Planet (GEAPP).

48. Meetings and information gathering were crucial in determining key elements of the project, for example:

- Meetings with UNDP, WHO (as well as MoH) provided more detailed information about WHO's plans for the Health EWARS under another upcoming GCF project, so SC and UNDP / WHO agreed on a way forward to synergise results, with WHO focusing on completing the national-level dashboard needed for the EWARS, and SC focusing on establishing sentinel sites in new districts to inform the national-level server (activities 1.1.3, 3.1.1-3.1.2)
- Meetings with various actors involved in solarization of health facilities (especially GIZ and GEAPP) informed the design team of the challenges involved in implementing solar activities in a scarce data environment, and without close collaboration with others involved, which can lead to risks of duplication and misuse of funds. As a result, a comprehensive technical infrastructure assessment of all target health facilities in project areas will be conducted in the opening stages of the project, leading to efficient use of resources in the areas with most needs. This strengthens the rationale for a national standard on climate-resilient health infrastructure, and SC will also be part of a planned forum hosted by GIZ on solarization work in Malawi to coordinate effectively (activities 2.1.1-2.1.2).
- Meetings with FCDO and USAID informed SC of ongoing donor-funded health projects in the target districts, discussing how they currently operate within government architecture and their priorities. Both donors informed the design team of the importance of working with the Planning unit within the Ministry of Health, who were subsequently instrumental in defining implementation and financial arrangements between Save the Children and the MoH. USAID also described current strategy for Maternal and Newborn Health, as well as links to nutrition services which strengthened activity 4.1.4

3.1.3 District and community level consultations

49. The project design involved a team of researchers visiting six target project districts² to understand at a granular level the impacts of climate change on community members – how much they understood in general about climate change, how it affected the services and provisions on offer to them (across multiple different sectors) and whether they had solutions or thoughts about how to address the issues they were facing.

50. Consulting community members – often those who stand to gain the most from a project – is a crucial step in project design and should guide the overall thought process behind the high-level project strategy. In the fieldwork conducted as part of the CHWBRC project, the following groups were consulted (A more detailed summary of the fieldwork findings is presented in appendix C below, and details of targeting and respondent categories are provided in **section 3.3.4**)

Children

- Children aged 10-17 were asked about their knowledge of climate change
- Nearly all children understood climate change and provided direct examples of how it impacted them (largely mentioning flooding)
- Most children could provide practical solutions to address these issues, such as construction of dykes, or planting trees to absorb water

Men and women

Focus group discussions were held with men and women separately to understand the key impacts of climate change. Across all groups, there were several emerging patterns, mainly:

- **Negative impacts on health:** community members discussed the prevalence of diarrhea in flooding seasons, the impacts of low agricultural yield on lactating mothers, increased gender-

² (albeit with one project district subsequently changing – more information is available in **annex 2, section 6.3.3**)

based violence and unwanted pregnancy in camps for internally displaced people, as well as deaths from accidents such as walls collapsing during storms.

- **Lack of WASH facilities:** respondents clearly outlined how extreme weather negatively impacted the availability of clean water and latrines, which were often destroyed. WASH facilities often could not withstand flooding or other extreme weather conditions, leading further to water-borne diseases, and higher demand for expensive solutions such as deep wells.
- **Food insecurity:** both droughts and floods impacted food insecurity, and unpredictability made it difficult for subsistence farmers to harvest effectively. Almost all respondents mentioned lower agricultural yields, which further impacted on health as well as general livelihoods. It was reported that agricultural officers were already promoting nutrition outcomes through home gardens.
- **Impact on education:** under extreme events, schools were often being used as temporary shelters, without adequate WASH facilities to serve the population. Extreme weather events often also increased absenteeism.

The CHWBRC project dismantles the most common barriers and issues raised by community members in a holistic manner, combining national, district and community level health-system strengthening to improve people's health under climate change. There are specific interventions dealing with WASH (2.1.2, 2.1.4, 2.1.5, 4.1.1), Food insecurity (4.1.4) and education (2.1.5), as well as the entire project addressing health impacts.

Other key information obtained

- **Early Warning and Response system:** currently, there is good data collection for health data but it is not linked to climate data, which causes districts to be unprepared for events such as the recent cholera outbreak. At present, there is just one smart phone at each health-facility to facilitate data transfer between district and national level. *Each district has multiple weather stations and currently functioning disease surveillance mechanisms, which should mean that the proposed Health EWARS has the technology in place to succeed if implemented effectively.*
- **Disaster risk management:** both community members and district officials felt that DRM was not currently managed well. There was a lack of equipment (e.g., protective clothing), as well as a lack of organisation and effective communications between various administrative structures, that prevented efficient transmission of information.
- **Gender-based impacts of climate change:** women felt that climate change impacted them more than men, as they would often be barred from social services and access to markets to ply their trades. This extended to ante-natal classes in particular. *The project addresses some of these concerns through activities 3.1.5 and 4.1.5, training both district officials and community members on the gendered impacts of climate change, as well as providing advice and treatment where relevant.*
- **Healthcare staff:** community members felt that healthcare staff (HSAs) were trusted and knowledgeable sources of advice and would go to them during extreme events for health advice as well as normal times. *The CHWBRC project will work primarily through HSAs as existing community outreach staff, to deliver treatments, training, and advice to community members.*

3.2 Consultations to date

As an integral aspect of the stakeholder engagement process during the design phase, the engagement itself consisted of 3 different stages of consultations:

- i. Consultations at the Entity Plan Development Level
- ii. Consultations at the Concept Note Development Level
- iii. Consultations at the Proposal Design Level

The main purpose of the engagement was to gain insight into local-level, community needs and experiences, explore similar interventions – completed and ongoing – in Malawi to understand what had worked well or had not worked, as well as to explore opportunities for co-financing and collaboration. Reviewing the proposed activities with a range of stakeholders – from community members to heads of government departments – ensured validity and allowed the project team to determine areas for improvement as well as relevance to target areas.

Additional detail can be found in the document to follow and associated Appendices.

3.2.1 Entity Plan Development Level

51. The stakeholder consultations date back to the year 2020 when SC Malawi saw the need for climate response in relation to the global climate crisis. Malawi is experiencing severe impacts due to the climate crisis, and the vulnerability assessment (**annex 2, section 6.3.3**) undertaken as part of this proposal indicated that efforts should be targeted to southern Malawi.
52. Southern Malawi is highly vulnerable to climatic risks, directly impacting communities' health and well-being. The feasibility study describes in detail the impacts that climate change is having on various sectors (**annex 2, section 3**), particularly health, water and sanitation (WASH), food security and nutrition, and the stakeholder engagement has focused on those areas at different levels in Malawi. The consultations were wide-reaching, including collaboration with civil society, communities, private sector, research institutes and Government of Malawi, in order to learn more to provide the best opportunity of increasing the climate resilience of vulnerable communities.
53. SCI started to engage stakeholders to explore funding opportunities, but also to understand the landscape of programs in the climate change sector. The consultations initially targeted the Ministry of Natural Resources and Climate change, and the Environmental Affairs Department (EAD) who are the National Designated Authority (NDA) for the GCF. They further included organisations that were already involved in GCF funded projects: The United Nations Development Program (UNDP) in collaboration with the Department of Disaster Management Affairs (DoDMA) and the Department of Climate Change and Metrological Services (DCCMS) had been implementing the GCF-funded MCLIMES Project (FP002 – see annex 2, section 1.8.3 for a more detailed description of how this links to the CHWRBC).
54. The consultations with these stakeholders culminated into development of an Entity Plan which provided a synopsis of the climate risks Malawi was faced with and the proposed climate response.
55. As part of the consultations and in line with national policy guidelines on climate change programming, the Entity Plan was presented to the Environmental Affairs Department (EAD) that chairs a Joint National Technical Committee of Climate Change and Disaster Risk Reduction (JNTCCCDRM). The committee reviewed and approved the project idea to be further developed into a Concept Note.

3.2.2 Consultations at Concept Note Development Level

56. Further consultations were carried out with the sub-national level (district) and community stakeholders to understand the extent of the climate impacts and assess the relevance of the proposed climate response. The districts consulted included Balaka, Chiradzulu, Machinga, Mangochi, Phalombe and Machinga, as well as Civil Society Organizations and community members. In addition to these

consultations, literature at district and national levels were reviewed including the district profiles for the selected districts.

57. The team continued to engage with the government Ministries, Departments and Agencies including EAD, DoDMA and DCCMS and the UNDP, as well as CSO and Development Partners in the development of the Concept Note
58. Given the emphasis of health risks associated with climate change and how the project idea was conceived, the concept note was presented to the Health and Climate Change Core Team (HCCCT – a cross-cutting collaborative body which was set up under a previous climate change project [Global Framework for Climate Services - GFCS, 'Adaptation for Africa']), who subsequently presented the concept at the JNTCCCDRM. Lessons from this GCF project and how the proposed GCF project can build on it were discussed with the HCCCT and the head of the HCCCT in particular.
59. The reviews and input from the HCCCT further informed the development of the Concept Note which was then approved by the NJCCCDRR in November 2021.
60. Following the approval of the Concept Note, the first version was submitted to GCF in November 2021. Feedback from GCF was provided in January 2022, after which the Malawi team held a stakeholder's meeting in June 2022 to reflect on the feedback and proposed revisions to the Concept Note.
61. To further develop the concept into a full funding proposal package, SCI Malawi consulted heavily with the HCCCT, including representatives from the NDA, Ministry of Health, Ministry of Water and Sanitation, DoDMA, DCCMS, CSO, Academia and Private Sector.
62. After discussing within the HCCCT, a stakeholder mapping was conducted to establish the most relevant organizations and individuals to the project, which is detailed in the list below. Refer to appendix 1 for a more detailed Stakeholder Analysis
63. Submitted the revised Concept Note in June 2022 and immediately received second set of feedback from the reviewer which was responded to and resubmitted the Concept Note in October 2022. Revised the Concept Note and resubmitted in January 2023.
64. Conducted Vulnerability Assessments and Climate Rationale and held a consultation meeting with the HCCCT to review the Climate Rationale and Vulnerability Assessments in July 2022.
65. Held Consultation Meeting with DoDMA on Implementation arrangement in relation to MCLIMES Project. In consultation with the HCCCT Core Design Team, selected Ministry of Health as the strategic line Ministry to co-execute the proposed project.
66. Held Consultation Meetings with the Senior Management Team of Ministry of Health to present the progress and seek their input into the Concept Note including requesting MoH to be the Executing Entity of the proposed project.

3.2.3 Consultations at Proposal Design Level

Mponela meeting

67. A meeting was held in Mponela between 20-21 March 2023 with the Ministry of Health and the Health and Climate Change Core Team to share progress and define the key next steps towards the full proposal design.
68. Summaries of the Vulnerability Assessment, Climate Rationale, Feasibility Study, GESI, ESS and Financial Management Assessment (including co financing) were shared and discussed.
69. Key actions and recommendations from the workshop included:
 - a. Validation of 6 target districts
 - b. Engagement and collaboration with partners such as UNDP/WHO to discuss potential synergies
 - c. Refer to the DoDMA led Multi Hazard Risk Assessment to inform the design of the various climate hazards and continue engagement with the Department of Climate Change and Metrological Services
 - d. MoH and EAD to confer who leads or co-chairs on HNAP.

- e. Investigate if we can include sustainable waste management with environmental co-benefits, within the GCF limitations of a climate rationale being necessary to justify adaptation activities.
 - f. Have clarity on the difference between health supplies, structures (which is the term used now for supplies), and medical equipment.
 - g. Provide solutions for knowledge management issues
 - h. Clarity on the differences between the general livelihood program and how this livelihood contributes to climate and health outcomes. Consider the concept of health livelihoods for health population.
 - i. Show clear linkages between SCI and Ministry of Health
 - j. Take on board recommendations from the steering committee discussions.
70. A full list of participants at the workshop is provided under Appendix A below.
71. Further key meetings were held on an ongoing basis with the Ministry of Health (Preventive Health Directorate and Ministry of Planning in particular), as well as a plethora of private, non-governmental and multilateral bodies between May and September 2023 (the most rigorous design period). As described in **section 3.2.1-3.2.2**, many of these meetings had a tangible impacts on the project design, and further meeting detail is described **section 3.4**.

3.2.4 District and community-level consultations to inform the feasibility study

72. A vulnerability assessment was undertaken which included a data driven approach to inform the selection of the districts and the consultations that took place as part of the feasibility study. The assessment visited the six targeted project districts Balaka, Ntcheu, Machinga, Mangochi, Phalombe and Zomba, specifically 1 Traditional Authority (TA) per district including 2 additional TAs (Ganya in Ntcheu district and Amidu in Balaka district) which were not in the original sampling list, but were recommended by the District Council official as they were more disaster prone than the sampled TAs (TA Chanthunya in Balaka District and TA Makwangwala in Ntcheu District).
73. During the feasibility study, one of the major components was to consult the key district officials including those from the Health Sector (District Health Management Teams), Local Governance (the District Commissioners, the Directors of planning and development, Disaster Risk Management Officers, the Disability Officers and Gender Officers), education sector heads, agriculture sector leads and representatives from civil society organizations. The purpose of the consultations was to solicit input on the design and any propositions for change.
74. During the feasibility study, 93 Individual in-depth interviews were conducted to collect data from government officials, extension workers, partner organisations and local leaders. 31 Focused Group Discussions (FGDs) were used to collect data from disaster related community structures, community members, by their gender or vulnerability. FGDs were conducted with intended direct and indirect beneficiaries to understand their perceptions and priorities around resilient health and livelihoods. The FGDs were conducted with 1) Women, 2) Men, 3) Children 4) People with disabilities, and in some cases with service providers. While the team had specific FGDs with persons with disabilities, there were many cases where persons with a disability were also present in the FGDs with men, women and children. A summary of the consultations is provided in the table below:

Focus Group Discussions (number of participants)						Key Informant Interviews	Total
District	Men	Women	Children	People with Disabilities	Pregnant & Lactating mothers	People with disabilities	
<i>Balaka</i>	✓ (4)	✓ (6)	✓ (8)	✓ (4)			22
<i>Machinga</i>	✓ (8)	✓ (5)	✓ (6)			✓ (1)	20
<i>Zomba</i>	✓ (4)	✓ (6)				✓ (1)	11
<i>Mangochi</i>	✓ (10)	✓ (10)	✓ (6)	✓ (3)	✓ (8)		37
<i>Phalombe</i>	✓ (8)	✓ (8)	✓ (8)	✓ (12)	✓ (10)		46
<i>Ntcheu</i>	✓ (10)	✓ (10)		✓ (10)			30
Total participants	44	45	28	29	18	2	166

75. A list of participants for the feasibility study is provided in Appendix B and detailed notes from the consultations are provided in Appendix C.

3.3 Meeting details – key stakeholder meetings throughout concept note and proposal design

Some information in this table has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.

Stakeholder Group	Interest and Influence Relevant to the Project	Stakeholder Type and Proposed Role in Project	Engagement Strategy	Date and Meeting Type	Summary of Notes and Observations
Consultations During Concept Note Development					
Environmental Department (EAD) Affairs	The National Designated Authority (NDA) Approval of Entity Plan	Policy oversight in the design and implementation of the project	Regular strategic updates in the design and implementation	16.08.2022 - In Person Meeting	To request support for them to reach out to The District Commissioner/CEOs of Balaka, Chiradzulu, Machinga, Mangochi, Phalombe and Zomba District Councils informing them of our GCF project design and requesting their support to the team of consultants leading the Feasibility study assessments. Also consulted on the implementation arrangement.
Department of Disaster Management Affairs	Current executing Entity for GCF Funded project through UNDP Commission responsible for disaster management at National level	Policy holder for Disaster Risk Reduction and technical guidance on resilience of infrastructure	Regular updates through NJCCCDRR	01.09.2022 - Virtual Meeting	To inform DODMA about the CHWBRC project and to learn about the role of DODMA as a co—executing entity for the MCLIMES project. Also shared experiences on proposed implementation arrangement, which DODMA approved of.
Department of Climate Change and Metrological Services (DCCMS)	The functionality of an Early Warning System and broadening it to health sector.	Strengthened Early Warning Systems	Strategic engagement in establishing and or strengthening Health Sector	August 2022	Met to introduce project concept to DCCMS and understand more about how the current Early Warning System works. DCCMS said they were not very aware of ongoing work to link climate and health data but had heard about it

			Early Warning System		<p>through the JNTCCCDRM, although had not been consulted much.</p> <p>Agreed that if Save the Children pursue a health early warning system, then DCCMS should be involved.</p> <p>Resolved to include DCCMS on steering committee for the project and consult them on an ongoing basis through project design and implementation.</p>
<p>Ministry of Health</p> <ul style="list-style-type: none"> • Department of Environmental Health • Department of Preventive Health • Department of Planning • Department of Nutrition and HIV/AIDS • Department of Social Behaviour Change Communication 	Co-Executing Entity	Executing Entity	Daily implementation of the project and reporting	20.04.2022 In Person Meeting	Met to inform and present our 33 million USD GCF application on Climate and Health. The Minister was excited to hear about the GCF opportunity and pledged full support from her teams.
	Human Health and Climate Change			24.10.2022 In Person Meeting	Met for updates in our design process and relevance of project to the Health Sector Strategy III and ensured continued coordination and support from MoH.
	HCCCT Engagement on landscape for Human Health and Climate Change			09.11.2022 In Person Meeting	SC Malawi organised a half day meeting to bring up to speed key stakeholders from MOH to build on previous engagements on evolution of the design, present the vulnerability analysis and climate rationale and clarify role of MoH as a co-executing entity.
	Health Sector Strategy and investments in Human Health.			12.06.2023 In Person Meeting	<p>Half-day workshop for SC design team to present latest project design (post-CIC2) to co-executing entity and NDA, seeking input on activities, and implementation arrangements.</p> <p>MoH were broadly aligned with the project activities, with questions on specific elements. Particularly: what exactly the infrastructure improvements would involve; delivery of vaccines and treatments as part of the project; community-based nutrition component under outcome 4. SC explained how these activities linked to climate rationale and agreed that the nutrition aspect</p>

					<p>would have a greater health focus (as opposed to perceived agriculture focus) to align with project ToC.</p> <p>Discussion on PIU structure centred around possible use of the Health Services Joint Fund, and the procurement mechanism. MoH planning department encouraged the use of the joint fund but stated it does not conduct its own procurement. MoH cautioned that procurement – especially of large infrastructure (e.g. solar panels) – was often delayed during project implementation, so recommended that procurement go through SC systems. MoH explained the use of the fiscal agent as a fiduciary advisory as part of the joint fund, and that the agent acts as an independent financial management mechanism. There are existing staff working across several projects in the HSJF, intended to improve efficiency in PIU across the ministry.</p> <p>Summary: SC would amend activities to align with MoH ideas on activities, especially to ensure coherence with Health Sector Strategic Plan III. Agreed that procurement will primarily go through the PIU through SC systems. SC to propose staffing structure incorporating the HSJF.</p>
				15.06.2023 Phone call	<p>Discussion on information held by the MoH on physical assets across several projects. The representative from PAM informed the design team that MoH held data on existing health facilities and connectivity to either grid or solar electricity, however, the list was out of date.</p> <p>Summary: MoH to share most up-to-date list of facilities and electricity information.</p>
				20.06.2023 and 24.06.2023 - In Person Meeting	<p>Meeting with the Ministry of Health Planning department and Preventative Health</p>

<p>Ministry of Agriculture • Department of Land Resources</p>	<p>Improved resilience of land resources (watershed management, climate adaptation and mitigation practices)</p>	<p>Peer Learning in management of climate financing. Potential Parallel Financing through WFP Adaptation Fund</p>	<p>Engage in Learning Forums</p>	<p>21.09.2022 In Person Meeting</p>	<p>The meeting was called to learn from the department on how they were implementing the Resilience Project funded by the Adaptation Fund. project is funded by the Global Adaptation Fund and the World Food Program was the Multilateral Implementing Entity to Global Adaptation Fund and the Department of Land Resources was an Executing Entity for the project. A component of the project is promoting climate resilient agriculture practices, which had complementarity with the previous design of our outcome 4 aiming to support resilient livelihoods.</p>
<p>Donor Committee on Climate Change and DRR</p>	<p>Understanding the programming landscape in the climate change and Exploring co-financing opportunities</p>	<p>Possible financiers of the project in co-financing.</p>	<p>Individual engagement and regular group updates in the design and during implementation</p>	<p>May 2022</p>	<p>Presented our concept design, consulted on any complementary work the donors are funding in country, and asked for co-financing support. Following this engagement, we held a number of meetings with USAID climate lead, resilience and health teams, which led to a parallel financing commitment.</p>
<p>The United Nations Development Program</p>	<p>An accredited entity and currently implementing GCF Funded project (MCLIMES) in collaboration with Government of Malawi</p>	<p>Multilateral Learning partner</p>	<p>Consult in the development of the Concept Note and Design of the Project.</p>	<p>23.03.2023 – Virtual meeting</p>	<p>Both SC Malawi and UNDP presented our respective GCF project designs and timelines and explored opportunities for synergy and collaboration. Agreed actions were:</p> <ul style="list-style-type: none"> a) UNDP was to share contacts for GIZ, USAID and FCDO involved in solarisation work in health. b) SCI and MoH to hold a meeting with WHO and further explore opportunities for collaboration on HEWS. c) SCI to continue engagement with UNDP as the design processes continues. <p>Our engagement intensified in May, June, July 2023. Meetings were held to discuss alignments with the Solar for Health Project.</p>

UNICEF	An accredited Entity currently designing a Water, Sanitation and Hygiene project with Water For People for GCF Funding	Learning Partner	Consult in the development of the Concept Note and Design of the Project and explore opportunities for complementarity	19.05.2022	Meeting about UNICEF's concept note and project focus on Climate-resilient WASH framework. They are working with WASH under the Ministry of Forestry and Natural Resources and got endorsement at high level. Now it is under Water and Sanitation but still heavily engaged with MFNR. Suggestion was to engage with UNICEF health colleagues to learn about climate financing.
FAO	An Accredited Entity designing a Food Systems and Adaptation Project for GCF Funding	Learning Partner	Consult in the development of the Concept Note and Design of the Project and explore opportunities for complementarity	22.07.2022	Meeting with FAO regarding their GCF project "Eba for resilient watersheds and communities in Malawi" - Presented to the climate change task team. Submitted concept in March; CIC2 passed in late May (submitted 4 versions before it was approved); aiming for proposal submission at end 2022 to get to the board 3 in 2023. Particularly keen to explore complementarities Save the Children with our gender training and how we could show the projects working together to contribute to paradigm potential. In reverse, given their "comparative advantage" with FFS and climate resilient value chains (which they have looked at for cowpeas, groundnuts, soybeans, NTFPs) we could build on some of their learning in component 3 (they did note that FAO is not keen on "value chain" terminology as it goes against the principles of agroecology and systems approaches, which they are trying to encourage and is in line with the ethos of our concept too). Geographical overlap of projects in Mangochi and Zomba.
CISONECC	An umbrella organization for CSOs involved in Climate Change sector. Consulted as part of HCCCT where they represent CSO Interests.	Strategic Partner	Consult in the development of the Concept Note and Design of the Project and explore opportunities for complementarity	29.09.2022 - In Person Meeting	The meeting aimed at reviewing and validating an evaluation report for the GCF Readiness project implemented by CISONECC. The meeting assessed CSO knowledge and involvement with the Green Climate Fund processes in Malawi; Captured and documented the status of all GCF activities, projects, and interventions implemented in Malawi ; Identified untapped opportunities and challenges limiting CSO engagement with the Green Climate Fund in Malawi

USAID	Consulted on climate integration within the project in May 2022	Learning Partner / Bi-lateral Donor	Consult in the development of the Concept Note and Design of the Project and explore opportunities for complementarity	19.05.2022 and 23.06.2022 - Virtual	Met with USAID and senior advisers in Resilience and Agricultural Productivity to introduce our concept and make a co- financing ask.
				16.05.2023 - In Person Meeting	Meeting to discuss the USAID funded 'Momentum' project in Malawi, implemented by Palladium. Discussed overlapping objectives and opportunities to collaborate. There seemed to be particular alignment on: Climate-resilient health centres; capacity of local institutions to deliver maternal child and newborn health care (MNHC); nutrition and malaria services improved and institutionalized. Summary: Secured parallel financing agreements from USAID based on clearly aligned aims.
Consultations During Proposal Design					
HCCCT (Health and Climate Change Core Team)	Govt – inter-Ministerial Task Team	Peer Learning	Individual engagement and regular group updates in the design and during implementation	31 st - 2 June 2022 - In Person Meeting	SC Malawi organised a residential meeting with the HCCT; with the aim of an in-depth socialisation and input to the concept note, mapping of policies and recent and ongoing projects relevant to our project aims, putting together a task team to advise our GCF design from HCCCT for us to continue to work together.
				March 2023 – In Person Meeting	Another residential meeting was organized in March 2023, to consult on implementation arrangements, on detailed design, CSO partner selection and project governance prior to CiC2 approval.
JNTCCCDRM	Government	Peer Learning	Consult in the development of the Concept Note and Design	September 2023 – In Person Meeting	Presented GCF Malawi Proposal to obtain no objection letter to a cross-sectoral group from MoH, EAD, MCCNR,

			of the Project and explore opportunities for complementarity, as well as providing formal approval of documents		Ministry of Water and Sanitation, and other key ministries.
Private Sector	Interest in promoting development companies in Malawi	Learning Partner / Bi-lateral Donor Co-Financing Partners	Consult in the development of the Concept Note and Design of the Project and explore opportunities for complementarity	Meetings from November 2022 - Ongoing	<p>Ongoing engagements with GSK and Foundation S on project co-financing including update reports and calls on progress of the project.</p> <p>Foundation S – Provided Overview of the Malawi GCF project proposal , project Impacts & Outcomes, project Consultation, Monitoring and Reporting and discussion on Steering Committee & Co-Finance Partners</p> <p>GSK - Shared the latest key information on the proposed Malawi GCF project impacts, outcomes and activities and key updates on stakeholder consultation and implementation partnerships. Sought feedback from GSK on proposed governance structure and proposed role for GSK. Provided an update on co-financing partnerships and set out next steps on proposal finalisation.</p>
FCDO	International Donor	Learning Partner / Bi-lateral Donor	Consult in the development of the Concept Note and Design of the Project and explore opportunities for complementarity	16.05.2023 In Person Meeting	<p>Discussed FCDO's work in the health sector in Malawi, and climate resilience. FCDO informed design team of investment in 'Health Sector Joint Fund (HSJF)', a pooled funding mechanism within Ministry of Health that is being encouraged as an alternate project management mechanism. However, FCDO confided that there had been some challenges with using the mechanism, especially around delays, and inefficiency of Government systems.</p> <p>FCDO explained their existing work on climate resilience and links to health, including: Building Resilience and Adaptation to Climate Change (BRACC); providing</p>

					<p>shelters for natural disasters; combined work with UN Joint Program (UNJP) including healthcare infrastructure; multilateral program on building climate-resilience in WASH, including Malawi (a centrally-managed program, which FCDO Malawi were not involved with);</p> <p>Summary: FCDO encouraged use of joint fund, despite challenges. Climate-resilient work has slowed recently but there should be more budget from central team in 2024-2025. Agreed on provisional parallel financing.</p>
Palladium	For Profit international organisation	Learning Partner	Consult in the development of the Concept Note and Design of the Project and explore opportunities for complementarity	09.02.2023 Virtual	Meeting with Palladium Malawi and US teams to introduce our GCF project, present different co-financing possibilities and make an ask.
GESD (World Bank)	Multilateral	Learning Partner	Consult in the development of the Concept Note and Design of the Project and explore opportunities for complementarity	24.05.2023 In Person Meeting	<p>Discussion with the 'Governance to Enable Service Delivery' project, funded by the World Bank across all 29 districts in Malawi.</p> <p>GESD team informed the design team on how the project functions, which is a results-based financing mechanism, offering a suite of options to district councils to improve infrastructure and services, with more emphasis on infrastructure. Districts are assessed on a yearly basis based on how well they have met targets – an agreed set of indicators. Certain councils will not receive any funding due to failure to meet targets.</p> <p>GESD project is funding improvements in health facilities. The GESD project team suggested there could be collaboration between GESD and GCF in GCF target districts. For example, if GESD was funding new health</p>

					<p>facilities, they suggested GCF project could fund improvements (e.g. solar installation) on facilities. However, there may be challenges in collaboration due to GESD funding mechanism (results-based).</p> <p>Summary: GESD to share information on proposed GCF target districts and prior performance, including proportion of funding spent on health.</p>
Catholic Health Commission (CHC)	CSO	Implementing Partner	Consult in the development of the Concept Note and Design of the Project	15.06.2023 In Person Meeting	Discussion with prospective implementing partner on community-based health activities and the feasibility of implementing health-facility based activities through Health Surveillance Assistants, as well as the efficiency of working through Government staff.
Creative Centre for Community Mobilisation (CRECCOM)	CSO	Implementing Partner	Consult in the development of the Concept Note and Design of the Project	17.06.2023 Virtual	Meeting after conducting partnership assessment with Creccom and deciding they would be implementing partner.
KfW – Senior Economist	Development Bank	Development Partner	Consult in the development of the Concept Note and Design of the Project and explore opportunities for complementarity	19.06.2023 Virtual	Met with KfW lead for social protection and health sectors, to present about our GCF project, understand KfW's relevant investments in health, also to find out about their experience of the Health Joint Sector Fund mechanism.
Global Energy Alliance for People and Planet (GEAPP)	International network	Learning Partner	Consult in the development of the Concept Note and Design of the Project and explore opportunities for complementarity	22.06.2023 Virtual	<p>Discussion following up on a regional engagement with GEAPP to identify collaboration and make a co-financing ask. Technical information shared by GEAPP around the electrification tool they have piloted for health facilities, describing ideal electrification mechanisms for each health facility in the country.</p> <p>Save the Children received invitations to further workshops on a global level, facilitated by GEAPP at</p>

					<p>UNGA to showcase electrification work across the movement.</p> <p>Resulted in partnership discussions and Save the Children being able to narrow down health facilities to intervene in.</p>
GIZ – Health directorate	International donor	Learning Partner	Consult in the development of the Concept Note and Design of the Project and explore opportunities for complementarity	28.06.2023 Virtual	Discussion on HSJF mechanism and GIZ work on solarization in Malawi.
UNDP / WHO / MoH	Multilateral	Multilateral Learning partner	Consult in the development of the Concept Note and Design of the Project	03.07.2023 In Person / dial in option	<p>The purpose of this meeting was to request further information about the ongoing GCF proposal under development led by UNDP, and supported by WHO (Solar for Health [S4H]) – especially around the EWARS component. The WHO country-lead provided further detailed technical information about what S4H intended to do with EWARS, which led to a broad consensus between the parties that the S4H project would finalize implementation of the EWARS dashboard at national level, whereas the CHWBRC project would concentrate on district-level dashboards and work closely with S4H to establish links between the two dashboards.</p> <p>Further regional contacts were shared and meetings scheduled to follow up while ongoing proposal development was in place.</p>
Clinton Health Access Initiative (CHAI)	Multilateral	Multilateral Learning partner	Consult in the development of the Concept Note and Design of the Project	26.10.23 In Person	The purpose of the meeting was to understand CHAI's Health System Strengthening - Solar for Health work. CHAI is supporting the Government of Malawi to better coordinate solar power installations in the health sector, and to develop a model so that solar systems will work for longer than has historically been the case. CHAI is supporting the Ministries of Health, Energy and Finance

					<p>to develop a costed National Health Facility Solar Electrification plan that would guide new financing for solar towards the sites that need power the most. This plan will include a prioritization criterion (a priority list of facilities), and aim to standardize the specifications for solar systems so that a coherent national Operations and Maintenance (O&M) system can be built and sustained. Their work on standardisation of solar systems for healthcare facilities will become part of our national guidelines for climate resilient health infrastructure. Our solarisation work will benefit from the prioritisation of facilities, specifications set, O&M and procurement advice and plans they will produce for MoH.</p>
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Appendix B: List of Respondents for Feasibility Study

This table has been redacted in accordance with the GCF Information Disclosure Policy, as the portion is confidential under the disclosure policy of the Accredited Entity.

#	Name of person Consulted	District	Organisation/Stakeholder	Position/role	Contact number
1		Machinga	District Council		
2		Machinga	MACOHA		
3		Machinga	District Council		
4		Machinga	District Council		
5		Machinga	WFP		
6		Machinga	World Vision		
7		Machinga	Education Office		
8		Machinga	DHO		
9		Machinga	Liwonde Pvt Hospital		
10		Machinga	Machinga District Health Office (DHO)		
11		Machinga	Machinga DHO		
12		Machinga	Machinga DHO		
13		Machinga	Machinga DHO		
14		Machinga	World Vision		
15		Machinga	DHO		
16		Machinga	Agriculture		
17		Machinga	Gender		
18		Machinga	Agriculture		
19		Zomba	District Council		
20		Zomba	Makoka research station		
21		Zomba	MACOHA		
22		Zomba	Zomba DHO		
23		Zomba	Zomba Central Hospital		
24		Zomba	Zomba Agriculture		
25		Zomba	Zomba Agriculture		
26		Zomba	District Council		
27		Zomba	Zomba DHO		
28		Zomba	Zomba DHO		
29		Zomba	One Acre Fund		
30		Zomba	Evidence Action		
31		Zomba	Zomba DHO(Matron)		

32		Zomba	Zomba DHO(Matron)		
34		Zomba	District Education Office		
35		Zomba	WASH coordinator Zomba, Education		
36		Zomba	Community Development		
37		Balaka	District Council		
38		Balaka	District Council		
39		Balaka	District Council		
40		Balaka	District Council		
41		Balaka	District Agriculture Office		
42		Balaka	District Gender Officer		
43		Balaka	District Agriculture Office		
44		Balaka	District Agriculture Office		
45		Balaka	District Health Office		
46		Balaka	District Health Office		
47		Balaka	District Health Office		
48		Balaka	District Health Office		
49		Balaka	District Health Office		
50		Balaka	District Education Office		
51		Balaka	DREAM		
52		Balaka	WFP		
53		Mangochi	DPD		
54		Mangochi	District Hospital		
55		Mangochi	DEM		
56		Mangochi	DEM		
57		Mangochi	DEM		
58		Mangochi	District Hospital		
59		Mangochi	DADO		
61		Mangochi	District Hospital		
62		Mangochi	District council		
63		Mangochi	District council		
64		Mangochi	District Agriculture Office		

66		Mangochi	Village Civil Protection Committee (VCPC)		
68		Mangochi	Traditional Authority (TA) Mponda		
69		Mangochi	TA Mponda		
70		Ntcheu	education		
71		Ntcheu	District council		
73		Ntcheu	District council		
74		Ntcheu	District council		
75		Ntcheu	District council		
76		Ntcheu	District agriculture office		
77		Ntcheu	TA Bwanje		
78		Ntcheu	District council		
79		Ntcheu	Association for People with Disabilities in Malawi (APDM)		
80		Ntcheu	PNHAO		
81		Ntcheu	DPD council		
82		Ntcheu	District hospital		
83		Ntcheu	bwanje h/f		
84		Ntcheu	hospital		
85		Ntcheu	Focus Group Discussion (FGD)		
87		Phalombe	District hospital		
88		Phalombe	District hospital		
89		Phalombe	department of agriculture		
90		Phalombe	District council		
91		Phalombe	District council		
92		Phalombe	District council		
93		Phalombe	District council		
94		Phalombe	District hospital		
95		Phalombe	District hospital		
96		Phalombe	District hospital		
97		Phalombe	Chilekesa Health Centre		
98		Phalombe	Education		
99		Phalombe	education		

Appendix C: Summary notes from district and community level consultations

1. The feasibility team conducted focus group discussions with children (aged between 10 and 17) in three districts to gauge their understanding of climate change and the impacts it had on their health and wellbeing, as well as testing how much they understood mitigation measures:
 - a. In general, children understood what climate change is, and provided several examples of the effects of climate change. In Machinga, children explained that climate change is caused by people's actions, by "damaging the environment". They cited, for instance, actions such as cutting down trees, which arises from the need for firewood as an energy source, can be a destructive activity and result in climate change. The children interviewed reported that as a result of cutting trees down, water tables can be affected and firewood becomes scarcer, which leads to women and girls walking long distances, up to 10 hours, to get the firewood or water for use at home.
 - b. One child in Balaka district, TA Amidu, GVH Hindahinda, reported that they had the roof of their house blown off by heavy winds in 2021. The house filled with water due to heavy rains, which led their family becoming homeless.
 - c. All children reported that climate change has impacted their livelihood in such a way that, most times during the rainy season they are afraid to go to school, not only because their classrooms could be flooded, but also because they are not sure if their families are safe at home due to heavy winds and floods that are very common now a days.
 - d. Children also reported a number of mitigation measures against the impacts of climate change such as construction of a dyke and large drainages to control water flow, river training, supporting those that do not have permanent houses to have permanent houses by providing them with durable resources, ensuring that building, including houses have stronger and raised foundations to reduce water flowing into people's houses, more trees should be planted, including around villages, schools, health centers, river banks to reduce the speed of water and act as windbreaks to protect buildings from being blown.
2. The feasibility team conducted a rapid stakeholders/ gender analysis to identify key stakeholders that have interests and roles on women empowerment by asking a question on who the main stakeholders are that should be engaged to support women empowerment. Responses were collated from the following groups:
 - a. *Women* themselves who should be mobilized into groups to participate in and benefit from interventions that promote their health resilience to climate change.
 - b. *Men* who make household decisions, including those that affect women's and children' health and nutrition and have the most access and control over resources.
 - c. *Community groups* such as Village Development Committees and Nutrition Committees need to be trained on gender issues, health and climate change and be supported to plan and implement activities that promote health and well-being of their communities.
 - d. *Local leaders* including traditional, and political leaders who oversee development planning to ensure that development plans incorporate gender assessments to mainstream gender sensitive resilience planning.
 - e. *Government, District Councils and Non-Governmental officials* who play key roles in development planning and implementation of development projects should mobilize and capacitate women to effectively participate in the project and benefit through improved resilience and wellbeing of their households.
3. Qualitative data from districts surveyed showcased the direct impacts from increased frequency and severity of extreme weather events:
 - a. *Negative impacts on health* –
 - i. During an FGD with women at Group Village Head Hindahinda, TA Amidus area, Balaka district, they shared the following experience - "*Diarrhoea, cholera, scabies, and malnutrition are prevalent health conditions among the community. Furthermore, there has been an increase in unwanted pregnancies and sexually transmitted infections at the camps. Three of us have all suffered from scabies. Additionally, all of us have experienced diarrhoea caused by the use of untreated water, which is a common problem during flood seasons. One of us suffered from adult malnutrition in 2020.*"

- ii. The feasibility study team was told in Balaka district at Mwima health facility by the management team that *"During the rainy season, flooding occurs in the Mwima community, caused by water from the mountains. This affects both households and the health center, making it difficult for healthcare staff to access the facility and provide services. In addition, the staff's own homes are also affected, causing delays in service provision as they prioritize their safety and the safety of their belongings"*.
 - iii. Lactating mothers face difficulties when their food crops are destroyed by flooding, leaving them and their lactating children without access to food and proper nutrition.
 - iv. The data collected also showed that low agricultural productivity due to climate related disasters reduced the capacity of households to pay medical related costs, hence limiting access to health services.
 - v. An FGD participant in Balaka mentioned that she lost her mother in 2021, when a wall of her house collapsed due to heavy rains that had made the wall too weak. In Machinga, it was reported that a child died after a wall of her family's house fell on her.
- b. *Lack of WASH facilities*
- i. The study showed that with the decrease in the water table, there is an increased demand for deep 100-meter wells fitted with stronger pumps and other reticulated pumps using solar or mechanized power, which increases costs of WASH service delivery. In rural areas, pit latrines are common sanitation facilities, and most of them have been constructed without appropriate standards. When floods come, these latrines are the first to collapse or are washed away. This results in open defecation in communities that were previously free of open, resulting in higher transmission of vector borne diseases.
 - ii. The study team also found that in almost all the districts, most WASH facilities – specifically toilets – are inadequate and the available ones are also in bad condition. For example, at Mlomba Health Centre in Machinga, the study team found that some of the WASH facilities are not functioning.
 - iii. The DEHO for Machinga further stated that the maintenance of guardian shelters and toilets is often neglected and during a cholera outbreak. Indeed, the district saw five cases originating from the guardian shelter of one of the health centers due to a blocked water system that impacted the flow of water in the toilets and at the guardian shelter.
- c. *Food insecurity*
- i. In Balaka it was reported by the nutrition officer that about 32.6% of the population experiences stunted growth due to poor nutritional status as the districts faces a lot of climate related disasters including floods and dry spells that affect their agricultural produce. Pregnant and lactating women and children are particularly affected in the 8 T/A s and 12 Sub T/A.
 - ii. During an FGD with women in Zomba, TA Mwambo area, it was stated that for the past years, on average a household would harvest 10 to 20 bags of maize but due to climate change, a household now only manages 1 to 2 bags and a maximum of 5 bags per growing season and this has led to a lot of drought and a lot of malnutrition in the area. Almost all participants in the FGD are experiencing famine due to very poor harvest every year.
 - iii. Women interviewed also added that floods washed away their home gardens, while drought made it difficult for them to access water to irrigate their home gardens and other crop fields, increasing their vulnerability to malnutrition, food and nutritional insecurity.
 - iv. In Ntcheu, it was found that some Health Surveillance Assistants (HSAs) are already promoting nutrition and climate sensitive agriculture, such as backyard gardens.
 - v. In Mangochi, an FGD with women from TA Nankumbas area shared that communities were trained on making backyard/ home gardens.
- d. *Impacts on education –*
- i. The feasibility study team found that in almost all the six districts, effects of climate related disasters such as flooding renders the schools inaccessible and resulting in school absenteeism.

- ii. A child FGD participant from Mpondasi Primary School, Mangochi reported, *“Attending school during rainy weather is challenging, and even if students make an effort to go, they may not benefit from limited classes. Students who learn outside are also forced to leave school when rain arrives and cannot use other classrooms, resulting in some classes continuing while others are disrupted. For example, a class may be divided into four sections (A, B, C, D), with only section A able to continue learning.”*
 - iii. A woman FGD participant in Machinga, TA Mlomba reflected that *“the strong winds also cause significant damage and disrupt schools. For example, books can be damaged, and school fees are used to repair damaged houses, which prevents children from attending classes”*.
 - iv. Additionally, an FGD with children from TA Amidu’s area in Balaka revealed that climate change has really changed their livelihood in such a way that, most of the times during rainy season a lot of learners are afraid to go to school, not only because their classrooms are flooded especially at Nkhonde primary school, but also because they are not sure if their families are safe at home due to heavy winds and floods that are very common.
 - v. An interview conducted with respondents in Zomba, TA Mwambo's area revealed that primary schools such as Namachete, Ntonda, and Mateande are used as evacuation centers during climate disasters such as floods, resulting in the loss of homes. However, the use of schools as temporary shelters can cause disruption to the learning environment. For instance, during the standard 8 examinations at Namachete, people were camping on the school grounds, which had a negative impact on the learners' overall performance.
 - vi. In the schools visited, the study team found that in almost all the districts, WASH facilities are inadequate and the available ones are in bad condition. *“The situation is concerning as some students resort to using the bushes or along the walls of the outside toilet, which increases the risk of cholera outbreak due to the insufficient number of toilets. The problem is compounded by the fact that food is sold nearby, making it susceptible to contamination from flies. Additionally, the shortage of toilets affects teachers as well, who also have to use the students' facilities.”* Children FGD, Mpondasi Primary School, Mangochi
- e. *Lack of knowledge and information–*
- i. It was reported throughout the study that districts with changing climatic patterns have an increase in the cases of malaria, cholera and other vector borne diseases. However, health officials interviewed, for example, in Mangochi reported that they did not know the extent to which either climate change affects the vectors or the spread of the disease itself, implying a lack of knowledge and capacity on health and climate sensitive diseases.
 - ii. Both men and women reported that they are exposed to agricultural information through farming field schools that target both gender that are facilitated by both government departments and non-governmental organization. However an FGD participant Chiteketsa Male from Phalombe noted that *“...males have control on the type of decision made on the type of farming practice to be used. Culturally the male figure in the household has more power than females.”*
- f. *Gender related impacts –*
- i. All women interviewed had had an experience with some form of disasters that affected them and their households. When asked about the most common disasters, women in Balaka district mentioned floods, stormy winds, droughts, while those in Mangochi mentioned stormy winds, stormy rains, heavy rains and floods. Those who reported that they had been affected by floods, reported that they lost their houses, belongings and their crops. They also reported that roads were washed away, making it difficult to access social services, especially health centres, maize mills, markets, including accessing water and firewood.
 - ii. It was reported that during rainy season a lot of pregnant mothers are not able to attend antenatal clinics. As a result, there is an increase in home deliveries, especially

where health facilities do not offer maternity services so women have to be referred to either district hospitals or other facilities far from their villages.

- iii. The study also showed that women mainly obtained information related to early warning of disasters through agricultural officers, but officers rarely visit them as they live far and often do not have mobility. With regards to early warning of climate related diseases, women did not receive any targeted information, but they sometimes get information from the media, such as the radio on cholera prevention.
4. In all 6 districts surveyed, it was found that the District Disaster Management Office works with decentralized structures. At district level, there is the District Civil Protection Committee (DCPC), a subcommittee of the District Executive Committee. Different committees at area and village levels (agriculture, health, social support etc.) need to create a common objective when dealing with DRM activities due to its crosscutting nature. For example, Balaka currently has 20 Traditional Authorities, with 2 that have recently been established. An interview with one of the Disaster Officers interviewed reported the following challenges that are faced by the ACPCs and VCPCs:
 - a. Coverage issues: The ACPC and VCPC members have difficulty in travelling to affected sites. They have to use bicycles in an area that is too big to cover.
 - b. Lack of protective clothing: such as gumboots, raincoats, umbrella, torch, whistles, and megaphone.
 - c. There are serious communication challenges with VCPC members due to lack of phones.
 - d. Lack of essential medicine and equipment: in health centers such as Thanzi ORS, drips, antibiotics during emergencies.
 - e. Lack of standardised selection criteria: Some organisations that are providing emergency response have their own criteria on household/beneficiary selection, which excludes a lot of the of households from receiving the help that they need. The ACPC members are also blamed for situations like this.
 - f. Weak coordination: Some partners also start implementing activities without informing relevant local structures or leaders.
 5. Early Warning Systems:
 - a. Interviews were also held with the meteorological departments in Mangochi and Zomba districts. In Mangochi, the meteorology department disseminates information on seasonal forecasts such as heat waves, floods, and lightning through community radio stations like Lilanguka and through DCPC-ACPCs-VCPCs. They also monitor early warning systems by installing community rain gauges and monitoring rainfall patterns.
 - i. However, the women FGD in Machinga stated that there are no established partners or community groups that provide early warning information, and they only become active after a disaster has occurred. The community mainly relies on radio stations such as Radio 1 and Timveni for information. There is no designated person or entity in charge of disseminating this information to the community, but when new information is obtained, it is shared among members with the goal of keeping the children of the community safe, especially during floods, and avoiding hazardous routes.
 - b. In Zomba, it was found that the district has one weather station, Makoka, which collects data on various weather elements such as rainfall, temperature, and humidity. There are 65 functional rainfall stations operating in all 9 EPAs in the district. The Makoka Research Station is equipped for making weather observations, which are then sent to the Department of Climate Change and Meteorological Services headquarters in Blantyre for forecasting as the office lacks the expertise for weather prediction.
 - c. In addition, in all the six districts, there is an integrated disease surveillance response (IDSR) system that the health sector depends on. If an area reports a high number of cases, such as diarrhoea, the health sector is prepared and proactive. However, in the case of unexpected outbreaks like the cholera outbreak at the time of the field visits, the health sector is caught off guard and only responds in a delayed manner. For disasters like floods, the health sector relies on the agriculture sector and meteorological services to provide information on climate and weather.
 6. During community consultations in the six districts, it was found that communities respected traditional leaders more than elected leaders as they were supposedly the owners of the land and tend to have absolute powers over their subjects. This, in addition to the roles that are prescribed by the Chiefs Act

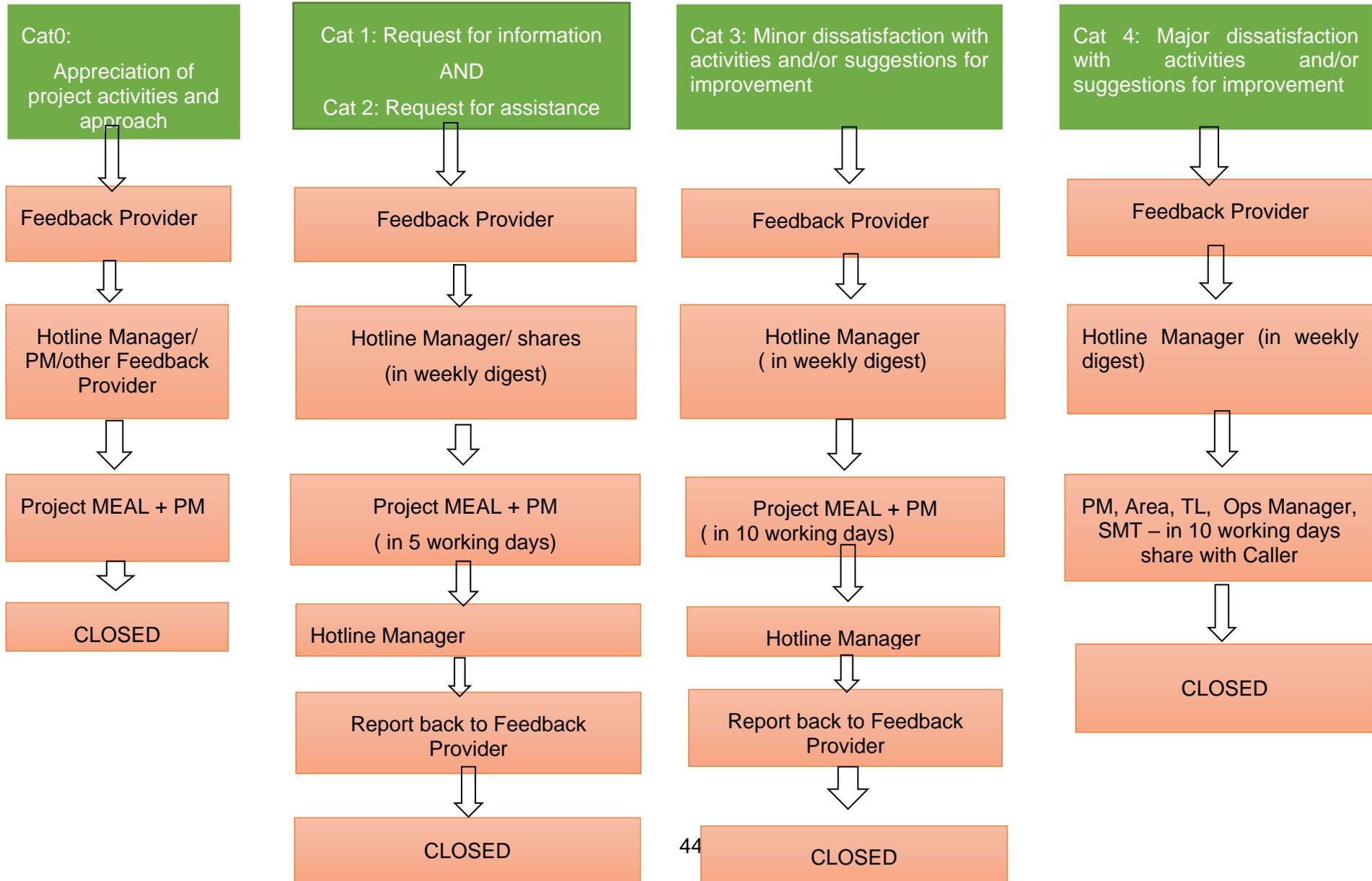
suggests that the project will need to collaborate and work closely with chiefs, especially during community mobilization. To improve resilience in the sector, the project must ensure that traditional leaders are engaged early enough in the project.

7. Across all six districts surveyed, the five most commonly reported disasters were: floods; droughts/dry spells; strong winds; fall Army Worms (FAW); and disease outbreaks such as cholera. In all the districts, it was reported that floods are most common in the villages that are in the low-lying areas, especially those whose streams originate or pass through degraded catchments. All the districts reported that in such areas, floods are an annual event and each year they cause more or less the same but extensive damages to human life, livelihoods, infrastructure as well as livestock.
 - a. The feasibility study team was told by the health facility managers of Mwima health centre in Balaka district *"During the rainy season, flooding which occurs in the Mwima community is caused by water from the mountains. This affects both households and the health center, making it difficult for healthcare staff to access the facility and provide services. In addition, the staff's own homes are also affected, causing delays in service provision as they prioritize their safety and the safety of their belongings"*.
 - b. Flood-related shocks were seen as highly related to health, *"Floods result in displacement of people and they are congested in camps. So when they are congested it means we have to provide health outreach services and commodities like vaccinations and chlorine, as well as sexual and reproductive health services."* District Environmental Health Officer, Phalombe
8. The feasibility team reviewed other sources of data to confirm prevalence of disasters in the study districts:
 - a. A comprehensive baseline assessment of disaster risk management in Malawi conducted by the Department of Disaster Management Affairs found that 74% of all respondents reported that they had been affected by strong winds, although strong winds affected the Northern and Southern Region more than the Central region.
 - b. Drought and dry spells were the second most common disasters that were reported by 68% of the sampled households. Higher proportions (70%) of households from Central and Southern Regions reported that drought and dry spells affected their livelihoods
 - c. The third most common disaster reported was outbreaks of crop pests and diseases, by 62% of the sampled households. This disaster was more pronounced in the Northern Region (71%) than both the Central (51%) and Southern (63%). The major crop pests reported were fall army worm (FAW) and Red Locust which have been reported across the country (Omosa, 2018).
 - d. Data from the Fifth Integrated Household Survey on how communities cope with disasters found that when faced with a shock/disaster, the majority of households relied on own-savings (71%), seconded by external help from relatives (21%), NGOs (12%), and government (7%). There are limited institutional support mechanisms/response to shocks in the six districts, yet the six districts are documented to be disaster prone areas in the country.
9. The feasibility study found that healthcare professionals are not only the primary providers of healthcare to the public, they are also key actors in research, monitoring and surveillance, and advocacy activities. Due to their position as trusted sources of health related information with access to large portions of society, the role of healthcare professionals is to: (i) respond to health needs in cases of extreme weather events as well as gradual climate change and health impacts; (ii) promote adaptive responses to climate change and health issues; (iii) facilitate communication of climate change and health information to the general public; and (iv) conduct and inform health surveillance and monitoring related to climate and health.
10. The study found that the Integrated Disease Surveillance and Response (IDSR) system is implemented in all the six proposed study districts.
 - a. In Balaka district, it was reported that they use the IDSR approach in surveillance of all the diseases. At community level the district uses the HSAs to follow and report on any cases through village volunteers. At school, the SHN teachers are responsible for all health and WASH issues at school through school headmasters and nutrition masters by looking at the absenteeism rate of learners. SHN teachers also work hand-in-hand with the HSAs. At district level, the community and facility structures work with the DRRT who make follow ups and provide response support coordinated at district level. The district also uses WhatsApp groups for instant reporting and they use the smart tablets. This has helped the district to have a good

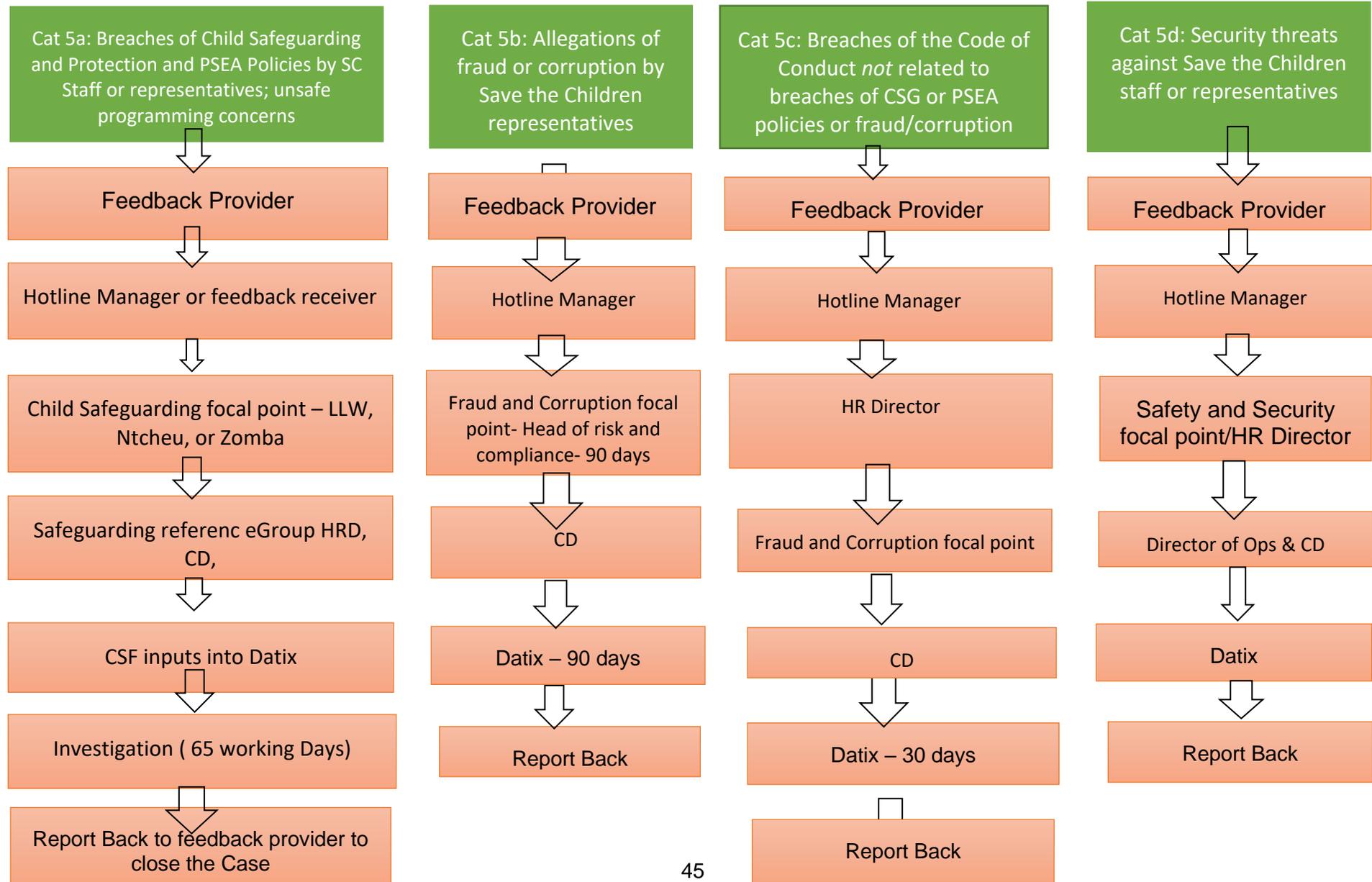
communication flow regarding health early warning signs. At community level, the community's HSAs are utilized as the primary point of contact with clients at the household level by the facility.

- b. In Machinga, it was reported that they capture data of disease surveillance using smartphones at facility level and are then reported at National level. The district has 24 smartphones, one on every facility, this ensures there is communication between facility level structures and district level structures. The district and national level staff access the reports through the dashboard that was pre-designed to show district statistics.
- c. In Zomba, Ntcheu, Mangochi and Phalombe, they also implement the IDSR system. The approach is quite similar to that of Balaka and Machinga as reported above.

Appendix D(a): Flow Diagram for Feedback Handling Standard Operating Procedure (SOP) – Accountability



Appendix D (b): Flow Diagram for Feedback Handling Standard Operating Procedure (SOP) – Accountability



Appendix D (c): Flow Diagram for Feedback Handling Standard Operating Procedure (SOP) – Accountability

