
Annual Performance Report

Project/Programme title:	Climate Resilient Health and Well-Being for Rural Communities in southern Malawi (CHWBRC) (FP244)
Accredited Entity:	Save the Children Australia (SCA)
Date of Report submission:	15 April 2026
Version number	V1.0



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RATIONALE

This report layout is designed to support the drafting of a structured report that assesses, evaluates, documents, and communicates the progress on Funding Proposal (FP) implementation and on its associated Funded Activity Agreement (FAA). The layout aims to provide a clear and comprehensive understanding of key objectives, progress, and risks, drawing on project implementation related data provided by Accredited Entities (AEs). Considering the Green Climate Fund's (GCF) evolving strategic direction toward a Risk-Based Approach, the report is intended to:

- Track quantitative and qualitative progress of the project implementation.
- Highlight critical findings and emerging trends.
- Identify risks and propose actionable mitigation strategies.
- Support evidence-based decision-making.
- Promote transparency and accountability.
- Align with strategic and regulatory frameworks.
- Serve as a foundation for AE engagement on project performance

METHODOLOGY

The report's layout mirrors, to the extent possible, the structure of the Funding Proposal (FP) to maintain coherence with the presented information. However, the FP and the Report differ in scope and strategic intent; thus, while the FP serves a functional role in informing the Report, it does not dictate a strictly parallel structure.

A. PROJECT DATA (Prefilled where possible)																
Should any information/data prefilled from Section A.1 to Section A.12 be incorrect or require updating, please inform GCF's Project Lead of appropriate corrective action.																
A.1. Date of report submission		15 April 2026														
A.2. Project or programme	Project	A.3. Sector	Public													
A.4. Total Financing (GCF + Cofinance)	<table border="1"> <tr> <td>GCF Financing</td> <td>Mill. USD 33.0</td> </tr> <tr> <td>Grants</td> <td>Mill. USD 33.0</td> </tr> <tr> <td>Co-Financing</td> <td>Mill. USD 4.1</td> </tr> <tr> <td>Grants</td> <td>Mill. USD 2.8</td> </tr> <tr> <td>InKind</td> <td>Mill. USD 1.3</td> </tr> <tr> <td>Total Financing</td> <td>Mill. USD 37.1</td> </tr> </table>				GCF Financing	Mill. USD 33.0	Grants	Mill. USD 33.0	Co-Financing	Mill. USD 4.1	Grants	Mill. USD 2.8	InKind	Mill. USD 1.3	Total Financing	Mill. USD 37.1
	GCF Financing	Mill. USD 33.0														
	Grants	Mill. USD 33.0														
	Co-Financing	Mill. USD 4.1														
	Grants	Mill. USD 2.8														
	InKind	Mill. USD 1.3														
	Total Financing	Mill. USD 37.1														
A.5. Total GCF funding disbursed to this date	NA (draft)															
A.6. Implementation period	From NA to NA															
A.7. ESS Category (Refers to GCF revised <i>Environmental and Social Policy</i> and GCF ESS Standards to assess your FP category.)			Category C													
A.8. Executing Entity Information																
Full legal name	Country of registration (or, for intl orgs, country of HQ)	Entity type	Role in project	Focal Point(s) and email(s)												
Ministry of Health and Sanitation (MoHS)	Malawi	Public sector – Government (which may be acting through a ministry or department)	Implementing executing entity	Holystone Kafanikhale, hkafanikhale70@gmail.com												
Save the Children International Malawi Country Office	Malawi	Non-governmental organization	Channelling executing entity within Malawi and implementing executing entity	Shamim Jahan, shamim.jahan@savethechildren.org												
Save the Children Fund (SCUK)	United Kingdom	Non-governmental organization	Executing entity responsible for channelling funds internationally	Kimberly Rochette, K.Rochette@savethechildren.org.uk												

A.9. Co-Financier information				
Full legal name	Country of registration <i>(or, for intl orgs, country of HQ)</i>	Focal Point(s) and email(s)	Ownership Type	Beneficial Owner(s)
GlaxoSmithKline (GSK)	United Kingdom	Daryl Burnaby, Director, Health System Strengthening Programmes, Global Health, daryl.x.burnaby@gsk.com	Private unlimited company	GSK plc
Foundation S (Sanofi)	France	Juliette Magd, Grants & Partnerships Excellence Lead, Juliette.magd@sanofi.com	Public company (Sanofi-aventis Groupe)	Sanofi-aventis Groupe, belonging to Groupe Sanofi
Government of Malawi	Malawi	Holystone Kafanikhale, hkafanikhale70@gmail.com	Government	Ministry of Health and Sanitation
Foreign, Commonwealth and Development Office (FCDO)	United Kingdom	Dr Rashid Zaman, rashid.zaman@fcdo.gov.uk	Government	Not applicable
Moondance Foundation	United Kingdom	Rebecca Watkins, rebecca@moondancefoundation.org.uk	Foundation	Moondance Foundation

A.10. Alignment with country NDCs & NAP <i>(NB Only populate if applicable, e.g., if your project/programme specifically contributes to a country's NDC or NAP target/s)</i>				
Country	Date of NDC/ NAP submission	NDC/ NAP objective	Brief description of project's alignment with NDC/ NAP objectives	Percentage of target met with proposed project.Beneficial owner(s)
Malawi	30 July 2021	NA	Not applicable. The project is broadly aligned with national climate priorities but does not directly report against specific NDC/NAP targets.	0%

A.11. Estimated duration of impact	
A.12 Report to be shared with NDA	Yes ☐ No ☐

B. EXECUTIVE SUMMARY

Should any information/data prefilled in Section “B” be incorrect or require updating, please inform GCF’s Project Lead for appropriate corrective action.

B.1. Summary

In Year 1, the project focused on establishing the foundations for durable, health system-level climate resilience. The project established the institutional, governance, and evidence foundations required for effective implementation. Strong national ownership was achieved through Ministry of Health and Sanitation (MoHS) leadership, with key coordination and oversight structures operationalized, including the Health and Climate Change Core Team (HCCCT), Project Steering Committee (PSC), and Technical Advisory Group (TAG), supported by the Project Implementation Unit (PIU).

GESI and MEAL orientation workshops generated early evidence to inform implementation and support accelerated delivery in Year 2. National and community launch events, alongside stakeholder engagement during the government transition following the 2025 Malawi general elections, strengthened shared understanding of climate-health risks and reinforced commitment from government and communities. By the end of 2025, the project was operational in six districts and 29 Traditional Authorities. Formative research reached over 700 households and community groups, including women, children, and persons with disabilities, ensuring future interventions respond to climate-health risks, gendered vulnerabilities, and local priorities.

Delays in finalizing the tripartite agreement, recruiting key project staff, and setting up a dedicated MoHS finance system slowed implementation timelines. Inflation, foreign exchange constraints, and the technical complexity of the Early Warning and Response System (EWARS) also created implementation pressures. These issues are being managed through activity rephasing, accelerated EWARS planning, strengthened coordination with MoHS and partners, and financial risk monitoring.

Key lessons highlight the need for adaptive management in co-executed government projects, early engagement at district level, and timely recruitment of key personnel to preserve institutional memory. Continuous cross-sector engagement has also been critical. Intentional localization, through strong involvement of national and local partners in decision-making and implementation, has strengthened shared accountability. Embedding gender and disability inclusion across all core components is further reinforcing the project’s coherence and long-term impact.

C. RESULTS AND IMPACTS

C.1. Overall Summary of the Project Progress

(This section provides a narrative report summarizing the overall progress of the implementation status of the funded activity progress during the reporting period. 1,500 words)

Outcome 1: Reduced risk from climate-sensitive diseases and conditions

With project support, MoHS advanced systems to integrate climate information into routine health surveillance. The project supported MoHS to convene the HCCCT to strengthen collaboration with the Directorate of Climate Change and Meteorological Services (DCCMS), align climate and health data, and EWARS threshold validation. Through FCDO pre-mobilization support, the MoHS initiated preliminary malaria threshold analysis, launched an EWARS dashboard prototype, and identified the sentinel sites. The project also initiated steps toward development of the Health National Adaptation Plan (HNAP) and introduced the project at district and subdistrict levels to prepare for localization.

Output 1.1: Climate-informed health surveillance system and health Early Warning and Response System (EWARS)

The project initiated stakeholder engagement to introduce Outcome 1 objectives and strengthen coordination. With technical support from WHO, the MoHS began the initial malaria alert trigger analysis, introduced a climate-informed surveillance dashboard (EWARS dashboard), and identified the project's sentinel sites to expand climate–health data collection capacity in the country.

1.1.1: Strengthen a climate-informed EWARS dashboard through identification of alert triggers

The project team supported the MoHS to convene the HCCCT in November 2025 to introduce Outcome 1 objectives. During the premobilization period, the MoHS, and WHO integrated weekly malaria and meteorological datasets from 2015–2024. The EWARS dashboard is still under development. 35 government staff were oriented from MoHS and DCCMS. Due to Year 1 delays, thresholds and alerts will be finalized by Q4 Year 2 instead of Q2.

1.1.2: Strengthen institutional architecture for a climate-informed Health Early Warning System (HEWS)

The project team engaged with relevant Ministry departments, MoHS and DCCMS, to introduce project objectives and strengthen linkages between the health and climate sectors. Through WHO, an MoU was signed to support formal data-sharing arrangements between the MoHS and DCCMS in the pre-mobilization period funded by GCF co-financing from FCDO under the CHWBRC project.

1.1.3: Establish sentinel sites at selected healthcare facilities to provide improved climate and health data for the health Early Warning and Response System (EWARS)

Through FCDO pre-mobilization financing, the MoHS identified the five district hospitals in Phalombe, Ntcheu, Machinga, Mangochi, and Balaka to serve as sentinel sites. The identified sentinel sites will be equipped to support improved disease surveillance and future climate-informed EWARS functionality.

Output 1.2: District and Traditional Authority health adaptation plans

In 2025, the MoHS began developing the HNAP to guide integration of climate risk into the health sector, to be localized at district level. The project also introduced adaptation planning objectives during district and subdistrict engagement meetings, strengthening awareness among local authorities.

1.2.1: Facilitate preparation and local endorsement of Health Adaptation Plans at District and Traditional Authority levels

The HNAP was originally expected to be completed by the end of 2025; however, delays arose due to slow progress in MoHS finalizing the national Vulnerability and Adaptation Assessment (via external funding). Discussions are underway to identify measures to accelerate this work ensuring District plans can be produced and validated in Q2 Year 3.

Activity 1.2.2 is due for implementation in subsequent phases, building on district and sub-district engagement initiated in Year 1

Outcome 2: Healthcare infrastructure is able to deliver service and care in the context of changing climate risk

Activities advanced the policy and technical foundations for climate-resilient healthcare infrastructure. Through FCDO pre-mobilisation support, the MoHS, in collaboration with Clinton Health Access Initiative (CHAI) and Save the Children International (SCI), completed a Capital Investment Plan assessment to assess infrastructure needs. The findings informed development of the draft Standardized Health Infrastructure Guidelines (SHIG), establishing a national planning framework.

Output 2.1: Climate- resilient health centres, district hospitals and central hospital

The MoHS completed a Capital Investment Plan assessment and progressed development of the SHIG. The output focused on preparatory technical work and stakeholder engagement to enable formal standard development and subsequent application in supported facilities in line with the implementation plan.

2.1.1: Develop a national standard for climate-resilient healthcare facilities

The integrated Capital Investment Plan assessment findings guided the development of the National SHIG. Once the SHIG is validated, the project will support a multi-level consultative process to develop a national standard for climate-resilient healthcare facilities as an annex to the SHIG. Due to project delays, the planned deliverables for this activity originally scheduled for Q2 and Q3 of Year 2, have been revised to Q3 and Q4 of Year 2, respectively.

2.1.4: Develop guidelines for climate-resilient WASH facilities

Once the SHIG is validated, the project will support a multi-level consultative process to develop a climate-resilient WASH guidelines as an annex to the SHIG. Due to project delays, the planned deliverable of developing and validating the guideline for climate-resilient WASH, originally scheduled for Q3 of Y2 has been revised to Q4 of Y2.

Activities **2.1.2, 2.1.3, and 2.1.5** are due for implementation in later phases following the development and validation of national infrastructure and WASH standards.

Outcome 3: Healthcare staff are able to deliver service and care in the context of changing climate risk

Baseline and formative research began in Year 1 to examine climate-related knowledge among healthcare workers. Separately, supply chain processes and opportunities for climate risk integration were also studied. Implementation of this outcome depends on completion of EWARS threshold and trigger development under Outcome 1.

C.2. Performance against the Funding Proposal Logical Framework Indicators

For each of the indicators please report only the 'annual value' for the reporting year; this means reporting solely the values achieved from January 1st, 2025, to December 31st, 2025. The "cumulative value" will automatically be updated by the system by aggregating reported annual values since project FAA effectiveness.

Please ensure that targets are clearly defined and reported using the following categories:

- *Midterm Target: The results to be achieved by the midpoint of implementation.*
- *Final Target: The results to be achieved by the conclusion of project or programme implementation.*
- *Lifetime Target: The total results expected over the entire operational period of the project or programme.*

Note that the baseline, midterm, final and lifetime targets will be prefilled based on your previous Annual Performance Report and/or Funding Proposal. It is imperative that you carefully review, verify and update where relevant.

Should the project be Multicounty, please report the achievement by Country.

Lastly, avoid using commas or periods as thousand separators. Periods should only be used as decimal separators.

For REDD+ Results-Based Payment (RBP) projects, you are only required to report on the progress of activities.

Should any prefilled information/data in the Logical Framework be incorrect or require updating, please inform GCF's Project Lead for appropriate corrective action.

GCF Outcome Level: Standardized Indicators

PMF/IRMF Results Management Framework

No indicators/questions defined.

(PMF) A1 and A2 Total number of direct and indirect beneficiaries (IRMF) Core 2 Direct and indirect beneficiaries reached						
Provide the total number of direct beneficiaries (female/male) cumulatively receiving adaptation benefits from GCF-supported interventions, disaggregated by result area.						
Unit						No. of Beneficiaries
Disaggregation by: Result Areas (Adaptation)	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Livelihoods of people and communities	0	719,460	1,798,887	0	0	0



(PMF) A1 and A2 Total number of direct and indirect beneficiaries (IRMF) Core 2 Direct and indirect beneficiaries reached Provide the total number of indirect beneficiaries (female/male) cumulatively receiving adaptation benefits from GCF-supported interventions, disaggregated by Country.
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Unit						No. of Beneficiaries
Disaggregation by: Project Countries	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Malawi	0	943,664	2,359,161	0	0	0

Livelihoods of people and communities

No indicators/questions defined.

(PMF) A7.2 Number of males and females reached by [or total geographic coverage of] climate related early warning systems and other risk reduction measures established/ strengthened (IRMF) Supplementary 2.4 Beneficiaries (female/male) covered by new or improved early warning systems						
Provide the total number of direct beneficiaries (female/male) with increased capacity to anticipate, respond to, and act on climate-related early warnings, disaggregated by gender.						
Unit						No. of Beneficiaries
Disaggregation by: Gender	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Male	0	359,730	899,439	0	0	0
Female	0	359,730	899,439	0	0	0

(PMF) A7.2 Number of males and females reached by [or total geographic coverage of] climate related early warning systems and other risk reduction measures established/ strengthened (IRMF) Supplementary 2.4 Beneficiaries (female/male) covered by new or improved early warning systems						
Provide the total number of direct beneficiaries with increased capacity to anticipate, respond to, and act on climate-related early warnings, disaggregated by country.						
Unit						Enter unit
Disaggregation by: Project Countries	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Malawi	0	719,460	1,798,878	0	0	0

(IRMF) Supplementary 2.5 Beneficiaries (female/male) adopting innovations that strengthen climate change resilience						
Provide the total number of direct beneficiaries (female/male) using new or improved climate adaptation technologies or innovations, disaggregated by gender.						
Unit						No. of Beneficiaries
Disaggregation by: Gender	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Male	0	179,865	629,528	0	0	0
Female	0	179,865	629,528	0	0	0

Infrastructure and built environment

No indicators/questions defined.

(PMF) A3.1 Number and value of physical assets made more resilient to climate variability and change, considering human benefits (reported where applicable) (IRMF) Core 3 Value of physical assets made more resilient to the effects of climate change and/or more able to reduce GHG emissions					
Provide the total estimated value (USD) of physical assets made more resilient to climate change impacts in the targeted geographic areas.					
Unit					United States dollars
Baseline	Target		Previous Year Cumulative Value	Annual value	Cumulative Value (automatically calculated)
	Mid-term	Final target			
0	2,500,000	8,600,000	0	0	0

(PMF) A3.1 Number and value of physical assets made more resilient to climate variability and change, considering human benefits (reported where applicable) (IRMF) Core 3 Value of physical assets made more resilient to the effects of climate change and/or more able to reduce GHG emissions						
Provide the total estimated value (USD) of physical assets made more resilient to climate change impacts in the targeted geographic areas, disaggregated by country.						
Unit						United States dollars
Disaggregation by: Project Countries	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Malawi	0	2,500,000	8,600,000	0	0	0

(PMF) A3.1 Number and value of physical assets made more resilient to climate variability and change, considering human benefits (reported where applicable) (IRMF) Core 3 Value of physical assets made more resilient to the effects of climate change and/or more able to reduce GHG emissions						
Provide the total estimated value (USD) of physical assets made more resilient to climate change impacts in the targeted geographic areas, disaggregated by asset type.						
Unit						United States dollars
Disaggregation by: Physical asset types (made more resilient)	Baseline	Mid-term	Final target	Previous Year Cumulative Value	Annual value	Cumulative Value
Water sanitation and energy systems	0	2,500,000	8,600,000	0	0	0

Project Specific Indicators							
Indicator	Unit	Baseline	Target		Previous Year Cumulative Value	Annual value	Cumulative Value <i>(automatically calculated)</i>
			Mid-term	Final target			
Number of climate sensitive diseases/conditions for which thresholds are identified and validated	No. of Items	0	4	4	0	0	0
Number of national and district government officials with access to improved dashboard of climate-informed health EWARS Disaggregation: Gender, district	No. of Persons	0	40	90	0	0	0
Number of sentinel sites established	No. of Items	0	1	5	0	0	0
# of schools with improved WASH facilities installed Disaggregation: district	No. of Items	0	100	400	0	0	0
Number of target health facilities with improved WASH facilities installed Disaggregation: district	No. of Entities	0	20	79	0	0	0
Number of target health facilities with solar improvements implemented Disaggregation: district	No. of Entities	0	20	79	0	0	0

Number of District Development Plans that allocate budget to climate-resilient health interventions (based on DHAPs) Disaggregation: district	Plans	0	3	6	0	0	0
Number of District Health Adaptation Plans (DHAPs) developed and validated by District Executive Committee (DEC) Disaggregation: district	Plans	0	6	6	0	0	0
# of district and health facility staff trained on surveillance operation and data collection Disaggregation: Gender, district	No. of Persons	0	25	115	0	0	0
# of health outreach staff (HSAs and SHSAs) and community healthcare volunteers (CHVs) trained on climate and health and utilization of new EWARS Disaggregation: Gender, type of staff, district	No. of Persons	0	200	650	0	0	0
# Households with pregnant women, breastfeeding mothers and children under 2 that grow climate-resilient complementary nutritious food	No. of Households	0	5,000	20,000	0	0	0
# School and out of school children and young people engaged with new education/curricular materials about early warning and climate resilient health. Disaggregation: Gender, age, district	No. of Persons	0	10,000	25,000	0	0	0
# of target health facilities with reduced estimated GHG emissions due to installation of solar energy systems that reduce reliance on diesel generators and national grid electricity	No. of Items	0	20	60	0	0	0
% of participating national and district officials with increased knowledge of health early warning systems and climate information services Disaggregation: Gender, district	Percentage	0	60	95	0	0	0
% of target health centres adopting national standards for climate resilience	Percentage	0	30	90	0	0	0

Disaggregation: district							
% of target health facilities adopting guidelines for climate-resilient WASH	Percentage	0	30	90	0	0	0
Disaggregation: district							
% of district and community healthcare staff reporting to have conducted community engagement activities on climate change impacts on gender issues	Percentage	0	30	75	0	0	0
Disaggregation: gender, district							
% of target health facility staff that report to have conducted Mental Health and Psychosocial Support in Practice	Percentage	0	30	85	0	0	0
Disaggregation: Gender, district							
% households that demonstrate understanding of the design, implementation and management of climate-resilient WASH facilities	Percentage	0	30	90	0	0	0
Disaggregation: gender (household headship)							
% of children 6-23 months who received Minimum Dietary Diversity the previous day	Percentage	0	20	50	0	0	0
Disaggregation: gender							
% of pregnant and breastfeeding women who received Minimum Dietary Diversity the previous day	Percentage	0	20	50	0	0	0
% of target community members demonstrating increased understanding of how to address gender issues exacerbated due to climate change (GBV, SRH, CEFM)	Percentage	0	30	80	0	0	0
Disaggregation: gender							
% of target villages reached by mobile health awareness units	Percentage	0	35	90	0	0	0
Disaggregation: district							
% of community members that believe their social group has equal opportunity to manage community assets	Percentage	0	25	85	0	0	0
Disaggregation: gender, social groups							

% of project participants from vulnerable groups (out of school children, elderly, people with disabilities) reporting improved access to information on public health Disaggregation: gender, social groups	Percentage	0	65	90	0	0	0
% of women and girls and women and girls with disabilities reporting improved access to decision-making processes and agree that the government or other stakeholders includes their voices in decisions Disaggregation: social groups	Percentage	0	65	90	0	0	0
% of target households participating in integrated homestead farming and nutrition practices that report reduced household expenditure on food groups they can produce at home Disaggregation: gender, social groups	Percentage	0	20	70	0	0	0
% of project participants who report positive change in attitudes towards equitable gender norms or roles Disaggregation: gender, social groups	Percentage	0	40	90	0	0	0
% of target communities taking part in the gender transformative community mobilisation approach Disaggregation: gender, social groups	Percentage	0	40	90	0	0	0
# of additional households receiving treatment for cholera and diarrheal disease (ORS, Zinc) Disaggregation: gender (household headship)	No. of Households	0	3,000	8,000	0	0	0
# of additional households receiving treatment or preventive measures for malaria Disaggregation: gender (household headship)	No. of Households	0	5,000	15,000	0	0	0

Activities				
Activity Name	Implementation Progress (%)	Utilised GCF Budget	Allocated GCF Budget	% (Automatically calculated)
Activity 1.1.1: Strengthen the health surveillance system by identifying alert triggers for key climate-sensitive health conditions	15	114,450	715,039	16
Activity 1.1.2: Strengthen the institutional architecture for managing the ongoing operation of the climate-informed health Early Warning and Response System (EWARS)	0	0	107,697	0
Activity 1.1.3: Establish sentinel sites at selected healthcare facilities to provide improved climate and health data for the health Early Warning and Response System (EWARS)	0	8,824	356,034	2
Activity 1.2.1: Facilitate preparation and local endorsement of District Health Adaptation Plans in six districts	0	18,231	699,079	2
Activity 1.2.2: Advocate for stronger integration of climate-resilient health within adaptation planning at district and sub-district level	0	7,704	126,964	6
Activity 2.1.1: Develop a national standard for climate-resilient healthcare facilities	0	0	23,516	0
Activity 2.1.2: Strengthen climate resilience of healthcare facilities	0	0	9,825,612	0
Activity 2.1.3: Build capacity of Malawi's health sector to apply the climate-resilient healthcare facility standard	0	0	52,302	0
Activity 2.1.4: Develop guidelines for climate-resilient WASH facilities	0	0	583,103	0
Activity 2.1.5: Upgrade WASH facilities at schools to improve children's health under climate change	0	0	3,687,759	0
Activity 3.1.1: Build data collection capacity to strengthen surveillance of climate-related diseases	0	0	29,060	0
Activity 3.1.2: Build knowledge and capacity among district and community healthcare staff on climate and health and use of EWARS alerts	0	65,963	635,815	10
Activity 3.1.3: Provide medical supplies and technologies for climate health risk reduction and response	0	23,097	5,108,069	0

Activities				
Activity Name	Implementation Progress (%)	Utilised GCF Budget	Allocated GCF Budget	% (Automatically calculated)
Activity 3.1.4: Equip healthcare workers with MHPSS capacity to address mental health impacts of changing climate	0	12,703	344,499	3
Activity 3.1.5: Build capacity among district and community healthcare staff to address the gendered impacts of a changing climate	0	0	427,957	0
Activity 4.1.1: Equip community structures to provide knowledge and skills for climate-resilient WASH facilities to community members	0	1,481	7,620	19
Activity 4.1.2: Embed understanding of early warnings and alert protocols within communities, including children	0	98,353	1,660,419	5
Activity 4.1.3: Train communities to reduce their own vulnerability to climate-induced health risk	10	180,050	1,618,508	11
Activity 4.1.4: Support families with pregnant and breastfeeding women and children under two to produce climate-resilient food and provide quality complementary feeding to children under two	0	73,320	3,337,646	2
Activity 4.1.5: Strengthen communities' capacities to reduce their vulnerability to the health impacts of climate change, particularly gendered impacts	0	4,516	493,518	0

C.2.1. Subprojects							
Where applicable, include information on sub-projects. For projects and programmes approved until B.31, the logical framework should focus on the mitigation and adaptation Performance Measurement Frameworks (PMF). For projects and programmes approved from B.32 onwards, the logical framework should reflect the Integrated Results Management Framework (IRMF).							
Title	Currency	GCF Funds	Co-Financing	Country	GHG Emissions Reduced	Direct Beneficiaries	Indirect Beneficiaries
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
C.3. Compliance with FAA covenants				Yes ☒ No ☐			

C.4. Funded Activity Implementation Arrangements in the Following Year	Yes ☐ No ☒
No changes envisaged.	

D. RISKS ASSESSMENT AND MANAGEMENT

D.1. Risk and mitigation measures

As stated in the Board-approved "Risk Appetite Statement," a cornerstone of the GCF's Risk Framework is proactive risk management. This includes risk identification, assessment, monitoring, reporting and appropriate mitigation to minimize and respond to risks, both directly and through partners implementing GCF's projects and programmes.

Risk Management Matrix

A risk is the probability of an event to adversely affect the achievement of the project Impact (its objectives, outcomes, and results). "Inherent risk" refers to the level of risk present before any of the mitigating measures are applied. "Residual risk" represents the level of risk after mitigating measures have been implemented.

Please update the project risk matrix by reviewing and revising information for all previously identified risks, and adding any new risks identified during implementation by selecting the adequate Risk Area in the drop-down menu. For each risk, ensure you provide a clear risk description, outline the potential negative consequences, specify the mitigating measures in place, and complete the severity scoring as required.

For the Integrity Risk Area, an annual reporting (and more frequent and prompt reporting if stated in the legal agreements with the GCF) is required for each of its 3 Risk Sub-areas, as GCF has zero tolerance for Prohibited Practices, for SEAH in Fund-related Activities, and for working with parties and engaging in activities subject to sanctions imposed by the United Nations Security Council. The AE reporting obligations under GCF's policies and in the legal agreement(s) with the GCF include but are not limited to requiring AEs to take action to identify, mitigate and promptly disclose to the GCF any real or perceived Conflict of Interest, any alleged or suspected Prohibited Practice, promptly notify the Fund of any material risks or other indications of money laundering and/or financing of terrorism in relation to the Project and promptly take remedial steps in consultation with the GCF.

The AE shall also provide updates on the risks and mitigating measures under the other Risk Areas when changes to already identified risks or new risks have been identified.

Risk scoring:

For likelihood, please rate on a scale from 1 to 5: 1. Unlikely, 2. Possible, 3. Likely, 4. Almost certain, 5. Certain

For impact, please rate on a scale from 1 to 5: 1. Close to none, 2. Low, 3. Medium, 4. High, 5. Catastrophic

The severity of each risk is automatically computed based on the likelihood and impact of the risk.

Risk 1	Technical capacity		
Risk Origin	Partner Related		
Risk Area	Partner capacity and suitability		
Risk Sub-area	N/A		
Description	Insufficient technical capacity and oversight within government and partner organizations, following delays in secondments of key staff by MoHS.		
Consequences	Potentially affecting implementation quality and causing delays in establishing EWARS in new districts and Readiness of WASH component for the school and community awareness.		
Inherent Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High
Mitigation Measure(s)	A focused, time-sensitive technical assistance (TA) from in-country resources and support from SCUK through biweekly catch up meeting where Country Office TA and SCUK TAs attend. A joint operational plan with Technical Advisors and Project Implementation Unit (PIU) developed to secure Country TA's support to track the progress of the outcomes Action plan developed in consultation with Ministry of Health and Sanitation and NGO partners in March 2026. A short-term Technical Assistance from Climate Change Advisor from UK for hands-on support to PIU, Partners and Government is planned for one month (March 2026).		
Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Current Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium

Comments	Delay in confirmation of secondment (technical advisers for Water sanitation and Hygiene (WASH) and Health System Strengthening (HSS) from the Ministry of Health and Sanitation) in Y1. This was due to delays in the identification of candidates, and delay in decision making following new government transition after presidential elections. Secondment appointments have been approved from Ministry in Q1, Year 2 and they are planning to join in April 2026. A joint Technical Support/Assistance plan along with Operations plan involving the Country Office (CO), GCF PIU, and SCUUK will be developed during January-February 2026, and actions will be taken to track the progress. The Technical and Operations plan will be embedded in Year 2 Detailed Implementation Plan in consultation with the government and partners.		
Risk 2	Project Safety and Sustainability		
Risk Origin	Project Related		
Risk Area	Design and Implementation		
Risk Sub-area	N/A		
Description	Lack of financial capacity for the government to continue, causes project activities ceasing, exposes key project infrastructure such as solar installations in health facilities to theft and damage.		
Consequences	If this risk materializes, it could result in reduced financial resources available for planned activities, potentially leading to delays in implementation, scaling back of interventions, or reprioritization of project components. Access to health facilities and critical services might be at risk due to delay or no allocation from the central ministry. Lack of solar at health facilities would hinder continuous flow of water to deliver services.		
Inherent Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High
Mitigation Measure(s)	The project addresses sustainability risks by embedding long-term approaches within the governance framework and empowering government ministries to progressively lead activity implementation. This approach includes close collaboration with the MoHS Planning Unit and support to the Health Sector Joint Fund to operationalize the financial framework, ensuring that key Ministry personnel are actively involved in project implementation. Planning meetings have been initiated with MoHS to secure adequate budget provisions for the protection and security of solar equipment to be installed. Lessons learned from previous experiences of MoHS and other development partners are being incorporated to strengthen implementation. Engagement with District Authorities and Traditional Authorities has commenced to work with community structures in establishing community norms and local monitoring mechanisms, and to discuss implementation modalities. Resource allocation to ensure sustainability is planned, including provision of training and practical guidelines for healthcare staff to manage minor maintenance, damage, and repairs effectively.		
Residual Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High
Current Residual Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High
Comments	The new government assumed office in October 2026 in a context of economic instability. Following the transition, adjustments were made to fuel prices and certain taxes, resulting in internal budget reallocations within the Ministry. However, the agreed project budget remains unchanged.		
Risk 3	Lack of Community Ownership		
Risk Origin	Project Related		
Risk Area	Design and Implementation		
Risk Sub-area	N/A		
Description	Communities are not engaged, resulting in a lack of community ownership of the project hampering project sustainability and results.		

Consequences	Communities are not adequately empowered to prepare for and manage the health impacts of climate change. - Community structures lack the knowledge and skills required to promote and support climate-resilient WASH facilities at the community level. - Understanding and application of early warning systems and alert protocols, including among children, are not yet fully embedded within communities. - Efforts to empower communities to reduce their vulnerability to the health impacts of climate change—particularly gender-differentiated impacts—remain constrained.		
Inherent Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High
Mitigation Measure(s)	SCI MW has partnered with CRECCOM (Creative Center for Community Mobilization) and CHC, (Catholic Health Commission) two renowned CSOs who are well known for their strength in community mobilisation approaches to engage intensively with communities across the project cycle especially around activities under Outcome 4. This has ensured community buy in and strengthened project ownership. In addition, Save the Children has a 40-year history of working in Malawi and has strong experience in ensuring that local communities are fully engaged in projects. Stakeholder engagement at the community level has proven this to be the case, with all community members consulted across a range of targeted areas expressing a desire to be involved in the project.		
Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Current Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Comments	In addition to engaging two CSOs, the traditional authorities will play a critical role in community engagement. The project team has already engaged the Traditional authorities in all the six districts and they endorsed the activities.		
Risk 4	Financial Management		
Risk Origin	Project Related		
Risk Area	Fiduciary		
Risk Sub-area	N/A		
Description	Limited capacity in the financial management systems, causing external fraud and corruption, resulting in misuse or theft of project funds.		
Consequences	If this risk materializes, it could result in loss or diversion of project funds, reducing resources available for planned activities and limiting delivery of benefits to target communities. It could also lead to implementation delays, contract disputes, and increased audit findings or compliance actions. Financial irregularities may damage the credibility of implementing partners and reduce stakeholders, donors, and community trust in the project. In serious cases, it could trigger funding suspension, additional oversight requirements, or legal and regulatory consequences. Increased investigation and corrective action processes could divert staff time and resources away from programme delivery. Overall, this risk could affect achievement of project outputs and outcomes and undermine long-term sustainability and partnership relationships if not effectively prevented and managed.		
Inherent Risk	Likelihood	Impact	Severity
	3 - Likely	4 - High	12 - Medium High
Mitigation Measure(s)	Financial management for the project under the Malawi Government will minimise risk through annual audits, regular partner office spot checks, frequent financial reporting, and high-value procurement managed via Save the Children. Training on fraud policies and procedures will be provided. MoHS and Save the Children Malawi (SCI MW) have agreed that major procurement, including goods and non-consulting services, will use Save the Children's systems, with funds channelled through Save the Children. This covers procurement for infrastructure improvements at health facilities and schools. A dedicated procurement officer in the PIU will coordinate with ministry officials on any low-value procurement. The AE has robust corporate financial management policies to further mitigate risk. There are no plans to disburse cash, vouchers, commodities, or other items of value directly or indirectly to beneficiaries.		
Residual Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High

Current Residual Risk	Likelihood 3 - Likely	Impact 3 - Medium	Severity 9 - Medium High
Comments	Several financial management workshops were conducted for implementing partners, including the Ministry of Health and Sanitation, to orient them on financial management procedures, procurement processes, and supply chain requirements. An independent audit for Year One is planned for March–April 2026. In addition, quarterly financial spot checks and ongoing capacity-building support have been carried out by the Save the Children International's GCF Project Finance Manager to strengthen partners' financial compliance and management systems.		
Risk 5	Limited Institutional Capacity and Coordination		
Risk Origin	External Factors		
Risk Area	Political		
Risk Sub-area	N/A		
Description	Limited institutional capacity, and lack of coordination between health and climate agencies, can impede project execution and delivery of project activities; lack of coordination is most likely to affect project activities related to inter-agency collaboration, training, and capacity-building initiatives.		
Consequences	Project funds which will be disbursed from Save the Children to Ministry will be managed by the Finance Unit of the Ministry of Health and Sanitation at national level. Any delay in disbursing funds from Ministry's Finance Unit to District Health office might cause delays in the completion of project activities in time.		
Inherent Risk	Likelihood 3 - Likely	Impact 4 - High	Severity 12 - Medium High
Mitigation Measure(s)	The project will leverage the Project Steering Committee and the national-level Project Implementation Unit to strengthen communication and collaboration between the health and climate sectors, ensuring smooth execution and the achievement of intended outcomes. The first Project Steering Committee meeting was held in November 2025, with a strong emphasis on coordination—particularly among key government entities, including the Ministry of Health, Ministry responsible for Climate Change, Ministry of Finance, and Ministry of Local Government. In addition, two internal coordination meetings were convened within the Ministry of Health and Sanitation, bringing together the Planning Unit, Preventive Health Unit, and Administration, alongside the GCF project team. These meetings aimed to enhance internal coordination, ensure timely and high-quality support, and promote a more integrated approach to project implementation.		
Residual Risk	Likelihood 2 - Possible	Impact 2 - Low	Severity 4 - Medium
Current Residual Risk	Likelihood 2 - Possible	Impact 2 - Low	Severity 4 - Medium
Comments	The National Designated Authority (NDA) serves as the anchoring body for oversight of climate change interventions. The project has ensured that the Environmental Affairs Department (EAD) under the Ministry of Environment and Climate Change is actively engaged, with regular progress updates shared to maintain alignment and oversight. The EAD is also a member of the Project Steering Committee, further strengthening coordination and governance of the project.		
Risk 6	Climate Induced Disasters		
Risk Origin	External Factors		
Risk Area	Natural hazard		
Risk Sub-area	N/A		
Description	High exposure to climate hazards in Malawi, including increasing temperatures, changing rainfall patterns, causing extreme events such as floods and droughts, destroying project sites and investments.		
Consequences	Project implementation timeline and planned activities will be delayed, as a result it will directly impact both at community and health system strengthening actions.		
Inherent Risk	Likelihood 3 - Likely	Impact 4 - High	Severity 12 - Medium High

Mitigation Measure(s)	To mitigate this risk project workplans and activity schedules will consider seasonal risks such as flooding and droughts in collaboration with MoH to determine best course of action and use of resources. In addition, the project will start implementing emergency health interventions identified during the inception phase of the project. The project will also leverage Save the Children's and donor humanitarian resources to respond to any disasters. Project activities also embed understanding of early warnings and alert protocols within communities to reduce vulnerability to climate-induced risks.		
Residual Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High
Current Residual Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High
Comments	Save the Children Country office Emergency Preparedness Plan (EPP) is updated, and project locations were added in the plan. During the reporting period, the project initiated District Executive Committee (DEC) meetings in all the six districts where they (DEC) discussed about the district level adaptation plan and planned to revise/update the plan in March 2026.		
Risk 7	Insufficient Climate and Health Data Integration		
Risk Origin	Project Related		
Risk Area	Design and Implementation		
Risk Sub-area	N/A		
Description	The project's success, particularly in establishing disease surveillance systems and developing early warning systems (e.g., Activity 1.1.2), may rely on accurate and timely integration of climate and health data.		
Consequences	Lack of integrated data can hinder early warning system development, leading to increased disease burden, reduced health system resilience, and undermining the project's overall goal of enhancing climate resilience in the health sector.		
Inherent Risk	Likelihood	Impact	Severity
	3 - Likely	4 - High	12 - Medium High
Mitigation Measure(s)	The MoH have advised that an MoU for the sharing of data between the Meteorological Department and the Ministry of Health has already been signed during 2024. Additionally, the Project Steering Committee which includes representatives from the relevant departments, will ensure facilitation for efficient operation of the MoU and information sharing.		
Residual Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High
Current Residual Risk	Likelihood	Impact	Severity
	3 - Likely	3 - Medium	9 - Medium High
Comments	During the reporting period, a Project Steering Committee was established, bringing together representatives from the Ministry of Health, the Meteorological Department, the Environmental Affairs Department, and other relevant ministries. The committee held its first meeting in October 2025, where members emphasized the importance of data integration and quality.		
	Following this, the Health Climate Technical Committee convened in November under the Steering Committee. Data integration and quality were included as key agenda items for further action.		
Risk 8	Data Availability and Quality		
Risk Origin	Partner Related		
Risk Area	Partner capacity and suitability		
Risk Sub-area	N/A		
Description	The availability of high-quality data at both national and district levels is essential for designing effective interventions and enabling the timely adaptation of planned activities over the course of implementation.		
Consequences	Insufficient high-resolution data can hinder the accurate targeting of interventions, potentially affecting activities that rely on data collection, analysis, and application in intervention planning, such as those potentially linked to Activity 1.1.2.		
Inherent Risk	Likelihood	Impact	Severity
	3 - Likely	4 - High	12 - Medium High

Mitigation Measure(s)	The most recent social and spatial data sets at district level and below are the 2018 Census and 2017 Integrated Household Survey, with districts also producing socio-economic profiles covering local data. Proposal development has accessed further relevant information, such as updated health care facility distribution and classification from MoHS. Additionally, many non-government actors are also collecting relevant data, including for monitoring and evaluating complementary interventions. Physical presence of project staff in districts through district PIUs will facilitate easier access to available data. The results from project M&E tools, especially the baseline survey, will guide intervention activities. District PIUs and the MEAL officer are responsible for ensuring that all data gathered during the project is categorised, with metadata provided for project team access, in compliance with requirements set by the respective data owners.		
Residual Risk	Likelihood 3 - Likely	Impact 3 - Medium	Severity 9 - Medium High
Current Residual Risk	Likelihood 3 - Likely	Impact 3 - Medium	Severity 9 - Medium High
Comments	A project baseline assessment and formative research will collect primary data across all six districts. The project has also deployed six District Coordinators from Save the Children, one in each district. In addition, two partner NGOs are actively engaged at the district level. A District-Level Project Implementation Unit has been established in each district, comprising the Save the Children District Coordinator, the Government District Health Officer, and the GCF Project's NGO Coordinator. This unit will utilize the data collected at the district level and regularly update the Monitoring and Evaluation team with locally available data from government and other relevant agencies. These efforts will enable the project to develop and adjust its implementation plans to ensure high-quality delivery.		
Risk 9	AML/CTF Compliance Risk		
Risk Origin	Project Related		
Risk Area	Integrity		
Risk Sub-area	Money Laundering (ML) & Terrorist Financing (TF)		
Description	Risk that project funds or resources may be used, directly or indirectly, for money laundering or terrorist financing activities due to inadequate due diligence of executing entities, partners, contractors, or beneficiaries; weak financial management and monitoring controls; or non-compliance with applicable AML/CTF laws, regulations, and GCF requirements.		
Consequences	If AML/CTF compliance risks materialise, project funds or resources may be diverted or misused for illicit purposes, resulting in serious violations of legal, regulatory, and GCF requirements. This could trigger investigations by the GCF Integrity Unit, regulators, or other competent authorities, potentially leading to suspension or cancellation of disbursements, recovery of funds, and significant financial losses. Such incidents may also result in reputational damage to the Accredited Entity (SCA), Executing Entities, Implementing Partners, and the GCF, and could undermine confidence in the entity's fiduciary systems, potentially affecting current or future accreditation status.		
Inherent Risk	Likelihood 2 - Possible	Impact 3 - Medium	Severity 6 - Medium
Mitigation Measure(s)	This risk is mitigated through Save the Children's global Anti Money Laundering and Counter Terrorist Financing policies and procedures, including mandatory partner, vendor, and counterparty due diligence conducted through established organizational screening processes. All executing entities, contractors, and suppliers are screened against relevant watchlists prior to engagement, with records maintained. Financial transactions are subject to segregation of duties, approval thresholds, and regular monitoring, supported by internal audits, spot checks, and compliance oversight. Staff receive mandatory training on AML/CTF requirements, and any suspected violations are reported through established whistleblowing and incident management mechanisms.		
Residual Risk	Likelihood 2 - Possible	Impact 2 - Low	Severity 4 - Medium
Current Residual Risk	Likelihood 2 - Possible	Impact 2 - Low	Severity 4 - Medium

Comments	N/A		
Risk 10	Fraud and Corruption Risk		
Risk Origin	Project Related		
Risk Area	Integrity		
Risk Sub-area	Fraud / Bribery & Corruption / Collusion and any other prohibited practice		
Description	Risk that fraud, bribery, corruption, collusion, or other prohibited practices may occur during project implementation, including procurement, contracting, financial management, or reporting processes, leading to misuse of GCF resources, financial losses, reputational damage, and potential non-compliance with GCF policies and legal obligations.		
Consequences	If fraud, corruption, or other prohibited practices occur, GCF resources may be misappropriated or used inefficiently, resulting in financial losses and ineligible expenditures that may need to be refunded. Such incidents can disrupt project implementation, cause delays, or lead to partial or full suspension of activities while investigations are conducted. Findings of fraud or corruption may prompt investigations by the GCF Integrity Unit or external authorities, damage the credibility and reputation of the Accredited Entity (SCA) and partners, and jeopardise both current and future access to GCF financing.		
Inherent Risk	Likelihood	Impact	Severity
	2 - Possible	3 - Medium	6 - Medium
Mitigation Measure(s)	This risk is mitigated through Save the Children's Anti Fraud, Anti Bribery, and Anti Corruption policies, which set clear standards for ethical conduct and zero tolerance for prohibited practices. Robust internal controls are applied across procurement, contracting, and financial management processes, including competitive bidding, segregation of duties, approval thresholds, and documentation requirements. Partner assessments, spot checks, internal audits, and compliance reviews are conducted, with financial and procurement records maintained. Mandatory staff training, declarations of compliance, and access to confidential whistleblowing channels further strengthen fraud prevention and detection.		
Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Current Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Comments	N/A		
Risk 11	Sanctions Compliance Risk		
Risk Origin	Project Related		
Risk Area	Integrity		
Risk Sub-area	Sanctions		
Description	Risk of non-compliance with applicable international or national sanctions regimes arising from unintended engagement with sanctioned countries, individuals, entities, or transactions, as a result of insufficient sanctions screening, inadequate due diligence, or lack of timely awareness of changes to sanctions requirements.		
Consequences	A failure to comply with applicable sanctions regimes may result in the project inadvertently engaging with sanctioned countries, individuals, entities, or transactions, leading to breaches of international or national sanctions laws. This could cause project activities to be suspended or terminated, expenditures to be declared ineligible, and disbursements to be delayed or withheld. In addition, the Accredited Entity (SCA) and its partners may face legal or regulatory penalties, increased scrutiny from the GCF, and reputational harm that adversely affects stakeholder trust and future funding opportunities.		
Inherent Risk	Likelihood	Impact	Severity
	2 - Possible	3 - Medium	6 - Medium
Mitigation Measure(s)	This risk is mitigated through Save the Children's compliance framework, which requires systematic sanctions screening of partners, suppliers, consultants, and financial transactions prior to contract award and payment processing. Screening is conducted using approved organisational tools and documented in line with internal procedures. Procurement and finance teams apply enhanced due diligence in higher risk contexts, and changes in sanctions regimes are monitored centrally with guidance cascaded to		

	country offices. Oversight is further strengthened through internal reviews, audit processes, and escalation protocols for any potential sanctions matches.		
Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Current Residual Risk	Likelihood	Impact	Severity
	2 - Possible	2 - Low	4 - Medium
Comments	N/A		
Risk 12	Conflict of Interest Risk		
Risk Origin	Project Related		
Risk Area	Integrity		
Risk Sub-area	Conflict of interest		
Description	Risk that actual, potential, or perceived conflicts of interest involving project staff, implementing partners, consultants, or decision-makers may improperly influence project decisions, procurement processes, recruitment, or allocation of resources due to inadequate disclosure, management, or mitigation of conflicts of interest.		
Consequences	Unmanaged or inadequately disclosed conflicts of interest may compromise the integrity, fairness, and transparency of project decision-making processes, particularly in procurement, recruitment, or resource allocation. This can lead to biased outcomes, inefficient use of funds, and non-compliance with GCF fiduciary and governance standards. As a result, the project may face audit findings, corrective actions, and enhanced GCF oversight, along with reputational harm that weakens stakeholder confidence and trust in project governance arrangements.		
Inherent Risk	Likelihood	Impact	Severity
	2 - Possible	3 - Medium	6 - Medium
Mitigation Measure(s)	This risk is mitigated through Save the Children's Conflict of Interest policy, which requires staff, consultants, and relevant partners to formally declare actual, potential, or perceived conflicts of interest at the outset and throughout the project lifecycle. Declarations are recorded and managed in accordance with internal procedures, with mitigation actions defined where conflicts are identified. Procurement and recruitment decisions are subject to committee based reviews, segregation of roles, and senior oversight. Compliance is reinforced through regular training, internal audits, and management reviews to ensure conflicts are appropriately disclosed, managed, and documented.		
Residual Risk	Likelihood	Impact	Severity
	1 - Unlikely	2 - Low	2 - Low
Current Residual Risk	Likelihood	Impact	Severity
	1 - Unlikely	2 - Low	2 - Low
Comments	N/A		

D.2. Report risk incidents

If any risk (previously identified or not) has materialized, please capture it here as a risk incident.

(this section is confidential)

E. FINANCIAL INFORMATION

E.1. GCF financing

In addition to the financial report in the annex, update the table with relevant GCF financial data for each country and instrument, including amounts and allocation percentages.

Country	Instrument	Currency (as per FAA)	Committed Amount	Disbursed Amount	Expenditure (reporting year)	Cumulative Expenditure	Mitigation	Adaptation
Malawi	Grants	USD	33,000,000	3,854,694	880,462	880,462	0%	100%
Total		USD	33,000,000	3,854,694	880,462	880,462	N/A	N/A

E.2. Co-financing

Please populate the table with relevant Co-financing data for each Co-financier and instrument, including amounts and allocation percentages.

Co-financier	Instrument	Currency (as per FAA)	Committed Amount	Disbursed Amount	Expenditure (reporting year)	Cumulative Expenditure	Mitigation	Adaptation
Sanofi	Grants	USD	1,064,272	1,064,272	115,596	115,596	0%	100%
Moondance	Grants	USD	148,167	148,167	1,157	1,157	0%	100%
FCDO	Grants	USD	317,950	254,900	206,906	206,906	0%	100%
GSK	Grants	USD	1,271,800	1,271,800	27,057	27,057	0%	100%
Malawi Government	In-kind	USD	1,266,019	0	0	0	0%	100%
Total		USD	4,068,208	2,739,139	350,716	350,716	N/A	N/A

E.3. Additional Finance Mobilised Beyond Approved Co-financing

Report the realised (cumulative value) and/or expected volume (Final Target) of private/public finance leveraged as a result of GCF involvement in the investment, in addition to and beyond any co-financing originally committed at approval. This datapoint shall be reported separately from official co-financing figures and is intended to capture the catalytic effect of GCF investments and support institutional learning.

GCF Policy: <https://www.greenclimate.fund/sites/default/files/document/policy-cofinancing.pdf>

No additional finance mobilized information provided.

File Name: FP244_CHWBRC Malawi_December 2025_vF_09.04.2026.xlsx

F. ENVIRONMENTAL & SOCIAL SAFEGUARDS, GENDER, and INDIGENOUS PEOPLES

This section provides an update against the ESS standards agreed as part of the Environmental and Social Action Plan (ESAP) and Environmental and Social Management Framework (ESMF), as well as Environmental and Social Management System (ESMS), Environmental and Social Impact Assessment (ESIA), Environmental and Social Management Plan (ESMP), Indigenous Peoples Plan (IPP), Indigenous Peoples Plan Framework (IPPF), Resettlement Action Plan (RAP), Resettlement Policy Framework (RPF) when applicable.

F.1. progress on key challenges and updates regarding Environmental and Social Safeguards

Key Environmental and Social Changes

Have there been any changes in the key environmental and social risks and impacts? If you tick 'Yes,' please provide further information.

Yes ☐ No ☒

Environmental and Social Safeguarding Updates

Have there been any change/update on environmental and social safeguarding? you tick 'Yes,' please provide further information.

Yes ☒ No ☐

The project recognises the ongoing risk that staff or consultants could breach Child Safeguarding or SEAH policies. To mitigate this, all newly recruited staff undergo police screening and clearance, receive safeguarding and SEAH orientation, and sign mandatory commitments to uphold these policies. Partner organisations and the PIU have appointed Safeguarding Focal Points responsible for promoting safeguarding messages, ensuring that safeguarding is systematically integrated into planning and community-level implementation, and raising awareness of anonymous, confidential and safe reporting channels. These focal points also conduct safeguarding risk assessments for activities involving marginalised groups, ensuring that risks faced by women, children, persons with disabilities and other at-risk groups are proactively identified and reduced. The consultancy teams responsible for the ASPIRE formative study and baseline similarly received safeguarding and SEAH orientation and signed compliance commitments.

Throughout implementation, the project is taking steps to ensure all safeguarding procedures and reporting systems are accessible and inclusive. This includes providing information in child-friendly and easy-to-understand formats; offering multiple reporting options suitable for people with disabilities and individuals with low literacy; and ensuring that trusted, trained focal points are available to support those who may need help to submit a concern. These measures strengthen the accessibility, safety and equity of the safeguarding system for those most at risk.

Another key risk is the exclusion of marginalised groups, particularly women, children, young people, and persons with disabilities, from project processes, which would limit the integration of their priorities and lived experiences. To minimise this, the project applies the GESI Action Plan, which sets participation benchmarks for groups most affected by inequality. All consultations to date, and those planned, will intentionally include both individuals and representatives from organisations and networks supporting women, children and people with disabilities, ensuring their perspectives directly and meaningfully shape project decisions.

F.2. Compliance with laws and regulations applicable to ESS. Gender and Indigenous Peoples.

Have there been any changes or updates regarding compliance with applicable laws and regulations of the country, as well as the relevant conditions or covenants under the FAA?

Yes ☐ No ☒

F.3. ESS standards implementation progress

Does this reporting period include any ESS standards-related activities or updates?

Yes ☒ No ☐

If you tick 'Yes', please provide further information to report on the progress made in complying with the requirements of the relevant ESS standards that were triggered during the approval of the funding proposal and during the reporting

period, if any; and the GCF Indigenous Peoples Policy, if relevant, describing achievement and specifying details outlined in the tables below.

Activities implemented during the reporting period, including monitoring

The project has taken a structured approach to strengthening safeguarding, SEAH prevention and GESI integration across all implementing partners and district teams. During the DIP Review Workshop in Lilongwe, the PIU oriented 30 participants (14 women and 16 men) from partner organisations, technical advisors and the PIU on SCI's Safeguarding and SEAH policies. The sessions outlined key prevention responsibilities and safe, confidential reporting mechanisms to protect all individuals engaged with the project. These induction efforts were reinforced during the MEAL training workshop in Blantyre, which brought together SCI district project coordinators, MEAL and project coordinators from partner organisations, and focal persons from the MoHS and district councils. Participants received an introduction to SCI's Safeguarding and SEAH policies and GESI Policy, ensuring that all staff understand their responsibilities for safe, inclusive and equitable practice. To further strengthen capacity, the PIU conducted a GESI pre-test with district implementation teams and partner staff. The results showed gaps in understanding across several GESI concepts, which informed the design of a comprehensive GESI training workshop. A total of 50 participants (23 women, 27 men, including one man with a disability) attended, representing partners, district officers and MoHS. The training focused on practical application of GESI principles in delivery. Alongside these efforts, the PIU reviewed the GESI Action Plan and recommended refinements to outcome- and impact-level indicators. It also reviewed the formative and baseline study tools to ensure strong GESI integration, including more accessible language, strengthened sampling and improved sensitivity to marginalised groups. Across all workshops and tools, the project has placed increasing emphasis on accessibility, ensuring that safeguarding and GESI reporting systems are available in multiple formats, easy to understand and usable by children, persons with disabilities and individuals with low literacy, so no one is excluded from raising concerns or participating safely.

Outputs during the reporting period

80 project staff and consultants (37 women and 53 men) were oriented on Safeguarding and SEAH requirements, resulting in zero safeguarding or SEAH incidents during the reporting period. Teams demonstrated strong adherence to safeguarding standards during community entry processes and formative study fieldwork, where close interaction with women, children and persons with disabilities required heightened vigilance. Stakeholders were also introduced to the Environmental and Social Safeguards Assessment and Residual Risk Management Plan (ESARRMP) through national-level planning sessions and MEAL workshops. GESI and safeguarding training contributed to more inclusive participation across activities, helping ensure that marginalised groups, particularly women, youth and people with disabilities, were represented in meetings and could access venues and information safely. The project strengthened accessibility of safeguarding systems by promoting anonymous reporting options, child-friendly communication, and multiple safe channels appropriate for individuals with disabilities or low literacy. The GESI training workshop created a pool of district-level trainers who will support continued capacity strengthening on gender equality, GBV risk mitigation, disability inclusion and safeguarding. The review of the GESI Action Plan resulted in new outcome- and impact-level indicators, which will be integrated into formative and baseline studies, ensuring alignment with national gender, youth and disability quotas.

Key environmental, social and gender issues, risks and impacts addressed during implementation

During the reporting period, several environmental, social and gender-related risks were identified and proactively addressed in line with the ESARRMP, Safeguarding and SEAH policies, and the GESI Action Plan. A key risk related to potential safeguarding and SEAH violations during community engagement and the formative study, particularly given close interaction between consultants, enumerators, women, children and persons with disabilities (PWDs). To mitigate this, all project-engaged personnel received mandatory orientation on SCI's Safeguarding, PSEAH and Code of Conduct policies. A safeguarding risk assessment was completed to identify context-specific vulnerabilities and appropriate minimisation measures. As a result, enumerators were instructed to conduct interviews in visible, safe locations, avoid isolated spaces, and ensure that children and other at-risk groups could access support from trained safeguarding focal points. These actions helped maintain a zero-incident reporting status. Another major risk concerned the exclusion of marginalised groups due to entrenched gender inequalities, harmful social norms and patriarchal decision-making structures, which could have limited the representation of women, youth, adolescents and PWDs in project consultations, entry meetings and formative research. Such exclusion would have weakened project ownership and reduced the integration of diverse perspectives into planning. To address this, the project applied the GESI Action Plan, national statutes and ESS commitments to promote inclusive participation. Engagement processes adopted the National Youth Policy and the Disability Act quotas (30% youth; 10% PWDs) and used accessibility measures, such as child-friendly information, low-literacy formats, accessible venues and multiple safe reporting channels, to ensure meaningful participation. Community governance structures were sensitised to gender equality, SGBV risk mitigation and inclusive representation, helping to elevate the voices of women, children, PWDs and other groups most affected by climate and health risks. These combined measures strengthened safe, equitable and accessible engagement and reduced the likelihood of exclusion or harm.

Any pending key environmental, social and gender issues needing accredited entity's actions and GCF attention

<i>No significant issues to report.</i>	
Remarks/Notes	
<i>No additional remarks.</i>	
F.4. Sub-projects information	
Have any subprojects been implemented?	Yes ☐ No ☒
N/A	N/A

F.5. Implementation of the stakeholder engagement plan	
Were any actions undertaken to increase engagement of relevant stakeholders in the project, particularly regarding environmental, social, and gender elements?	Yes ☒ No ☐
Activities implemented during the reporting period	
During the report period, stakeholder engagement has focused on building shared understanding, ownership, and coordination across national, district, and community levels. A national project kick-off and inception meeting was held in June 2025, bringing together key stakeholders from national and district institutions to introduce the project, clarify objectives, and align implementation priorities, and ESS. This was followed by an official community launch in August 2025 in Mangochi District, led by MoHS, which enabled direct interaction with district authorities, community leaders, and community members. The launch strengthened local awareness of the project and generated strong interest and expectations around improving resilience to climate-related health risks. Engagement on environmental, social, and gender considerations was integrated throughout the period. The project's ESARRMP commitments were presented and discussed during detailed implementation plan reviews with national implementing partners, as well as during MEAL and GESI workshops held in October and November 2025. Participants welcomed the project's emphasis on gender equality, disability inclusion, transparency, and the creation of platforms to elevate community voices, particularly considering the disproportionate climate impacts faced by vulnerable populations. Formal governance and technical engagement were further strengthened through inaugural meetings of the TAG and PSC in September and November 2025. These meetings reviewed and endorsed Terms of Reference and provided strategic and technical guidance on key deliverables. Participation included representatives from relevant line ministries, public institutions, academia, UN agencies, and NGOs, helping to identify opportunities for alignment and synergies with other climate and health initiatives.	
Dates and venues of engagement activities	
The national project kick-off and inception meeting was held from 11–13 June 2025 in Lilongwe. An official community launch took place on 15 August 2025 in Mangochi District, hosted at a local primary school. Technical and governance consultations were held through the TAG meeting in September 2025 in Lilongwe and the PSC meeting in November 2025 in Salima. Additional stakeholder engagement sessions, including MEAL and GESI workshops, were conducted in October and November 2025 in Blantyre and Lilongwe respectively.	
Sex-disaggregated data on stakeholder engagement participants (male + female = total)	
Key issues raised included the project's alignment with Malawi Vision 2063 and the Health Sector Strategic Plan (HSSP), and support for decentralization. Stakeholders emphasized the need for increased district representation in national	

decision-making platforms and sought clarity on long-term sustainability. Concerns were raised regarding stability and predictability of GCF financing, informed by recent experiences with external funding disruptions, and how the project would empower local actors to retain skills, systems, and benefits. Project timelines, the pace of realization of tangible community-level benefits, and meaningful involvement of CSOs and youth organizations in national platforms and project implementation were also discussed.

The project team committed to i) alignment with Malawi Vision 2063 and the HSSP, and reinforcing decentralization by embedding activities within district planning, budgeting, and coordination structures; ii) strengthening district participation in the PSC and TAG, expanding the role of CSOs and youth organizations, and prioritizing capacity transfer to local institutions; and iii) transparent communication on timelines, phased delivery of community-level interventions, and close coordination with MoHS and partners to manage funding risks and safeguard implementation continuity.

Government stakeholders engaged (1,096 male, 427 female = 1,523 total) included Ministries of Health, Natural Resources, Agriculture, Energy, and Gender; District Councils and Health Offices; Public Health Institute; National Malaria Control Program; University of Malawi; and Department of Disaster Management International and national partners engaged (14 male, 9 female = 23 total) included FCDO, Foundation S, WHO, CHAI, Seed Global Health, UNICEF, FAO and Malawi Red Cross Society. Platforms and mechanisms such as the PSC, TAG, national and district consultation workshops, community entry meetings, and bilateral meetings with Ministry departments and partners engaged at least 177 people (115 male, 62 female). Traditional Authorities, village heads, religious leaders, and community members, including women, adolescents, caregivers, and persons with disabilities were also engaged.

Information shared with stakeholders

During stakeholder consultations, the project team shared information on the project's objectives, scope, and expected results, with a focus on how the project contributes to climate-resilient health outcomes in line with national priorities. Stakeholders were briefed on alignment with Malawi Vision 2063 and the Health Sector Strategic Plan, and on how project activities support decentralization by strengthening district and community-level systems. Information was also shared on the project implementation approach, timelines, and phased delivery of activities, including when tangible benefits are expected at community level. Consultations covered governance and coordination arrangements, including the roles of MoHS, the PSC, TAG, district authorities, CSOs, and community structures, as well as opportunities for stakeholder participation in decision-making and implementation. The project presented its approach to environmental, social, gender, and inclusion considerations, including ESS, GESI commitments, grievance redress mechanisms, and measures to ensure the inclusion of women, youth, persons with disabilities, and other vulnerable groups. Stakeholders were informed about data collection, monitoring and evaluation, information disclosure practices, the project's Grievance Redress Mechanism, and how feedback would be incorporated throughout implementation. Potential risks, assumptions, and mitigation measures were also discussed to promote transparency, accountability, and shared ownership.

Outputs including issues raised and addressed during the reporting period

Alignment with national priorities: Stakeholders asked how the project aligns with Malawi Vision 2063 and the Health Sector Strategic Plan III. **Decentralization and district ownership:** Concerns were raised about strengthening subnational governance and district voice in national decision-making. The project responded by embedding activities within district planning and budgeting processes and increasing district representation in the PSC and TAG.

Sustainability beyond the project period: Stakeholders questioned how benefits would be sustained after the five-year project. The project committed to prioritizing capacity transfer, institutionalization within government systems, and leveraging co-financing and complementary initiatives.

Funding stability and risk management: Stakeholders expressed concern about potential funding disruptions. The project committed to transparent communication on financing, phased implementation, and close coordination with MoHS and partners to manage risks and ensure continuity. During detailed implementation plan reviews, MoHS and national ministries also raised concerns that some budget unit costs may be underpriced. Concerns were also raised on inflationary pressures, foreign exchange fluctuations, and restrictions on operating USD accounts. In response, the project committed to ongoing budget reviews, re-phasing where necessary, and close coordination with MoHS and partners. **Financial arrangements and budget oversight:** HSJF highlighted challenges related to opening a separate GCF bank account and emphasized the need for strong coordination and oversight of MoHS-led budget management. The project is committed to strengthening financial coordination, clarifying roles and responsibilities, and enhancing oversight

mechanisms in line with GCF requirements. Implementation timelines and early impact: Stakeholders sought clarity on when community-level benefits would be realized. The project addressed this by outlining a phased rollout plan and communicating realistic timelines, including early visible actions. Involvement of CSOs and youth organizations: Stakeholders emphasized the need for meaningful CSO and youth engagement. The project committed to expanding their participation in consultations, implementation activities, and national decision-making platforms.
Remarks/Notes
N/A

F.6. ESS forward planning and lessons learned	
Are there any planned ESS activities for the next reporting period or lessons learned to share from this period?	Yes ☒ No ☐
Provide planned activities on environmental and social safeguards for the next reporting period	
Planned activities include smallscale construction works to upgrade health facilities and install rainwater harvesting systems in schools, alongside promotion of integrated homestead farming and strengthened safeguarding measures. These activities have been assessed for ESS risks, with mitigation measures integrated into planning and implementation. The PIU will monitor compliance throughout, supported by an operational GRM. Concrete production for health facility upgrades and school rainwater harvesting systems presents a risk of localised soil or water contamination from slurry and wastewater, and potential environmental impacts on rivers and sensitive sites if construction materials are sourced irresponsibly. To mitigate this, all concrete will be prepared on bunded and covered hardstand surfaces. Wastewater will be collected and treated to allow particulates to settle before discharge, while concrete slurry will be collected and left to harden. Cured concrete waste will be safely reused by communities for infrastructure maintenance, and all sand, gravel, and aggregates will be sourced only from approved sites. These measures are expected to ensure fully contained concrete production with no negative environmental impacts and minimal pressure on natural resource extraction sites. Integrated homestead farming activities may pose risks of soil and water pollution and health hazards if agrochemicals are used improperly. Mitigation will focus on training facilitators and community members in organic and ecological farming methods. While agrochemical use will not be promoted, households will receive guidance on associated health and safety risks and will be advised against using restricted or uncertified products. To mitigate SEAH risks associated with staff, consultants, and construction workers, all personnel will receive safeguarding and SEAH training, adhere to safe recruitment processes, and comply with organisational policies and national legislation. Communities, including children and vulnerable groups, will be made aware of safeguarding measures and GRMs. These actions are expected to strengthen awareness, prevention, and reporting of SEAH risks.	
Provide any success stories, good practices, or challenges, including those related to the engagement of Indigenous peoples and local communities, promoting Indigenous knowledge and benefits to Indigenous peoples and local communities	
The project has adopted a conflict-sensitive and context-appropriate approach by organising activities in ways and at times that best suit each target group. For example, focus group discussions involving learners are held during break times or after classes to protect their right to education and avoid disrupting lessons. Similarly, in districts such as Mangochi, Balaka, Machinga and Zomba, where most community members are Muslim, the project ensures that activities end before Friday lunchtime so participants can attend prayers and meet their religious obligations. The project also takes steps to ensure activities are inclusive of children, persons with disabilities and individuals with low literacy, including offering accessible formats, adapting facilitation methods, and selecting venues and timings that minimise barriers to participation.	
F.7. Grievance Redress Mechanism - confirmation & grievances	
<i>Please indicate whether the project can confirm the following statement:</i> Fully functional and operational Grievance Redress Mechanisms are in place, have been communicated to and are accessible by all stakeholders applicable to this project ☐ The accredited entity confirms the statement above at project-level, AE-level, and GCF-level grievance mechanisms.	

☒ The accredited entity does not confirm the statement above	
The project is developing a Grievance Redress Mechanism (GRM) at national, district and community levels, planned for operation by Q4 Year 2. Work to date includes mapping existing GRM structures, such as MoHS ombudsman services, school complaint boxes, Child Protection Committees and Community Victim Support Units, to align with project needs. The team is also promoting SCI's existing channels, including the toll-free line (52121), whistleblowing email and safeguarding focal points. To ensure accessibility, the GRM will use child-friendly and low-literacy formats, multiple reporting options and support from trained focal points.	
Have there been any grievances received during the reporting period?	Yes ☐ No ☒
<i>None received</i>	
F.8. Implementation of activities and actions agreed in the Gender Action Plan	
During Year 1, GAP implementation focused on foundational institutional set-up and capacity strengthening, with most technical activities deferred to Year 2. Key achievements include recruitment of a full-time GESI Specialist, designation of Safeguarding Focal Points across partner organizations, and delivery of GESI and safeguarding training to project staff, district coordinators, and MoHS departments. A Rapid GESI Needs Assessment was completed, informing targeted capacity-building on gender analysis, disability inclusion, safeguarding, and intersectionality. GESI considerations were integrated into the formative research, and the planning for the baseline assessment, to capture the perspectives of vulnerable groups including youth, children, pregnant and lactating women, and marginalized populations. These findings will inform the comprehensive Gender and Power Analysis scheduled for Year 2. Planned activities, including the Gender and Power Analysis, GESI Strategy development, and nomination of HCCCT subtask team members under Activity 1.1.1, were delayed due to late recruitment of key staff and have been planned for early Year 2. The project remains on track to achieve intended GAP targets and results. Key challenges relate to delayed staffing and sequencing of technical activities. Corrective actions include prioritizing pending analyses in Q1–Q2 Year 2, strengthening enforcement of GESI participation targets, and institutionalizing intersectional approaches in implementation.	
Are there GAP implementation activities or progress to report for this period?	Yes ☒ No ☐
<i>Summary on Activities and Actions agreed in the Gender Action Plan (max. 200 words)</i> <i>Provide a progress report on the gender action plan developed during project preparation stage for the reporting period. This will primarily be a report on activities undertaken and results achieved because of completion of an activity. Further, it should also indicate if the project is on track to achieving the intended outcome(s). The reporting should be done for activities, targets and indicators already set in the action plan including on vulnerable groups (youth, poor, female heads of households, etc.) as would have been identified in the gender analysis and action plan. If activities or targets are not achieved as per plan, reasons should be provided, and recourse action should be proposed. Please include reporting on any changes or deviations. Include a Report on implementation challenges and lessons learnt and how these will inform on-going actions and what action will be taken by when to address the challenges faced. Incorporate both quantitative data and qualitative reports on the performance of such actions, and on progress on actions identified.</i>	
GAP Activity	
1.1.1: Strengthen the health surveillance system by identifying alert triggers for key climate-sensitive health conditions (GESI action) When determining threshold levels for the different diseases, ensure that specific consideration is given to differences in thresholds for women, children and men and women with disabilities, and that this is written into the new threshold documents.	
Indicator	
1. Data disaggregated by gender, age and disability status in 100% of the new threshold-level plans. 2. Women comprise at least 40%, of the participants in multi-stakeholder workshops. 3. Youth comprise at least 5% (50% girls, 50% boys) of the participants in multi-stakeholder workshops. 4. At least 12 people with disabilities (6 women and 6 men) are represented in the dissemination workshop (1 woman and 1 man per district).	

Rating of Indicator	AMBER (needs attention to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
The project team supported the MoHS to convene the Health and Climate Change Core team in Q4 Y1 to introduce the project goals. The HCCCT team did not meet the 40% female composition target. The HCCCT team is to nominate the subtask team members (Sub-activity 1.1.1.1) who will oversee the development of new EWARS thresholds. As this subtask team will be formed in Q1 Y2, emphasis will be put on ensuring that the GESI targets are met.	
Cumulative progress update (Entire period)	
Cumulative progress is the same as annual progress update since this is the first APR being submitted.	
Budget	20,560
Currency	USD
Timeline (Planned completion of activity)	31 December 2026
Responsibility	
Lead: Gender Equality and Social Inclusion Specialist Support: Climate Adviser; Department of Climate Change and Meteorological Services (DCCMS)	
Remarks/Notes	
The indicator is AMBER because progress has been slower than planned due to delays in establishing the sub-task team responsible for developing new EWARS threshold-level plans, which is required before GESI targets can be operationalised. While the Health and Climate Change Core Team was convened during the reporting period, it did not meet the 40% female participation target, and threshold development has not yet commenced. To mitigate this, the project will apply explicit GESI criteria to sub-task team nominations in Q1 Year 2, supported by targeted guidance to ensure gender-, age- and disability-disaggregated considerations are embedded as threshold development proceeds.	
GAP Activity	
Activity 1.1.2 Strengthen the institutional architecture for managing the ongoing operation of the climate-informed Health Early Warning System (HEWS) (GESI action) Identify potential women for inclusion in the coordination committee for the health Early Warning and Response System (EWARS) and provide training and support for women to develop the skills and confidence to participate fully in the committee and be influential. (GESI action) When forming the coordination committee for the health EWARS, ensure that women's voices are represented in the process, and at least one man and one woman with a disability is consulted when developing the Terms of Reference for the committee. (GESI action) The tools developed to strengthen skills and knowledge of the health EWARS among national and district staff must be co-created in consultation with at least one man and one woman with a disability, as well as with representatives from different social and economic groups, and the tools themselves must consider accessibility requirements so they can be used by all.	

(GESI Action) The training materials and all materials used in awareness-raising activities must include modules or specific information on the differential needs of vulnerable groups (women, youth and people with disabilities) in terms of early warning systems. Training materials must be accessible to men and women with disabilities.

Indicator

At least 40% of the committee members must be women At least 50% of those receiving training must be women, At least 10% of those receiving training must be youth. Among all the government officials participating in the training there must be at least one man and one woman with a disability

Rating of Indicator

AMBER (needs attention to be met)

Baseline

0

Target, including sex-disaggregation where applicable

1

Annual progress update (Reporting Period)

The project team engaged with relevant Ministry departments, MoHS and DCCMS, to introduce project objectives and strengthen linkages between the health and climate sectors. Through WHO, an MoU was signed to support formal data-sharing arrangements between the MoHS and DCCMS in the pre-mobilization period funded by GCF co-financing from FCDO under the CHWBRC project. This lays the groundwork for the GESI actions above, to implement over the coming months/years of the project.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget

18,286

Currency

USD

Timeline (Planned completion of activity)

31 December 2029

Responsibility

Lead: GESI specialist, Support: DCCMS, MoHS

Remarks/Notes

The indicator is AMBER because implementation of Activity 1.1.2 only recently began implementation in the last quarter of Year 1, and the EWARS coordination committee has not yet been formally established. During the reporting period, engagement with the MOHS and the DCCMS focused on strengthening institutional linkages and formalising data-sharing arrangements, including an MoU facilitated through WHO. To mitigate this, the project will apply explicit GESI criteria to committee formation and Terms of Reference in early Year 2, alongside targeted capacity-building to ensure women, youth and people with disabilities are meaningfully represented and able to influence EWARS governance.

GAP Activity

Activity 1.1.3 Establish sentinel sites at selected healthcare facilities to provide improved climate and health data for the health Early Warning and Response System (EWARS)

(GESI action) As part of the initial meetings and consultations to finalize the location, women and people with disabilities must be adequately consulted to determine whether there are particular considerations in setting up sites that would impact their use.

Indicator	
GESI action achieved	
Rating of Indicator	AMBER (needs attention to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
During the reporting period, initial progress focused on setting up the foundations for Activity 1.1.3. The MoHS completed the identification of sentinel sites prior to project mobilisation, meaning the project was not able to conduct the planned consultations with women and persons with disabilities regarding site location. To mitigate this gap and uphold the intent of the GESI action, the project has incorporated inclusion measures into the next stages of work. The PIU is working with the MoHS to agree that any forthcoming assessments will actively involve women, youth and persons with disabilities. These consultations will focus on identifying any access, usability, safety or communication barriers that could affect how different groups engage with sentinel sites or EWARS-related services. In parallel, the PIU oriented national and district stakeholders on GESI commitments under the ESARRMP and Gender Action Plan, ensuring that site-level planning integrates disability inclusion, gender equality, and safeguarding considerations. The project also strengthened capacity through GESI and safeguarding training, and through the review of study tools to ensure data collection is sensitive to the needs and experiences of marginalised groups. These actions position the project to embed GESI considerations in all subsequent EWARS operational stages.	
Cumulative progress update (Entire period)	
Cumulative progress is the same as annual progress update since this is the first APR being submitted.	
Budget	20,823
Currency	USD
Timeline (Planned completion of activity)	31 December 2026
Responsibility	
Lead: GESI Specialist Support: Chief Technical Advisor; Climate Change Adviser; MoHS	
Remarks/Notes	
Because the Ministry of Health had already finalised the selection of sentinel sites prior to project-led consultations, the GESI action to engage women and persons with disabilities in determining site location could not be completed. As mitigation, the project will ensure that forthcoming infrastructure assessments, accessibility audits and community-level engagement around sentinel site use actively involve women, youth and persons with disabilities. This will help identify barriers related to access, safety, communication and usability, and enable incorporation of GESI requirements into design, layout, service flow and ongoing EWARS operations.	
GAP Activity	
Activity 1.2.1: Facilitate preparation and local endorsement of District Health Adaptation Plans in six districts (GESI action) Reflective workshop on gender, power, inequality and decision-making to identify where the impacts of	

climate change will hit and agree consensus on priorities.

(GESI action) DHAPs will be developed using gender-sensitive, participatory approaches that explicitly consider the different needs of men and women, and should include clear recommendations to achieve gender equality and social inclusion, including for women and men with disabilities.

(GESI action) In all training for district government staff, ensure that the differential impacts of climate change risk – especially by gender, disability status and age – are clearly highlighted. Trainings will be accessible for those men and women with disabilities

(GESI action) Ensure that throughout the consultation process, women, youth, and men, women and youth with disabilities, are targeted and included in the consultation, with their views represented and highlighted clearly.

(GESI action) In cascading knowledge on climate change links to health, explicitly target the most marginalised people at community level – the Community Health Action Groups will identify these community members and ensure they are prioritised in any knowledge dissemination. This will be done in a way that avoids further stigmatisation or other do no harm risks

(GESI action) The toolkit produced for implementation of the DHAPs in the 22 non-target districts must be accessible to women and men with impairments, and explicitly consider the different communication requirements for marginalised groups – especially women and youth with disabilities. Images used in materials should represent a diverse range of people, showcasing the different actors involved in responding to climate-induced risks.

Indicator

At least 50% of district government staff participating in the design and validation of the DHAPs are women, and at least 10% youth. In each district, at least one woman and one man with disabilities are consulted in the design of the DHAPs. For community-level training by community health action groups, at least 50% of the participants must be women, and at least 30% must be youth. Trainings will be accessible for women and men with disabilities.

Rating of Indicator

AMBER (needs attention to be met)

Baseline

0

Target, including sex-disaggregation where applicable

1

Annual progress update (Reporting Period)

Progress on Activity 1.2.1 has been limited in this reporting period due to delays in finalising the national Health National Adaptation Plan (HNAP), which must be completed before District Health Adaptation Plans (DHAPs) can be developed. Although the HNAP was expected by the end of 2025, MoHS has indicated it will be finalised in Year 2.

Despite these delays, preparatory work has begun. The project oriented MoHS departments and district stakeholders on climate-related GESI risks during GESI, MEAL and safeguarding trainings, emphasising how climate impacts differ by gender, disability status, age and social position. These sessions also introduced the forthcoming GESI requirements for DHAP development, including gender-sensitive participatory processes, accessible training formats, and inclusion of women, youth, and persons with disabilities in consultations.

These early discussions have laid the groundwork for the reflective workshops and participatory planning processes that will take place once the national HNAP is completed. District teams and Community Health Action Groups have also been sensitised to their future roles in identifying and engaging marginalised groups during DHAP development.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget

40,863

Currency

USD

Timeline (Planned completion of activity)	31 December 2029
Responsibility	
Lead: GESI Specialist Support: District Officers; MOHS	
Remarks/Notes	
The indicator is AMBER because progress has been slower than planned due to delays in completion of the national HNAP, which must be finalised before district-level DHAP development can proceed. To mitigate this, the project is working with MoHS to accelerate HNAP production, strengthening GESI capacity of district teams, and preparing gender-sensitive, disability-inclusive participatory processes so that DHAP development can advance rapidly once the national plan is completed.	
GAP Activity	
Activity 1.2.2: Advocate for stronger integration of climate-resilient health within adaptation planning at district and sub-district level (GESI action) The networks and groups included in the coalition for integrating climate-resilient health into district plans, must include a disability-focused organisation or network, and a women's or girls' rights organisation or network. (GESI action) The joint advocacy strategy that is designed must include communications material showcasing the differential impacts of climate change on women, men and marginalised groups. (GESI action) As part of the advocacy strategy, voices of the most marginalised groups must be central and should be included in presentations delivered as part of the strategy – especially those of young women and women with disabilities.	
Indicator	
At least 50% of participants in the coalition must be women, and at least 15% must be youth. At least one woman and man with disabilities will be included in the coalition per district.	
Rating of Indicator	AMBER (needs attention to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Progress has been primarily preparatory during this reporting period, following district and sub-district entry meetings that established the foundations for advocacy on integrating climate-resilient health into local planning. Although formal coalition-building has not yet begun, the project is now well positioned to convene the required networks in Year 2. To lay the groundwork for GESI-responsive advocacy, the project oriented MoHS departments, district officials and partner organisations on the differential climate-health impacts experienced by women, men, youth and persons with disabilities. These discussions, held through GESI, MEAL and safeguarding workshops, introduced the forthcoming GESI requirements for Activity 1.2.2, including the need to include disability-focused organisations and women's and girls' rights networks in the advocacy coalition, and to ensure accessibility and representation in all engagement processes. These sessions also prepared stakeholders for the development of a joint advocacy strategy that will highlight gendered and social inequalities in climate vulnerability and will include communications materials illustrating the	

specific impacts on marginalised groups. The project has emphasised that voices of young women and women with disabilities must be central in presentations and advocacy spaces.

The project will operationalise these commitments in Y2 by convening coalitions, mapping district planning entry points, and applying participation targets.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget	23,711
Currency	USD
Timeline (Planned completion of activity)	31 December 2029

Responsibility

Lead: GESI Specialist | Support: District Manager; Project Officers; Advocacy Support Function, MoHS

Remarks/Notes

The indicator is rated amber because progress was slower than planned. The national HNAP, which must be completed before district-level DHAP development, was delayed, limiting the extent to which coalition-building, reflective workshops and participatory GESI processes could advance. However, foundational work was completed, including GESI-focused orientations with MoHS and districts. The mitigation action is focused on working with MoHS to accelerate HNAP finalisation and has front-loaded GESI, safeguarding and climate-impact training to ensure districts are prepared to meet gender, youth and disability participation targets once DHAP development begins in Year 2.

GAP Activity

Activity 2.1.1: Develop a national standard for climate-resilient healthcare facilities

(GESI action) The consultative process to develop the national standard for climate-resilient facilities must include a range of voices, with explicit consideration and focus given to female users of facilities, youth and children, and women and men with disabilities.

(GESI action) The national standard developed must explicitly include guidelines on how healthcare facilities should consider the needs of women, youth and children, and those with disabilities.

(GESI action) Training delivered on the national standard must include female trainers, preferably including women with disabilities, and be accessible for women and men with disabilities.

Indicator

At least one woman and one man with disabilities per district must be included in the consultation process. At least 25% of people included in the consultation process must be youth. At least 50% of training participants must be female, and at least 10% youth.

Rating of Indicator	AMBER (needs attention to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1

Annual progress update (Reporting Period)

Although the formal consultative process to develop the national standard has not yet begun, the project has taken proactive GESI measures to prepare partners for inclusive standard-setting. GESI, MEAL and safeguarding orientations with MoHS and district officials highlighted the differing climate-related facility barriers faced by women, youth, children and persons with disabilities. In addition, the formative research explored health-seeking behaviours and facility-level constraints among vulnerable groups, providing early evidence that will inform the facility standards, accessibility requirements and user-centred design elements. Due to wider project delays, deliverables originally planned for Q2–Q3 Year 2 have been revised to Q3–Q4 Year 2, with inclusive consultation and accessible training processes pre-planned for rapid rollout once the SHIG is approved. The rest of the GESI actions were due to start from Year 2.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget	2,004
Currency	USD
Timeline (Planned completion of activity)	31 December 2027

Responsibility

Lead: GESI Specialist / Health and Nutrition Specialist | Support: Monitoring, Evaluation, Accountability and Learning (MEAL) Manager; Safeguarding Specialist; MOHS

Remarks/Notes

The indicator is AMBER because progress has been slower than planned. The national SHIG is not yet finalised, delaying the start of national standard development and preventing consultations with women, youth and persons with disabilities. However, preparatory work progressed through GESI-focused orientations with MoHS and evidence from formative research on facility barriers for vulnerable groups.

Mitigation: Fast-track SHIG validation, pre-plan inclusive consultations for Year 2, and ensure training on the standard is fully accessible and includes female trainers, including women with disabilities, where possible.

GAP Activity

Activity 2.1.2: Strengthen climate resilience of healthcare facilities

(GESI action) The initial assessment of the 79 health facilities to review alignment to national standard must include tools to determine suitability of climate-resilient features for women, youth and children, and women and men with disabilities.

(GESI action) The Terms of Reference for the procurement and installation of physical improvements to health facilities must include clear deliverables about how the infrastructure would be adapted to consider the needs of women, youth and children, and men and women with disabilities.

(GESI action) In the installation of physical improvements to healthcare facilities, consideration must be given to the differing needs (for example, for water use and access to electricity) of women, youth and children, and men and women with disabilities.

(GESI action) The tool developed to assess the climate-resilience of healthcare facilities must include assessment questions that specifically reference marginalised groups and how they access physical infrastructure in health facilities, as well as the separate risks they face.

Indicator	
In the initial assessment of health facilities, at least 50% of respondents must be women and at least 15% must be youth. In the initial assessment of health facilities, at least one man and one woman with a disability must be consulted per health facility. Across the 79 health centres, at least 40% of those responsible for infrastructure maintenance (on the committees) must be women and at least 5% must be youth.	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
GESI actions were not due to take place until Year 2. Progress on Activity 2.1.2 has been largely preparatory during this reporting period, as the strengthening of the 79 supported health facilities can only begin once the national standard for climate-resilient healthcare facilities (Activity 2.1.1) is finalised. However, the groundwork required to ensure a GESI-responsive facility-strengthening process has been advanced. Through the formative research, the project generated early evidence on health-seeking behaviour and facility-level barriers experienced by women, youth, children and persons with disabilities, including challenges related to privacy, mobility, water access and safe use of electricity. These findings will directly inform the tools that will assess the climate-resilience of facilities and ensure that assessment questions explicitly reference marginalised groups and their specific risks. In parallel, the PIU oriented MoHS and district stakeholders on GESI requirements for climate-resilient infrastructure, including how women, youth and persons with disabilities must be considered in the design, siting and functionality of WASH, power, and service-flow improvements. Planning has begun to ensure that TOR for procurement and installation include clear deliverables on accessibility and user-centred design.	
Cumulative progress update (Entire period)	
Cumulative progress is the same as annual progress update since this is the first APR being submitted.	
Budget	61,004
Currency	USD
Timeline (Planned completion of activity)	31 December 2028
Responsibility	
Lead: Procured service provider Support: GESI Specialist; Health and Nutrition Specialist; Project Director; MOHS; DCCMS	
Remarks/Notes	
The indicator is rated GREEN because GESI activities for Activity 2.1.2 are scheduled to begin in Year 2, and all preparatory steps are on track. Strengthening the 79 health facilities cannot commence until the national standard is finalised, but this is consistent with the implementation plan. Although GESI-sensitive assessments, procurement ToRs and consultations have not yet started, they were not due in Year 1. Preparatory work was completed as planned, including formative a research identifying barriers for vulnerable groups and GESI orientations with MoHS.	

GAP Activity	
Activity 2.1.3: Build capacity of Malawi's health sector to apply the climate-resilient healthcare facility standard (GESI action) The training materials must be developed to ensure they are accessible to men and women with disabilities, with a range of access requirements considered, and developed in consultation with men and women with disabilities. (GESI action) Priority should be given to female health infrastructure planners going on study visits, to ensure that they are represented in the learning and planning process. Where necessary, the project will work with women to reduce gender barriers for them (childcare, etc.) as well as addressing barriers to those with disabilities.	
Indicator	
At least 50% of training participants are women, at least 10% are youth, and out of all the participants across districts there is at least one female and one male participant with a disability. At least 50% of those participating in study visits are women and at least 10% are youth.	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Activity 2.1.3 has not yet commenced, as capacity-building on the climate-resilient healthcare facility standard is scheduled for Years 3–4, following completion of the national standard. During this reporting period, preparatory work focused on gathering evidence from vulnerable groups through the formative research to ensure future training meets GESI requirements. Once implementation of this activity begins, GESI, MEAL and safeguarding orientations will further sensitise MoHS and district teams to the differing infrastructure needs of women, youth, children and persons with disabilities, informing accessible training materials and study-visit planning.	
Cumulative progress update (Entire period)	
Cumulative progress is the same as annual progress update since this is the first APR being submitted.	
Budget	4,235
Currency	USD
Timeline (Planned completion of activity)	31 December 2029
Responsibility	
Lead: GESI Specialist Support: District Coordinators; MOHS	
Remarks/Notes	
The indicator is GREEN because Activity 2.1.3 is scheduled to begin in Years 3–4, and all prerequisite steps remain on track. Although implementation has not yet commenced, the groundwork required for future GESI-inclusive capacity-building has progressed as planned. Evidence from the formative research identified infrastructure barriers faced by vulnerable groups, and orientations with MoHS have prepared teams to integrate gender-, age- and disability-responsive needs into training materials and study-visit planning once the national standard is finalised.	

GAP Activity	
Activity 2.1.4: Develop guidelines for climate-resilient WASH facilities (GESI action) The consultative process to develop the guidelines for WASH facilities must include equally the voices of the most marginalised, especially women, youth and children, and men and women with disabilities. (GESI action) The guidelines must consider how women, youth and children, including those with disabilities, use WASH facilities, especially considering safe spaces for women and children and accessibility for those with disabilities. The guidelines must explicitly describe how the proposed new facilities will address these issues. The guidelines must also be accessible for all individuals with disabilities and be translated into local languages. (GESI action) Training delivered on WASH guidelines must be delivered in a way that includes the voices of women, youth and children, including those with disabilities, and any training materials developed must showcase the range of users of WASH facilities.	
Indicator	
At least 50% of those involved in consultation and validation processes for the guideline must be women, at least 30% must be youth and at least 10% must be children. At least 3 people with disabilities (ensuring both women and men with disabilities) are consulted to develop the guideline. At least 50% of training participants must be women, and at least 30% must be youth. At least one woman and one man with disabilities must be included in the training sessions in each of the 6 project districts.	
Rating of Indicator	AMBER (needs attention to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Activity 2.1.4 has made foundational progress, although full guideline development has not yet begun. The project will support a multi-level consultative process with MoHS and vulnerable groups including women, adolescent girls and people with disabilities to develop climate-resilient WASH guidelines as an annex to the SHIG. However, due to wider delays in Activity 2.1.1, the deliverable for developing and validating these guidelines—originally planned for Q3 of Year 2—has been revised to Q4 of Year 2. In preparation, the project has advanced GESI-related groundwork to ensure that future guideline development meets the needs of marginalised users. Evidence from the formative research identified WASH-related barriers experienced by women, youth, children and persons with disabilities, including privacy concerns, accessibility constraints, water-use challenges and safety risks. This evidence will inform assessment questions, design considerations and accessibility requirements within the WASH guidelines. Additionally, early GESI, MEAL and safeguarding orientations with MoHS and district representatives have highlighted the importance of inclusive consultations, accessible materials, and representation of vulnerable groups in the guideline-development process. These preparations ensure that once the SHIG is validated, the project can move rapidly into an inclusive consultation phase and develop guidelines that reflect diverse needs and meet accessibility requirements.	
Cumulative progress update (Entire period)	
Cumulative progress is the same as annual progress update since this is the first APR being submitted.	
Budget	31,684
Currency	USD

Timeline (Planned completion of activity)	31 December 2029
Responsibility	
Lead: WASH Specialist Support: GESI Specialist; Ministry of Water and Sanitation Remarks/Notes	
Remarks/Notes	
The indicator is AMBER because development of the climate-resilient WASH guidelines has been delayed due to the later-than-planned finalisation of the SHIG. As a result, the GESI-inclusive consultation process was delayed. Preparatory GESI work has progressed, including evidence gathering on WASH barriers faced by vulnerable groups and early sensitisation of MoHS stakeholders. Mitigation: Fast-track SHIG validation and pre-plan an inclusive, accessible consultation and drafting process—ensuring materials, tools and facilitation approaches meet the needs of women, youth and persons with disabilities.	
GAP Activity	
Activity 2.1.5: Upgrade WASH facilities at schools to improve children's health under climate change (GESI action) As part of the initial assessment to inspect existing WASH facilities at schools, consult with women and girls to understand particular challenges they face, as well as representatives from people with disabilities (men, women, children) – especially any existing forums – to understand access requirements that can be built into the design and location of the WASH facilities. (GESI action) As part of the initial assessment, also ensure that school children themselves are consulted on the design and location of WASH facilities, to understand particular issues impacting their use and access to facilities. (GESI action) Include in ToRs for contractors explicit language about designing new WASH equipment with gender and marginalized people in mind, and use this as a selection criterion. Make sure that the inception period with the contractor for WASH also includes orientation by the project GESI specialist in inclusion of specific requirements for women and other marginalized groups. (GESI action) When forming maintenance committees for the equipment, make sure that the committee draws from a range of community members or school authorities (including women and children, and where possible, at least one person with a disability, which should be a woman in the first instance) so that upkeep and access requirements consider all necessary views.	
Indicator	
At least 10% of respondents consulted in initial assessments are people with disabilities (of which minimum half are women), Minimum 50% of respondents are women Minimum 50% are youth (of which minimum half are women) Minimum 30% are children. Gender, disability and other access requirements included in design for 100% of WASH facilities. Maintenance committee members are at least 50% women across the entire project intervention, and at least 50% youth. At least 40% of maintenance committees include at least one man and one woman with a disability. There is a children's representative for the WASH maintenance committees in 100% of all target schools	
Rating of Indicator	AMBER (needs attention to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Progress on Activity 2.1.5 has been primarily preparatory during this reporting period, as upgrading WASH facilities in schools will only begin once the climate-resilient WASH guidelines are completed and validated. These guidelines will	

inform the design, siting and installation of WASH improvements across schools in the six districts in Years 3–5.

To prepare for a fully GESI-responsive upgrading process, the project has gathered early evidence on WASH access barriers faced by women, girls, boys, youth and persons with disabilities through the formative research. These findings highlight significant constraints linked to privacy, dignity, menstrual hygiene management, accessibility of latrines, water-collection burdens, and safety concerns, insights that will directly shape the initial assessment tools for schools.

The project has also begun planning for inclusive consultations and assessment processes, ensuring that school-level discussions will include women and girls, representatives of persons with disabilities, and schoolchildren themselves. In parallel, the PIU has set out requirements to integrate gender, disability and child-sensitive design features into procurement ToRs for contractors, as well as criteria for forming diverse, representative school WASH maintenance committees.

These preparatory actions ensure that once guidelines are finalised, school WASH upgrades can advance in a safe, inclusive and climate-resilient manner.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget	121,732
Currency	USD
Timeline (Planned completion of activity)	31 December 2029

Responsibility

Lead: WASH Specialist | Support: GESI Specialist; Community Mobilisation Officers; District WASH Officer; Ministry of Water and Sanitation

Remarks/Notes

The indicator is AMBER because upgrading WASH facilities in schools cannot begin until the climate-resilient WASH guidelines are finalised, resulting in delayed start of the GESI-inclusive assessments, consultations with women, girls, children and persons with disabilities, and development of GESI-sensitive procurement ToRs. Preparatory work, including formative research on WASH barriers for vulnerable groups, has progressed as planned.

Mitigation: Fast-track guideline finalisation, pre-design inclusive assessment and consultation tools, and ensure procurement and contractor inception processes embed gender, disability and child-sensitive design requirements.

GAP Activity

Activity 3.1.1: Build data collection capacity to strengthen surveillance of climate-related diseases

(GESI action) In conducting the initial assessment of healthcare staff, ensure that the assessment tool includes questions relating to the differential impacts of climate change on vulnerable groups, including the impact on GBV and SRH

(GESI action) Ensure that the questionnaire contains suitable demographic questions so that the data can be disaggregated by gender, age and disability status

(GESI action) Design training materials in a participatory and inclusive manner, with women and youth - including those with disabilities - consulted on the training content so that it is suitable for their differing needs.

(GESI action) When delivering data entry training, ensure that there are equal numbers of female facilitators as men,

and that they are trained in communicating most effectively those with differing needs (including for women and men with disabilities).	
Indicator	
At least 50% of respondents to the initial assessment are women, and 10% are youth. In each district, at least two people with disabilities (one woman and one man) are included in the initial assessment. At least 50% of training participants are women and 10% are youth. In each district, at least one woman and one man with a disability is included in the capacity-building training. At least 40% of training facilitators are women and at least 5% are youth.	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Progress on Activity 3.1.1 focused on strengthening the evidence base and institutional coordination needed to build capacity for surveillance of climate-related diseases. The formative research informed understanding of knowledge gaps related to disease surveillance, public health messaging, gendered impacts, and mental health. This evidence base will be further strengthened in Year 2 of the project through a set of assessments, including facility-level evaluations of climate and gender based violence (GBV), Child, Early and Forced Marriages (CEFM) Sexual and Reproductive Health and Rights (SRHR) knowledge, knowledge and practices among healthcare staff and community-based health workers.	
Cumulative progress update (Entire period)	
Cumulative progress is the same as annual progress update since this is the first APR being submitted.	
Budget	6,438
Currency	USD
Timeline (Planned completion of activity)	31 December 2027
Responsibility	
Lead: GESI Specialist Support: MEAL Manager; Project Officers; DCCMS	
Remarks/Notes	
The indicator is rated GREEN because all activities scheduled for Year 1 have progressed as planned. Although full capacity-building and data-entry training are scheduled for Year 2, the project successfully completed the foundational work required for GESI-responsive implementation. The formative research generated evidence on climate-linked disease risks and barriers faced by women, youth and persons with disabilities, and MoHS teams were engaged on GESI, safeguarding and surveillance priorities. These steps ensure the project is well-prepared to meet gender, youth and disability participation targets when training begins in Year 2.	
GAP Activity	
Activity 3.1.2: Build knowledge and capacity among district and community healthcare staff on climate and health and use of EWARS	
(GESI action) When seeking endorsement from the MoH staff for the training course, women from the ministry should be consulted on the training materials and the materials should include specific reference to acute impacts of climate change on health for women, youth and children, including those with disabilities, including GBV and child marriage	

and reduced access to SRH. A specific conversation on this should take place with MoH officials in promoting the training. Training materials will be accessible for women and men with disabilities, and be produced in local languages

(GESI action) In the capacity building for district and community healthcare staff, ensure that there is a specific module on the differential impacts of climate change – especially natural disasters such as floods – on vulnerable group. The module should include GBV and child marriage prevention, including monitoring systems and referral and response, and SRHR, including for adolescents.

(GESI action) In the capacity building for district and community healthcare staff, ensure that there is a specific module on the differential impacts of climate change on vulnerable groups, particularly for males and females (of all ages) with disabilities. An intersectional lens must be used.

(GESI action) When Senior Health Surveillance Assistants (SHSAs) and HSAs deliver the training to community volunteers, provide a separate space for women and men so that there is a safe space to discuss any traditional gender norms which may prevent women from either accessing early warning systems effectively, or that would cause them to bear the brunt of natural disasters more severely. It is crucial that the community volunteers are aware of the community dynamics in a disaster setting.

Indicator

At least 3 people with disabilities (including 2 women with disabilities) are consulted in designing the training materials. At least 40% of the members of the national cadre of trainers are women and at least 5% are youth. At least 60% of training participants at district and health facility-level are women and at least 20% are youth. In each district, at least one woman and one man with disabilities are included in the training for district and health facility staff. At least 40% of respondents to needs assessment of community healthcare staff are women and at least 10% are youth. At least 50% of the community healthcare volunteers receiving training are women and at least 15% are youth.

Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1

Annual progress update (Reporting Period)

There were no GESI actions due in Year 1. Progress on Activity 3.1.2 focused on laying the technical and institutional groundwork for developing a national training course on climate and health and the use of EWARS. Findings from the formative research provided detailed insights into the differential impacts of climate related risks for women, youth, children and persons with disabilities. Activities under 3.1.5 in Year 2 will provide additional insights into healthcare staff and their knowledge, attitudes and practice related to climate related links to GBV, child marriage and reduced access to SRHR services. These insights will directly inform the design of training modules in Year 2.

In preparation, the project engaged MoHS departments and district actors through GESI, MEAL and safeguarding orientations, highlighting gendered, age-related and disability-related vulnerabilities in disaster contexts and the need for accessible, inclusive training. These foundations position the project to establish a national cadre of trainers in Year 2, who will cascade GESI-responsive climate and health training to district, facility and community health staff across all targeted districts.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget	84,517
Currency	USD
Timeline (Planned completion of activity)	31 December 2028

Responsibility

Lead: GESI Specialist | Support: Climate and Health Technical Adviser; MEAL Manager; DCCMS

Remarks/Notes

The indicator is rated GREEN because all actions for this activity are scheduled from Year 2 onwards. Capacity-building activities under Activity 3.1.2 are planned for Year 2, contingent on EWARS threshold development, and therefore had no expected deliverables this period. Foundational work progressed as planned: the formative research identified climate-related vulnerabilities affecting women, youth and persons with disabilities, and MoHS and district teams were oriented on GESI-responsive climate and health priorities. These steps position the project to meet gender, youth and disability targets when training begins in Year 2.

GAP Activity

Activity 3.1.3: Provide medical supplies and technologies for climate health risk reduction and response

(GESI action) When reviewing existing practices for determining threshold levels for specific illnesses or conditions, review with a GESI lens to assess whether the current practice considers the different needs of women, youth and children, including those with disabilities, and other vulnerable groups. This should include any data collection tools used in the annual needs assessment tools, ensuring that the threshold data can be disaggregated effectively.

(GESI action) In supporting distribution of treatments, HSAs should receive training on the differing needs of women, youth and children, including those with disabilities, and other vulnerable groups, in terms of disease burden, and when rolling out to communities, they should prioritise the most vulnerable groups.

Indicator

At least 10% of those receiving treatments are people with disabilities (of which min. half are women). At least 60% of those receiving treatment are women. At healthcare facility level for facilitation of therapeutic and supplementary feeding, at least 60% of staff delivering the intervention are women, and at least 10% are youth.

Rating of Indicator

AMBER (needs attention to be met)

Baseline

0

Target, including sex-disaggregation where applicable

1

Annual progress update (Reporting Period)

Evidence generated through the formative research highlighted how climate-linked disease burdens disproportionately affect women, youth, children and persons with disabilities, and identified gaps in how existing systems consider these groups. These findings, and findings in Activity 3.1.5 assessments will be used to review threshold-setting and supply-quantification practices through a GESI lens, ensuring assessment tools include demographic indicators and that disease-burden data can be disaggregated by gender, age and disability.

Although development of a climate-sensitive procurement method has shifted from Q1 to Q3 of Year 2 due to delays in completing baseline and impact evaluation activities, the project is on track to begin strengthening supply-chain processes in partnership with HTSS. Preparations have also begun to ensure future HSA trainings address the differing treatment needs of vulnerable groups and prioritise equitable access during community rollout.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget

81,172

Currency

USD

Timeline (Planned completion of activity)	31 December 2027
Responsibility	
Lead: Health and Nutrition Specialist Support: GESI Specialist; Procurement Officer, MOHS	
Remarks/Notes	
The indicator is AMBER because development of the climate-sensitive procurement method and related GESI actions, such as reviewing threshold-setting through a GESI lens and training HSAs on the differing treatment needs of vulnerable groups, has been delayed due to the later-than-planned completion of the baseline assessment and impact evaluation. These delays have shifted key deliverables from Q1 to Q3 of Year 2. Mitigation: Accelerate completion of the procurement methodology, pre-design GESI-responsive assessment tools, and ensure HSA training modules incorporate gender-, age- and disability-specific treatment considerations once implementation begins.	
GAP Activity	
Activity 3.1.4: Equip healthcare workers with MHPSS capacity to address mental health impacts of a changing climate (GESI action) In adapting existing tools and training packages on climate-relating MHPSS to the Malawi context, consult with women, men and youth – including those with disabilities - separately to understand how climate change impacts their mental health, and incorporate their views into training materials. This includes the mental health impacts of GBV caused by climate stresses. Ensure that all training materials are accessible for women and men with disabilities, and are translated into local languages. (GESI action) When building the national cadre of trainers, give space for women to lead the process – for example, by encouraging them to lead or facilitate group discussions – and ensure that their voices are heard in the initial training process, giving them confidence to improve their skills. Ensure that women and men with disabilities are also included where possible, and given space to lead the process and have their voices heard. (GESI action) The training of community health workers by the national cadre of staff should include explicit instructions on how to target the most marginalised community members for MHPSS services, including training on recognition of people who would be unlikely to come forwards by themselves.	
Indicator	
At least 60% of the national cadre of trainers should be female, and at least 5% youth. At least one person in the national cadre of trainers should have a disability, with a woman with disability prioritised (this target assumes that people with disabilities are present in the pool of potential trainers, failing which, this target cannot be met). In the review and consultative process, at least 5 people with disabilities should be included (of which 3 should be women). At least 50% of the district and community health workers trained should be women, and at least 5% youth.	
Rating of Indicator	AMBER (needs attention to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Progress focused on establishing the technical and institutional groundwork to adapt climate-related MHPSS tools and build capacity of healthcare workers in later phases. Through the formative research, the project identified significant climate-related mental health stressors, including heightened anxiety, loss, displacement and increased protection risks and reduced access to health and other services, particularly affecting women, youth and persons with disabilities. These insights will guide contextualisation of MHPSS tools and training content in Year 2.	

The project initiated engagement with MoHS departments to discuss integration of MHPSS within existing Maternal, Child and Newborn Health (MNCH) and Primary Health Care (PHC) services and prepare for adaptation of climate-related MHPSS tools. Early planning also emphasised the need for accessible, inclusive training materials, including translation into local languages and consultation with women, youth and people with disabilities to ensure relevance of content and delivery.

Although development and endorsement of the MHPSS curriculum may shift from Q3 to Q4 of Year 2 due to baseline assessment delays, the project is mitigating this by engaging a consultancy to fast-track a consolidated assignment covering both MHPSS integration and tool adaptation. This phased approach will enable timely preparation of a gender-, age- and disability-responsive national cadre of trainers.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget	29,380
Currency	USD
Timeline (Planned completion of activity)	31 December 2029

Responsibility

Lead: GESI Specialist | Support: MEAL Manager; District Leads; Technical Advisers; MOHS

Remarks/Notes

The indicator is AMBER because development and endorsement of the MHPSS curriculum has been delayed due to the later-than-planned completion of the baseline assessment and impact evaluation. Consultations with women, youth and persons with disabilities, and adaptation of climate-related MHPSS tools have therefore not yet started. However, preparatory work, including evidence gathering on climate-linked mental health impacts for vulnerable groups, progressed as planned.

Mitigation: Engage a consultancy to fast-track review and adaptation of MHPSS tools, with GESI built into the TOR and objectives, consultation and phased MoHS and stakeholder endorsement, ensuring Year 2 implementation of GESI actions remains on track.

GAP Activity

Activity 3.1.5 Build capacity among district and community healthcare staff to address the gendered impacts of climate change

(GESI action) In developing a training module on climate and GBV, CEFM and SRHR, consult with women, men, children and youth – including those with disabilities – separately to solicit their perspectives and inputs on climate-related GBV, CEFM and SRHR issues and needed support. Ensure that all training materials are accessible for women and men with disabilities, and are translated into local languages.

(GESI action) When seeking endorsement from the MoH staff for the training course, women from the ministry should be consulted on the training materials and the materials should include specific reference to acute impacts of climate change on GBV, CEFM and SRH related issues for women, youth and children, including those with disabilities. Training materials will be accessible for women and men with disabilities and be produced in local languages.

(GESI action) The training of health workers by the national cadre of staff should include explicit instructions on how to target the most marginalised community members for GBV/CEFM/SRHR-related services, including training on recognition of people who would be unlikely to come forwards by themselves.

(GESI action) In supporting distribution of treatments, health staff should receive training on the differing needs of

women, youth and children, including those with disabilities, and when rolling out to communities, they should prioritise the most vulnerable groups.	
Indicator	
In the review and consultative process, at least 80% of people consulted should be women, at least 50% should be youth, and at least 6 people with disabilities should be included (of which at least 4 should be women and girls). At least 50% of the district and community health workers trained should be women, and at least 5% youth. At least 10% of those receiving treatments are women with disabilities. At least 80% of those receiving treatment are women and girls.	
Rating of Indicator	AMBER (needs attention to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Progress on Activity 3.1.5 has focused on establishing the evidence base and institutional readiness required to build district and community health-worker capacity on gendered impacts of climate change, as well as looking at gender and social norms in the community. Building on formative research that began in Year 1, the project will identify in Year 2 how through a consultancy on how climate stresses specifically intensify GBV risks, harmful social norms, early marriage, and reduced access to SRHR, particularly for women, adolescent girls and persons with disabilities. This will also look at knowledge, attitudes and practices of health care staff on the gendered impact of climate change. These findings will directly inform the design of the training module in Year 2. The project has also begun preparatory engagement with MoHS to plan for adaptation of existing training materials and to ensure endorsement processes include consultation with women from MoHS departments, as required under the GESI actions. Early GESI, safeguarding and MEAL orientations sensitised MoHS and district stakeholders to the gendered and disability-related impacts of climate shocks and the need for accessible, inclusive training materials translated into local languages.	
Cumulative progress update (Entire period)	
Cumulative progress is the same as annual progress update since this is the first APR being submitted.	
Budget	18,952
Currency	USD
Timeline (Planned completion of activity)	31 December 2029
Responsibility	
Lead: GESI Specialist; Procured partners Support: Community Mobilisation Officers; District Officers, MOHS	
Remarks/Notes	
The indicator is AMBER because development of the climate- and gender-responsive training module on GBV, CEFM and SRHR has been delayed due to later-than-planned completion of the baseline assessment and impact evaluation. Consultations with women, youth, children and persons with disabilities and adaptation of training materials have therefore not yet begun. However, all required preparatory work has progressed as scheduled. Mitigation: Engage a consultancy to fast-track a consolidated assignment covering both the assessment of district knowledge and practices and development of the training module, ensuring inclusive consultation, accessibility, and integration of the module into broader training activities in Year 2.	

GAP Activity	
Activity 4.1.1: Equip community structures to provide knowledge and skills for climate-resilient WASH facilities to community members. (GESI action) Ensure training on WASH facilities includes the particular requirements of women, youth and children, and people (men, women, children) with disabilities. These groups use WASH facilities differently and this must be reflected in the training. (GESI action) Identify women and girls – including those with disabilities - for inclusion in the management, maintenance and monitoring groups for community WASH facilities, and provide training and support for these women and girls to develop the necessary skills and confidence to lead these groups. (GESI action) In training district and facility health and education staff, ensure the needs of children in particular are highlighted, with techniques explained on ensuring children can access water effectively and safely.	
Indicator	
At least 40% of those trained at ACPC and Traditional leadership level are women At least 1 person of those trained at ACPC and Traditional leadership level are youth in each TA At least 50% of those trained at district education and health facility level in each of the 6 target district are women, and at least 10% youth. At least one woman and one man with disabilities are trained at district education or health facility level in each of the 6 target districts. At least 50% of the cadre of trainers will be women, and at least 5% youth. 100% of those trained to lead the management, maintenance and monitoring groups for community WASH facilities are women, of which min. 20% are youth, and minimum 1 should be a woman or girl with disability.	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Progress focused on strengthening the enabling environment for community-level action on climate-related WASH risks. Community entry meetings held across the six districts introduced project objectives and supported the identification of 500 target villages through a two-stage vulnerability-based selection process. This ensured that areas with high malaria, cholera, malnutrition, GBV prevalence and geographic barriers were prioritised. The formative research generated detailed evidence on WASH vulnerabilities affecting women, girls, boys, adolescents and persons with disabilities. Data were collected using mixed methods, 715 household surveys, focus group discussions, key informant interviews and participatory consultations with community members, caregivers, youth, health workers and leaders. The analysis deliberately examined differences by gender, disability status, age and vulnerability profile to ensure that equity considerations inform the design of future WASH training materials and delivery approaches. These insights are now shaping the preparatory work for GESI-responsive community training. Planning has begun to ensure that modules for ACPCs, Traditional Authorities, district education staff and health facility teams will incorporate the specific WASH requirements of women, youth, children and persons with disabilities. Preparations are also underway to identify and train women, including women with disabilities, to lead community WASH management and maintenance groups once implementation begins in subsequent years.	
Cumulative progress update (Entire period)	
Cumulative progress is the same as annual progress update since this is the first APR being submitted.	

Budget	1,967
Currency	USD
Timeline (Planned completion of activity)	31 December 2029
Responsibility	
Lead: GESI Specialist Support: Technical Specialist; District Leads; Ministry of Water and Sanitation	
Remarks/Notes	
The indicator is GREEN because training and community level WASH capacity building only begin in later years, as per the approved implementation timeline. Foundational work, community entry meetings, identification of 500 target villages, and mixed methods formative research, was conducted, generating strong evidence on gendered, age- and disability-related and WASH vulnerabilities. These steps ensure the project is fully prepared to meet GESI participation and inclusion targets once training and community WASH activities commence in subsequent years.	
GAP Activity	
Activity 4.1.2: Embed understanding of early warnings and alert protocols within communities, including children (GESI action) Community-focused training materials developed at the national level should include co-creation with girls and boys, including those with disabilities, to determine the most effective way of reaching children at community-level. This could include a short workshop to identify understanding, needs, and receptivity to different media by girls and boys. (GESI action) Training materials developed for community engagement should also be co-created and pre-tested in consultation with disability action groups and women's and girls' rights organisations – and validated by these groups on completion of design. (GESI action) Staff operating at community level to deliver the training will receive additional training from the GESI specialist on community engagement for the most marginalised groups, ensuring that they are included in the actions. (GESI action) When delivering training for teachers and school pupils, community-level staff will include modules on the different roles of boys and girls, and separate spaces for girls will be provided to ensure they understand what is meant by early warnings and alert protocols.	
Indicator	
At least 50% of individuals from marginalised groups (out-of-school children, the elderly, men and women and children with disabilities) taking part in training are women. In each of the target villages, at least 20 individuals from marginalised groups take part in training (with a balance between out-of-school children, the elderly, men and women and children with disabilities). At least 30% of community members taking part in training are youth. At school level, at least 50% of pupils receiving training or information are girls. At school level, at least 3 children with disabilities (2 girls, 1 boy) take part in training in each target village	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	

Progress focused on strengthening the foundations needed to embed community understanding of early warning and alert protocols in later years. As this activity is scheduled for implementation from Years 3–5, following the development of a climate-informed surveillance system and EWARS thresholds in Year 2, no community level training has commenced.

However, significant preparatory work was completed to ensure future EWARS communication and training materials will be accessible, child-friendly, gender responsive and disability inclusive. The formative research generated rich evidence on how communities, including women, girls, boys, adolescents and persons with disabilities, currently receive, interpret and act on health and climate related information. Mixed methods data were collected across 715 households and through extensive consultations with caregivers, youth, health workers, and community leaders, enabling analysis of early warning access gaps, literacy barriers, trust dynamics and preferred communication channels.

Community entry meetings introduced project objectives in all six districts and supported the identification of 500 target villages using a vulnerability based scoring system, ensuring priority engagement with high-risk populations.

In Year 2, a Social and Behaviour Change (SBC) strategy will be developed to guide public health messaging and inform co-creation of EWARS training materials with girls, boys and disability focused groups.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget	123,157
Currency	USD
Timeline (Planned completion of activity)	31 December 2028

Responsibility

Lead: GESI Specialist | Support: District Leads; Technical Lead; Technical Advisers; DCCMS

Remarks/Notes

The indicator is GREEN because Activity 4.1.2 is scheduled to begin in Years 3–5, and all preparatory steps planned for Year 1 have been completed on time. Foundational work, including community entry meetings, identification of 500 target villages, and mixed methods formative research, has strengthened understanding of early warning access barriers for vulnerable groups, including women, girls, boys, youth and persons with disabilities. These results ensure the project is fully prepared to cocreate accessible, child-friendly and disability inclusive EWARS training materials and meet GESI participation targets once implementation begins in later years.

GAP Activity

Activity 4.1.3: Train communities to reduce their own vulnerability to climate-induced health risk

(GESI action) The screening tool will be developed to include specific questions for people with disabilities (men, women, children), women, and youth and children, to ensure the results can be disaggregated effectively, and the differential impacts of individual risk to climate change among marginalised groups can be calculated.

(GESI action) The health content, interventions and messages that are delivered at a community level will be co-created and developed with women, youth, and men and women with disabilities to ensure they include information on the specific climate change risks to these marginalised groups, and are acceptable, feasible and appropriate to the context.

Indicator

At least 50% of those receiving promotional materials or awareness-raising materials from mobile health units are women, at least 50% are youth, at least 20% are elderly and at least 5% are people with disabilities (with minimum half of these being women, and minimum half youth). 100% of officers hired as SBC-specific officers to deliver materials as part of this activity are trained on access requirements for women and other marginalised groups, especially on early warning systems. At least 50% of officers hired as SBC-specific officers are women, and at least 10% are youth.

Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1

Annual progress update (Reporting Period)

Progress during Year 1 focused on establishing the evidence base and operational foundations needed to train communities to reduce their vulnerability to climate-induced health risks in subsequent years. As community-level training is scheduled to begin after the development of climate-informed EWARS and SBC strategies in Year 2, no direct training activities were expected during this period.

The formative research, conducted using a mixed-methods approach across all six districts, generated detailed insights into community perceptions of climate-related health risks, preferred communication channels and existing delivery mechanisms. This included reviewing current community-level training, awareness materials and SBC tools to identify practical entry points for integrating climate and health-informed messaging. The research captured perspectives from women, youth, children, persons with disabilities, the elderly, caregivers and health workers, enabling the project to identify the differential risks and information needs of marginalised groups. These findings will inform the design of the GESI-responsive screening tool and the co-creation of behaviour-change messages in Y2.

The project also worked with the MoHS Health Promotion Unit to define technical specifications for mobile health vans that will support community sensitisation activities. Procurement began in Y1, and in response to supplier constraints, the project is exploring revised specifications and alternative options.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget	117,160
Currency	USD
Timeline (Planned completion of activity)	31 December 2028

Responsibility

Lead: GESI Specialist; MOHS

Remarks/Notes

The indicator is GREEN because all planned activities were successfully completed, and direct community-level training under Activity 4.1.3 is scheduled to begin only after EWARS and SBC development in Year 2. Foundational work progressed as intended: the project conducted mixed-methods formative research across all six districts, analysed climate-related health risks and communication gaps, and reviewed existing SBC materials to identify entry points for inclusive messaging. Coordination with the MoHS Health Promotion Unit also advanced procurement planning for mobile health vans to promote inclusive health services. These steps ensure the project is fully prepared to meet GESI-inclusive targets once implementation begins.

GAP Activity	
Activity 4.1.4: Support families with pregnant women, breastfeeding mothers and children under 2 to provide appropriate infant feeding and produce climate-resilient complementary nutritious food. (GESI action) Community-level staff overseeing the homestead farming module will receive training on community engagement with pregnant women and breastfeeding mothers, to identify the most vulnerable members of this group and ensure they are included in the training. This group is likely to include women with disabilities, so consultation, training and information needs to be accessible.	
Indicator	
At least 5% of mothers included in the farming modules will be women with disabilities. - At least 30% of lead farmers across the target villages will be women	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Evidence generated through the formative research provided important insights into the nutritional vulnerabilities and climate-related food security challenges facing pregnant and breastfeeding women, adolescent mothers and caregivers of young children. The mixed-methods study highlighted barriers related to accessibility, disability inclusion, dietary diversity, gender roles and caregiving workloads, all of which will inform the design of training materials and community engagement approaches. Preparatory work has also begun to ensure that community level staff who will oversee the homestead farming module receive guidance on engaging pregnant and breastfeeding women, including identifying the most vulnerable and ensuring training and information materials are accessible to women with disabilities and mothers of young children with disabilities. These foundations position the project to implement inclusive, climate-resilient nutrition and infant-feeding activities from Year 2 onwards.	
Cumulative progress update (Entire period)	
Cumulative progress is the same as annual progress update since this is the first APR being submitted.	
Budget	235,670
Currency	USD
Timeline (Planned completion of activity)	31 December 2026
Responsibility	
Lead: Health and Nutrition Specialist Support: GESI Specialist; Agricultural Extension Officers; Technical Advisers; Ministry of Gender, Community Development and Social Welfare	
Remarks/Notes	
The indicator is GREEN because activities for Year 1 were limited to establishing the enabling environment for future implementation, and all planned steps were completed on schedule. District and subdistrict introduction meetings were held, and the project successfully identified target group villages and households for Year 2–5 homestead farming and complementary feeding support. Formative research also generated detailed evidence on nutrition, gendered vulnerabilities and accessibility constraints. These foundational actions ensure the project is fully prepared to meet gender, youth and disability targets once Activity 4.1.4 begins.	

GAP Activity	
Activity 4.1.5 Strengthen communities' capacities to reduce their vulnerability to the health impacts of climate change, particularly gendered impacts (GESI action) Facilitators proposed to conduct initial community outreach sessions must be assessed to ensure they have the suitable skills and attitudes to deliver initial training on gender and social inclusion issues, and have participatory facilitation skills. (GESI action) As part of the initial community engagement, select men and boys who will act as male champions within their communities and within district officers to promote the project impacts and champion the community - and district-level discussions among other men and boys. (GESI action) The consultant procured to deliver this activity (individual or organisation) must have experience of working specifically on women's and girl's issues in Malawi before, with a strong preference for an organisation who has worked on the intersection of gender and climate change, and who has experience working with other marginalised groups such as men and women with disabilities. (GESI action) Ensure the training specifically targets men and boys, women and girls separately, to address power dynamics and gender norms faced within workplaces, communities and homes. Skilled facilitators who meet set criteria will be able to facilitate in a participatory manner, using adult learning principles, and mediate and manage power dynamics to ensure the voices of the most vulnerable are heard, and actions are decided on by democratic consensus.	
Indicator	
Men and boys will be engaged to develop male champions in at least 25% of households targeted by the intervention. At least 40% of facilitators are women, at least 10% are youth. At least 50% of community members taking part in the intervention will be men, at least 5% will be people with disabilities (of which minimum half must be women), at least 30% will be youth and at least 10% will be children.	
Rating of Indicator	GREEN (on track to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1
Annual progress update (Reporting Period)	
Progress on Activity 4.1.5 in Year 1 centred on building the foundational evidence and systems required to strengthen communities' capacities to reduce gendered health impacts of climate change in later years. As community-level training will begin after development of GBV/CEFM/SRHR modules under Activity 3.1.5 in Year 2, no direct outreach sessions were scheduled for this period. The formative research generated essential insights into how climate stresses exacerbate harmful gender and social norms. Consultations with women, men, adolescent girls and boys, caregivers, and persons with disabilities provided rich qualitative evidence on power dynamics, decision-making structures, and barriers faced by marginalised groups, information that will shape the design of manuals, discussion guides and male-champion engagement approaches in Y2. Preparatory engagement with MoHS and district stakeholders also emphasised the GESI requirements for this activity, including identifying skilled facilitators with strong participatory and gender-transformative competencies, and ensuring that contracted organisations have experience working with women, girls and persons with disabilities in the Malawi context.	

The project remains on track to establish and strengthen GESI-focused community groups in 200 villages by Q4 Year 2, once training content and facilitation guidance are finalised.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget	143,986
Currency	USD
Timeline (Planned completion of activity)	31 December 2029

Responsibility

Lead: GESI Specialist | Support: District Social Welfare Officers; Community Mobilisation Officers; Ministry of Gender, Community Development and Social Welfare

Remarks/Notes

The indicator is GREEN because all activities scheduled for Year 1 were completed as planned, and community-level implementation for Activity 4.1.5 is not due to begin until Year 2. Foundational work, including mixed-methods formative research, baseline assessments, and district and subdistrict entry meetings, generated strong evidence on gendered climate impacts, social vulnerabilities, and community power dynamics. These findings, as well as findings from sub-activities 3.1.5.1 and 3.1.5.2 will inform the design of discussion guides, training modules and male-champion engagement approaches. The project remains on track to establish or strengthen GESI-focused community groups by Q4 Year 2.

GAP Activity

Project Operations: Mainstream gender and social inclusion across project operations

Throughout project:

(GESI action) Conduct a full gender and power analysis as part of the baseline study, explicitly examining how gender inequality and other social inequalities including disability, shape access to power and resources across climate change and resilience.

(GESI action) Develop a GESI strategy.

(GESI action) All Community Health and Well-being for Rural Communities Executing Entity and Implementing Partner staff receive training in gender equality and social inclusion annually throughout project implementation.

(GESI action) Position descriptions for Technical Staff include their ability to understand and address the needs of women, people with disability and youth throughout project implementation.

(GESI action) Full time GESI Specialist in the Project Management Unit throughout project implementation.

(GESI action) GESI Specialist to train and coach staff in MoH on mainstreaming GESI into plans, budgets and monitoring in Year 1.

(GESI action) Funding to enable GESI Specialist to travel with MoH and district authority staff adaptation activity implementation and monitoring on gender and social inclusion throughout implementation.

(GESI action) Findings of this GESI assessment be disseminated to project staff, government and non-government partners in Year 1 of implementation.

(GESI action) Project M&E and communications represent women, youth and people with disability in positive, empowered roles and use appropriate language and deliver in accessible formats.

(GESI action) Ensure the perspectives of women, men, girls, boys and people with disability are equally represented in project monitoring processes

(GESI action) Ensure progress on GESI action plan is included in all project reports

(GESI action) The project will publicise the grievance redress mechanism through means that ensure the process is accessible to women, men, girls, boys and people with disabilities.

Indicator

50% of project staff are women. 5% of project staff are people with disability (of which minimum half women with disability). 50% of project leadership positions are held by women.

Rating of Indicator	AMBER (needs attention to be met)
Baseline	0
Target, including sex-disaggregation where applicable	1

Annual progress update (Reporting Period)

During the reporting period, key foundations were established to mainstream GESI across project operations. A fulltime GESI Specialist was recruited by the Save the Children Country Office in August 2025. A Rapid GESI Needs Assessment identified staff capacity gaps to be addressed in Year 2. A GESI training workshop was delivered in November 2025 for implementing partners, Save the Children district coordinators, district council officers and Ministry of Health and Social Services staff. GESI considerations were also mainstreamed across the Detailed Implementation Plan, all Terms of Reference, research protocols and data collection tools.

Progress against targets remains mixed. Women currently represent 25% of Save the Children Malawi staff, 20% of Ministry of Health and Social Services staff, 33% of CRECCOM staff and 57% of Community Health Committee staff, against a target of 50% women project staff. Women hold 38% of leadership positions, below the 50% target. Data on staff with disabilities is not available.

In Year 2, work will focus on conducting a GESI analysis, deepening GESI mainstreaming across project components, strengthening capacity through refresher and role-specific training, improving sex-, age- and disability-disaggregated data, and ensuring project activities are accessible and inclusive for women, girls, youth and people with disabilities.

Cumulative progress update (Entire period)

Cumulative progress is the same as annual progress update since this is the first APR being submitted.

Budget	0
Currency	USD
Timeline (Planned completion of activity)	31 December 2029

Responsibility

Lead: GESI specialist

Support: Chief of Party, Partnerships manager, project officers, Ministry of Gender, Community Development and Social Welfare

Remarks/Notes	
Progress against staffing and leadership GESI indicators is AMBER. Women currently represent 25% of Save the Children Malawi staff, 20% of MoHS staff, 33% of CRECCOM staff, and 57% of Community Health Committee staff, against a target of 50% female project staff. Women hold 38% of leadership positions, below the 50% target. Data on staff with disabilities is not available. To mitigate this, partners have agreed to prioritise recruitment of women, particularly into senior and decision-making roles, and to strengthen data collection on disability status in line with ethical and safeguarding standards. These actions will be implemented in Year 2.	
F.9. Gender Action Plan implementation review	
Is the gender expert for the project/programme engaged to support the implementation of the gender action plan? If engaged previously, please advise if the gender expert has been retained by the project/programme, including plans to engage another expert if a previously engaged expert has left the project/programme.	Yes ☒ No ☐
<i>The project recruited a GESI Specialist in August 2025, who worked with the Country Office and SCUK GESI Advisers to review the project's GESI Action Plan. The GESI Specialist is full-time for the duration of the project. The Specialist conducted a Rapid GESI Needs Assessment to gauge knowledge and skills amongst project staff on key GESI concepts. The assessment revealed capacity gaps and a training workshop has since been conducted to address some of the identified gaps. The training targeted implementing partners, SCL district coordinators and officers from relevant sectors, and staff from MoHS departments actively involved in project implementation</i>	
Has the implementation of gender action plan/s being implemented according to Funding Activity Agreements and GCF's Updated Gender Policy? Please ensure that the budget is included in the reporting above if it was indicated in the approved or updated gender action plan.	Yes ☒ No ☐
<i>The implementation of the GAP is observing adherence to the Funding Activity Agreement and is aligned with the GCF's Updated Gender Policy. During the reporting period, the project has taken deliberate steps to operationalize agreed gender and social inclusion commitments through the establishment of institutional mechanisms, including the recruitment of a dedicated GESI Specialist, identification of Safeguarding Focal Points, and capacity strengthening of project staff and partners on gender equality, disability inclusion, safeguarding, and gender mainstreaming. However, it has been noted that the level of funding allocated to GESI actions in the approved project proposal was conservative. Following its recent revision, the GESI Action Plan (GAP) now goes beyond providing a foundational framework for GESI mainstreaming. The updated version strengthens its scope and depth to more effectively address structural gender inequalities, intersectionality, and the differentiated needs of women, youth and persons with disabilities across all project components. As part of this completed revision process, the project team has enhanced the GAP's strategic focus and operational relevance. GESI considerations are now more fully integrated across technical activities and indicators and targets have been expanded and refined.</i>	
Are the planned activities, targets, indicators, timelines, etc. on track during the reporting period?	Yes ☐ No ☒
<i>Some activities, including the Gender and Power Analysis and the development of the GESI strategy, which were originally scheduled for implementation in the first year of the project, were not undertaken as planned due to the late recruitment of key staff with responsibility to lead and coordinate these activities. These activities have since been rescheduled for implementation in the second year of the project.</i>	
Were there any revisions of the approved GAP during the reporting period? Please submit the updated GAP in Annex section of this APR and ensure that the updated GAP has details on each change.	Yes ☒ No ☐
<i>On women and youth participation, the GAP has been updated to adhere to the country's Gender Equality Act of 2013 and National Youth Policy that call for not less than 40% of either sex and at least 30% respectively in all public development and governance initiatives. In a similar vein, representation of people with disabilities will be in proportional to the number of total participants but not less than 10% and will include different disability types and include both males and females. The updated version also incorporates the relevant youth, girls', women's, and persons with disabilities' structures that should be engaged during consultations and assessments. Furthermore, the version has increased broaden the disaggregation parameter to include gender, age and disability and has also proposed that categories should not be treated as homogenous groups but rather with subgroups and encourage the application of intersectional lens when targeting or dealing with them.</i>	

Are the reported results on track to contribute to meeting the sex-disaggregated targets for the direct beneficiaries in the funding proposal, if applicable?	Yes ☒ No ☐
<i>As the project team is in the early phase of implementation, full activity implementation is yet to begin as of end of Year 1. With the review of the GAP, the team continues to prioritize the GESI targets as the project gets into accelerated implementation in Year 2.</i>	
Has the project/programme experienced any implementation challenges that affect gender-related activities? If yes, please include lessons learnt and how they are informing ongoing actions.	Yes ☒ No ☐
<i>The project has faced implementation challenges that have affected gender-related activities, particularly in ensuring meaningful participation of women and persons with disabilities (PWDs). Although the project is committed to fully engaging these groups, many district and community-level structures remain male-dominated, especially within public sector departments and village governance bodies. As a result, several initial coordination and entry meetings were attended largely by men, limiting the extent to which women and PWDs could contribute. This has underscored a key lesson: inclusive participation cannot be achieved by relying solely on existing structures, as they often reflect entrenched gender and social norms. In response, the project is strengthening its approach to representation and engagement. Mandatory minimum thresholds for women's participation and representation of PWDs will now apply to all relevant meetings and consultations. Where existing membership does not meet these requirements, responsible sectors will be requested to nominate additional or alternative representatives to ensure balanced and inclusive participation. The project will also deepen engagement with women's groups and organisations of PWDs to identify appropriate participants and ensure safe, accessible spaces for their contributions. These measures will help ensure that the perspectives of women and PWDs are systematically integrated into project activities and decisions.</i>	
Were there any best practices identified, or case studies prepared on benefits/activities undertaken as agents of action by women and the female heads of households during the reporting period? Please share any case studies in the text boxes or in the Annex section of the APR.	Yes ☐ No ☒
<i>No formal best practices or case studies on women's participation and benefits were identified during the reporting period, as the project is in early stages of implementation. However, initial progress has been made in promoting women's participation through capacity-building activities and stakeholder engagement, including representation of women in key workshops and coordination platforms. The project will continue to monitor and document emerging practices and case studies as implementation progresses.</i>	
Provide planned activities on gender elements for the next reporting period	
<i>GESI activities in 2026 will focus on strengthening the evidence base, systems, and capacities required to address climate related gendered risks. While activities with higher environmental risk e.g., climate responsive health and WASH infrastructure, renewable energy installations, and integrated household farming, are scheduled for Year 3, 2026 will prioritise preparatory work including the review of relevant policies, guidelines, and technical standards to ensure these interventions are gender, age, and disability responsive. The project will conduct a comprehensive gender and social inclusion study to assess the gendered impacts of climate change, with particular attention to climate related GBV, child, early and forced marriage (CEFM), and sexual and reproductive health and rights (SRHR). This study will capture perspectives of women and girls alongside healthcare staff knowledge, informing development of context appropriate training. Capacity building will be delivered to healthcare staff and community health action groups, including orientation on safeguarding and SEAH. The project will operationalise accessible GRMs aligned with organisational and local systems, continue mainstreaming inclusive approaches, strengthen participation of marginalised groups in community structures and policy dialogue, engage male champions through a gender transformative approach, and support inclusive community dialogues to raise awareness and collective action on GBV, CEFM, and SRHR.</i>	

G. ANNEXES (UPLOADED)
Annex 1: GHG emission reduction calculation methodology (for projects reporting GHG emission reductions) and details on the calculations of the annual and cumulative value.
No annexes provided.
Annex 2: Communication and visibility material
File Name: Annex 2b - Launch Photos.pptx File Name: Annex 2a - Project Brochure.pdf
Annex 3: List of grievances received
No annexes provided.
Annex 4: Procurement information
File Name: Procurement Information.xlsx
Annex 5: Updated implementation timetable for the Funded Activity for the following year
File Name: Annex 5 - Updated Implementation Timetable.xlsx
Annex 6: Updated Gender Assessment and/or Action Plan
File Name: Annex 6 - Updated GESI Action Plan.docx
Additional Annexes (if applicable)
No annexes provided.

