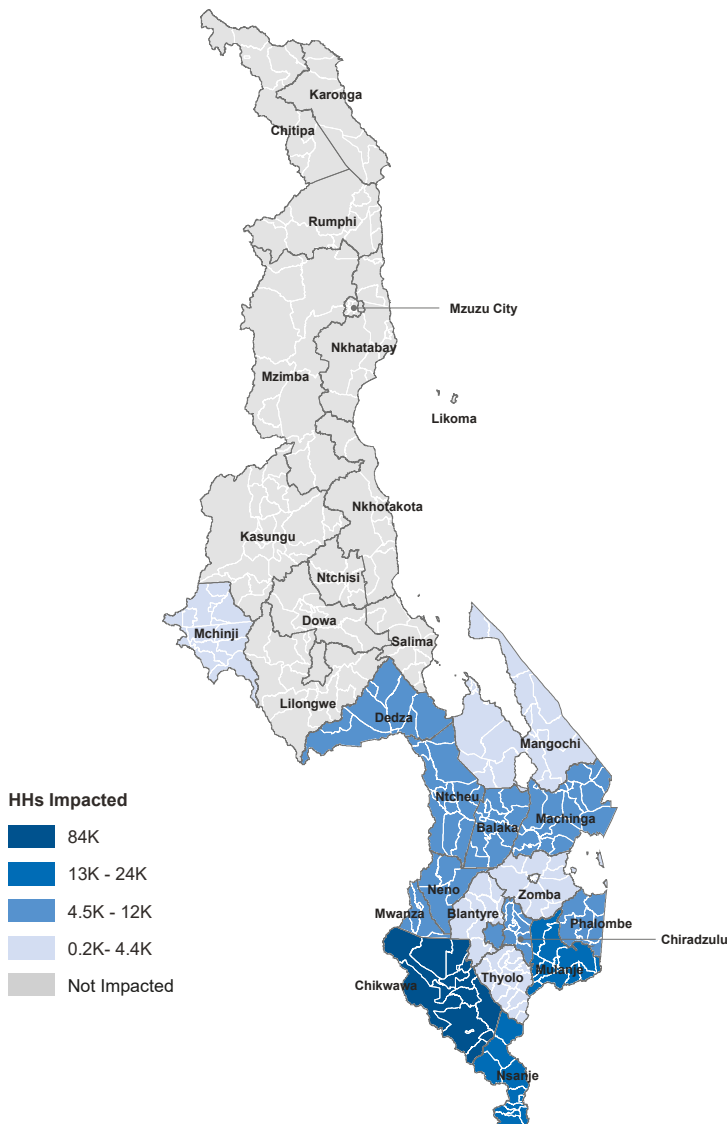


## HIGHLIGHTS

- Food and non-food items being delivered to affected populations across the districts
- UN and partners are supporting the life-saving emergency flood response.
- Main Emergency Operations Centre (EOC) is in Lilongwe and 2 sub-EOCs are in Chikwawa and Nsanje
- Initial reports as of 15th February indicate worsening flooding impacts in Salima district and a team from DoDMA has deployed for an initial assessment.
- Flash Appeal proposals are being developed by clusters towards a US\$30M resource envelope
- HCT meeting scheduled for Wednesday 16th February to consider the draft Flash Appeal and the National Response Plan

## SITUATION

- Tropical Storm Ana caused heavy flooding in a number of districts in Malawi, especially in the Southern Region due to a lot of heavy rainfall and strong winds. . Malawi President declared a State of National Disaster on 26th January 2022.
- According to the Department of Climate Change and Meteorological Services, while the 2019 Cyclone Idai was a tropical cyclone, Ana is not a cyclone. Rather, it is a moderate tropical storm, yet Idai had rainfall amounts of 150 mm within 24 hrs while Ana had 250 mm and above rainfall recorded within 24 hrs.
- Displaced persons are seeking shelter in evacuation centres, schools, churches, hospitals, shelters, and made-up camp sites. Chikwawa, Nsanje, Phalombe and Mulanje and are the most affected districts.
- The damage includes:
  - > Blown-off house roofs; loss of livestock; collapsed houses, toilets, and brick fences; damaged road network, bridges, culverts, and other road structures; loss of household items; and damaged public and private infrastructure, including schools, health facilities and churches.
  - > Destroyed teaching and learning materials; crops washed away, logging of crops from the strong winds, damage on power plant causing power supply disruptions; and contamination of water sources.
- Initial reports as of 15th February indicate worsening flooding impacts in Salima district and a team from DoDMA has deployed for an initial assessment.



## SECTORIAL RESPONSE AND NEEDS



### AGRICULTURE



**72K**  
Destroyed  
Hectares

#### Situation and Needs Analysis


- Approximately 71,716 hectares (ha) of cropped area belonging to 91,016 households have been severely affected.
- These farming households have lost their crops (maize, ground nuts, soybeans, tobacco, Sesame, rice, cotton) through either complete wash away or submersion.
- On livestock 36,803 combined livestock species owned by 12,655 livestock keepers were either killed or injured by the floods.
- There is need to support affected households with farm inputs and livestock to improve the households' food security and sustain their livelihoods.
- Initial estimates show significant damage to crops. Nsanje and Chikwawa have been hardest hit, with rough estimates pointing towards one-third of all crops being lost.
- With 80 per cent of sampled communities reporting farming as the primary source of income, the most urgent needs are to distribute farm inputs, including maize seeds, fertilizers, potato vines, cassava cuttings.
- The immediate support for maize production should be done within two weeks, not later than 15 February 2022. The maize seed varieties should be those of early maturing that take 60 to 75 days to reach physiological maturity.
- Farmers need to be targeted to receive a minimum package to support winter crop production on an average land area of 0.1 ha with residual moisture and/or irrigation farming.
- Restocking of 620 cattle, 3,604 goats, 30 sheep, 1,448 pigs, 30,456 chickens and 117 rabbits.
- There is need for distribution of drugs, vaccines, acaricides and some veterinary equipment that should be used in case of disease outbreaks.
- Assessment needs to be conducted to determine specific damages on irrigation schemes.
- Seeds like maize, sweet potato vines, cassava cutting for replanting, and fertilizer ahead of the winter harvest or to take advantage of residual water.

#### Current Response


- UP has activated the crisis modifier under the EU-funded SoSuRe programme for recovery activities aligned to Mulanje assessment plan; DoDMA recommendations and the guidelines coming from the Agricultural cluster. Following guidance from the Agricultural Office, UP will support the most affected households in Mulanje with farm inputs to be distributed in the second half of February. The provision of early maturing crops will allow households to quickly recover from the shock and regain control over their lives.



### EDUCATION



**476**  
Affected  
Schools



**399K**  
Affected Children  
at School Age

#### Situation and Needs Analysis

- A total of 476 schools in 22 education districts were affected, disrupting access to education for 398,908 learners (201,135 boys; 197,773 girls). Classroom blocks, teachers' houses, latrines, administration blocks, libraries, dormitories, kitchens, feeding shelters and boreholes are some of the infrastructure damaged. The TLM damaged include textbooks, exercise books, chalk, dusters and teacher reference materials.
- Influx of IDPs in schools has further disrupted teaching and learning processes. Water, Sanitation and Hygiene (WASH) in schools is another area that has been affected and is compromised because of damaged water points. The presence of IDPs in schools has also put pressure on already inadequate latrines in school premises.
- There is immediate need to replace TLMs and provide for temporary learning spaces to sustain teaching and learning in affected schools. In addition, learners need recreational facilities to keep them active and to stimulate critical thinking; hence recreation kits are needed in all affected schools. Volunteer teachers will also be required on short-term to assist with provision of remedial classes to make up for the lost school days.
- The volunteer teachers will also assist in provision of psychosocial support to learners as well as reinforcing adherence to WASH minimum standards and provision of child protection services. On a medium to long-term basis, a detailed assessment is needed to establish effects and impacts as well as quantify and cost needs for building back better and smarter.

#### Current Response

- WFP has activated the crisis modifier under its European Union-funded "TSOLATA" school meals intervention. Additional funds will support the response with a temporary expansion of school feeding by providing take-home rations to children in schools that have been affected but are not covered under the intervention.



- Approximately 105,649 learners (53,581 females and 52,068 boys) in 70 primary schools in 5 districts of Chikwawa, Nsanje, Phalombe, Mulanje and Mangochi have benefitted from the distribution of 400 boxes of assorted learning materials, 100 school-in-a-box education kits which include, 85 recreation kits, 61 ECD kits and 30 (72sqm) tents, 400 mobile chalkboards and 700 boxes of surgical masks (35,000 masks) – UNICEF support.
- Of these 70 primary schools, 35 schools are hosting IDPs, 31 had damages to infrastructure, and 5 had all their teaching and learning materials damaged.



### Situation and Needs Analysis

- Due to the impact of Tropical Storm ANA availability of food at household level was critically compromised as most of the affected population lost nearly all their food reserves.
- The commodities lost include maize grain, flour, different types of pulses and small fish. Additionally, the affected families lost a great share of their fields and natural assets – both at community and household levels – elements which are critical to sustain livelihoods among rural people.
- This also applies to the IDPs, including affected population from Mozambique. A total of 215,572 households were affected translating to 982,162 people with 29,975 households (134,88 people) displaced. The situation is critical for people that are living in camps as they lost almost all their items more especially food.
- Furthermore, the households who are hosting their displaced relatives are under high pressure to provide the essential items more especially food. Owing to this situation, there is need to urgently support the affected people with food assistance mainly cereals, pulses, oil and corn soya blend for under-five children, pregnant and lactating women for the prevention of malnutrition.

### Current Response

- WFP is distributing fortified corn-soya blend in the four most-affected districts as part of its initial response to affected populations. The corn-soya blend will provide immediate support to some 21,000 households. As of 14 February, distributions were 92 percent complete having reached 19,356 households.
- United Purpose and Give Directly met with Mulanje DEC/ DCPC on Friday 11th Feb to launch a cash response in Mulanje.
- UP launched Market Assessment in Mulanje in partnership with Give Directly ahead of cash disbursements in March.
- Using Self Help Africa and UP Global funds, UP will be distributing food items to 420 most affected households in Mulanje this week to fill a gap between WFP food distribution and cash distributions to be made in March



### Situation and Needs Analysis

- In the southern region, 47 health facilities have been affected in the form of infrastructural damage, power cuts, loss of drugs, damage of medical equipment, fridges, vaccines, and other supplies.
- An estimated 126,000 people are expected to be affected by cholera and other disease outbreaks such as measles, eye infections, typhoid, skin conditions and Malaria.
- Poor sanitation conditions in the sites and the presence of stagnant pools of water provide conducive environment for mosquito breeding that might increase incidences of malaria and also lead to other waterborne diseases such as cholera and diarrhoea.
- In addition, there is congestion in some camps that may facilitate transmission of infectious diseases which may culminate into disease outbreaks, including Covid-19.
- There are 21,865 pregnant women who are internally displaced and residing in camps who will require delivery kits. Therefore, these will need essential health care medicines and supplies.
- Other reproductive health services for women of childbearing age will include family planning, dignity kits, and post abortion care. In addition, 1,071,000 under five children will require integrated child health services; while 93,500 severely acute malnourished under-five children will require medical services in nutrition rehabilitation units. There is need to ensure internally displaced persons have access to TB, HIV/ART, NCD services.
- Primary health care drugs and medical supplies, and reproductive health kits.
- Integrated mobile clinics to offer a package of health services including family planning, antenatal and postnatal care, neonatal care including breast feeding support, safe deliveries, psychosocial support, ART, and provision of vitamin A supplementation, Zinc, Iron
- Additional human resources for health to provide quality emergency care to pregnant women and all women and girls of childbearing age, including SRHR information to adolescents



- Awareness-raising on issues of sexual reproductive health and HIV prevention, including distribution of condoms amongst adolescents and all women of childbearing.

### Current Response

- UNICEF is supporting MoH to restore and sustain continuity health services in southern Malawi after the devastating effects of the tropical storm Ana to ensure primary health care continues to be provided through health facilities and community-based service delivery mechanisms.
- On 8 Feb, UNICEF provided assorted health and infection prevention and control consumable and non-consumable supplies, and utility items valued at USD 121,456 to Nsanje and Chikwawa districts.
- The supplies will benefit 34 health centres in the two districts for a period of three months.
- Additional, health preparedness items were provided to both districts that included personal protective wear, cholera beds, Oral Rehydration Salts (ORS) plus Zinc in preparation for any cholera outbreak in the districts.
- MRCS, with support from UNICEF, is supporting districts to conduct community-based surveillance in Chikwawa, Nsanje, Phalombe and Mulanje, and in coordination with UNICEF WASH and district-based water teams.
- MRCS is also conducting water quality testing across the four districts, with UNICEF support.
- Through MRCS, UNICEF together with WHO, provided financial and technical support to MoH to conduct a detailed health facility assessment to establish the impact of the Tropical Storm Ana on the health service delivery in Chikwawa and Nsanje districts that were the epicentre of the storm. A preliminary report of the assessment shows that four health facilities, Makhanga, Mbenje, Bereu and Ndamela, were severely affected by the floods, damaging medical equipment worth millions that included six cold chain fridges plus yet-to-be quantified doses of both routine and COVAX vaccines, drugs, and other medical supplies (consumable and non-consumable).
- Overall, the assessment report reveals that most health facilities did not suffer major infrastructural damage from the Tropical Storm apart from minor damages on some staff houses that had their roofs damaged. However, the impact on power and water and sanitation resulted in some facilities not being able to provide full services. For example, immunizations were seriously disrupted in six health facilities of Makhanga, Mbenje, Bereu, Ndamela, Gaga and Chithumba for 19 days. With support from UNICEF, these facilities were provided with fuel to pick vaccination supplies from neighbouring health facilities, and resumed static immunization services and 20 percent of outreaches especially in camps of internally displaced persons.
- The Crisis Modifier fund under the ECHO COVAX project was activated to support COVID-19 vaccine roll out in camps. UP in partnership with CARE is supporting Mulanje DHO to conduct vaccine rollout in camps. Last week, UP conducted engagement meetings with camp leaders to raise awareness about the vaccination process.
- WFP is addressing the Health Cluster's request for 15 mobile storage units, five each for Chikwawa, Mulanje and Nsanje districts. The units will serve as temporary health posts and installation is set to begin Monday, 14 February.
- In Nsanje, UNFPA distributed 850 dignity kits, sexual reproductive health commodities including reproductive health (RH) kits, clean delivery kits, mobilized human resource such clinicians and nurses to be deployed in the district, mobilization of mobile clinics to reach out to displaced people in camps, fuel support of 1.2 million to support generators in the health facilities. Both long term and short acting drugs were delivered at the health facilities to reach a total of 1,300 women of childbearing age.
- In Chikwawa, UNFPA continued the distribution of the dignity kits as an entry point for GBV awareness in the camps. 2,000 kits have been distributed to Chikwawa camps and an additional 1,000 to Nsanje camps. This is being done in partnership with the district protection clusters at the district and other local CSOs such as FOCESE in Nsanje.



## NUTRITION



**39K**

Pregnant and Lactating Women



**131K**

Childrent U-5

### Situation and Need Analysis

- An estimated 131,144 children under-five; 39,083 pregnant and lactating women (PLWs) have been affected.
- A total 3,348 under-five children and about 1,000 PLWs have been displaced from their homes and are living in camps. In addition, the camps are also hosting people with chronic diseases including AIDS and high blood pressure; as such, adverse conditions may worsen the already existing nutrition gaps amongst the people considering the prevailing poor food and dietary deficiency.
- There is an urgent need for nutritious food for the vulnerable groups in order avoid incidences of malnutrition.
- Nutrition assessments for children under 5, pregnant and breastfeeding women, and chronically ill persons.
- Supplementary feeding programs, and Therapeutic food (like Likuni Phala and Chiponde)
- Priority need to provide access to quality curative nutrition services through the most appropriate modalities, ensuring systematic identification, referral, and treatment of acutely malnourished cases in collaboration with the Health Sector.
- With cases of diarrhoea reported in the evacuation facilities and the impact of temporary displacement on food and nutrition security, there is an immediate need to establish a referral system for severe/critical cases of malnutrition.
- Procurement and distribution of RUTF, F100, F75 and antibiotics needed for treatment of children with SAM in all the affected districts
- Strengthen the quality and scale of preventative nutrition services for most vulnerable groups through the promotion of appropriate infant and young child feeding practices, micro-nutrient supplementation and optimal maternal nutrition.

### Current Response

- UNICEF is supporting nutrition screening in camps in Phalombe, Mulanje, Mangochi and Balaka.
- A total of 10,200 children under five (Mulanje 5798, Phalombe 506, Mangochi 179 and Nsanje 3,717) were screened during the reporting week of which 675 were malnourished and were referred for appropriate treatment.
- UNICEF has provided 881 cartons of Ready to Use Therapeutic food (RUTF) for the treatment of children with acute malnutrition to the six of the affected districts (Balaka, Chikwawa, Mulanje, Mangochi, Nsanje and Phalombe).
- The RUTF provided is enough to treat about 800 children with severe acute malnutrition.



## PROTECTION



**21K**

Pregnant and Lactating Women



**39K**

Childrent U-5



**10K**

Living with Disabilities



**2.7K**

Elderly Population

### Situation and Need Analysis

- A total of 945,728 people have been affected including 39,073 under-fives; 21,046 pregnant and lactating women (PLW); 10,165 people living with disabilities; and 2,619 elderlyies.
- Access to protection, Early Childhood Development (ECD), Sexual and Reproductive Health (SRH) and other essential services (social, legal, and security) has been disrupted.
- In addition, there is stress among protection workforce due to increased workload. As such, there is need for referral pathways and complaints and feedback mechanisms for reporting cases of violence. In addition, there is need for improved coordination among service providers and orientation of protection structures in provision of protection services, as well as provision of psychosocial and recreational materials.
- Development Communications Trust (DCT) through the Community Bwalo Social Accountability Committees in Chikwawa district are carrying out Communication for Development and community engagement activities targeting children and the youths in camps.
- These meetings have exposed some gaps relating to performance accountability of some structure members such as Village Civil Protection Committee (VCPC) and Area Civil Protection Committee (ACP) in handling donated items to the affected people in camps.

### Current Response

- UNICEF is reaching out to vulnerable populations with psychological first aid through social welfare officers trained in mental health and psychosocial support and psychological first aid.
- Child protection workers have been deployed in the displacement centres in Nsanje, Chikwawa, Phalombe and Mulanje.
- Recreational kits (60) have been delivered to 5 of the affected districts (Nsanje, Chikwawa, Mulanje, Phalombe and Mangochi) for provision of psychosocial support services through children's corners – UNICEF support.






- UNICEF is also strengthening coordination of protection actors in 5 districts through orientation of protection cluster members in Blantyre, Mwanza, Machinga, Nkhata Bay and Mzimba. Case management services also are being provided to children in need of care and protection in these districts.
- The week of 14th to 18th February 2022, CRS with funding from USAID, will disseminate messages on protection issues in the camps of Chikwawa and Phalombe.
- In Chikwawa and Nsanje, UNFPA is also supporting district partners and IPs to ensure that youth in camps have access to information and counselling, contraceptive methods administration, HIV testing services and treatment follow up among the HIV positive (Y+) community.
- In Chikwawa, UNFPA is working with the district youth office to orient temporary peer educators in the camps. The peer educators, among other things, will help to distribute and keep condoms for easy access among the youth. They will also sensitize the youth in the camps and affected areas on the dangers of unsafe abortion.
- Working with partners, UNFPA is implementing activities to raise awareness and sensitize, especially women and girls on GBV in the camps and how they can report cases of abuse. UNFPA is also supporting establishment of temporary safe spaces and youth committees in the camps to ensure all emerging health challenges are reported and addressed by service providers.
- In partnership with district partners, UNFPA is working with HSAs/CBDAs to ensure continuous supply of contraceptive methods including the emergency pills and condoms in the camps.
- UN Women has supported with protection and social support cluster coordination meetings in Nsanje and Chikwawa. UN Women is supporting with a Rapid Gender Analysis on the Affected Population

## Restoration of Family Links

- Malawi Red Cross Society has supported with free phone calls to the HH to connect with their families suspected to be missing
- Malawi Red Cross Society has helped to reunify children with their parents who missed each other through a tracing request that they made.



 **178**  
Camp Sites

 **33K**  
Displaced Households

## Situation and Needs Analysis

- A total of 152,786 have been displaced in 15 affected districts and are being accommodated in camps established in schools, churches, mosques, health facilities, police units and some are camped on open spaces.
- There is urgent need for temporary shelter, Non-Food Items (NFIs), and support of Camp Management and Camp Coordination for the IDPs.

## Current Response

- CRS Malawi, through Churches Action for Relief Development (CARD), has supported 50 households at Namalindi and Mphimbi camp in T/A Katunga, Chikwawa District with shelter kit and NFIs (each HH received 2 tarpaulins, 1 nylon lope, 11 poles, 4 pots, 1 solar lamp, 1 Blanket, 3' and 4' wire nails, 2 jerry cans and 4 plates).
- CRS Malawi, through Blantyre CADECOM, has supported 50 Households in Nthambula Camp, T/A Chiwalo, Phalombe district with shelter kit and NFIs (each HH received 2 tarpaulins, 1 nylon lope, 11 poles, 4 pots, 1 solar lamp, 1 Blanket, 3' and 4' wire nails, 2 jerry cans and 4 plates).
- The week of 14th to 18th February 2022, CRS with funding from USAID, will distribute shelter kits (each kit will have 11 poles, 2 tarpaulins, 1 nylon lope, 3' & 4' nails, termicide); and NFI Items (each kit having 2 pots, 1 bucket with lid, 1 blanket, 1 solar lamp and 2 jerry cans) as follows:
  - > 150 NFI kits and 100 shelter kits to HH in camps in Phalombe district through Blantyre CADECOM
  - > 150 NFI kits and 100 shelter kits to HH in camps in Chikwawa district through CARD





**54K**  
Collapsed  
Latrines



**337**  
Destroyed  
Boreholes

## Situation and Needs Analysis

- A total of 53,962 latrines have collapsed, while 337 boreholes, 206 water taps, and 8 gravity-fed water schemes have been damaged.
- As a result, there is low sanitation coverage, limited access to safe water and poor hygienic practices. Some sites and communities reported of open defecation, while the few available water sources are contaminated.
- The impact of inadequate supply of water is worse for women and girls, particularly female headed households.
- In addition to the increased risk of cholera and other communicable diseases, it exposes women and girls to the risk of rape and sexual assault in search for water.
- As such, safe water supply, sanitation and hygiene services are immediately needed to address water, sanitation and hygiene issues. Furthermore, there is need for rehabilitation of toilets to avoid infectious and waterborne diseases.

## Current Response

- UNICEF has provided various WASH NFIs, including water treatment chemicals, water storage facilities, personal hygiene material, emergency latrines and water quality kits.
- As a result of this, about 100,000 people gained access to safe and treated water including 44,880 in six highly affected districts (Chikwawa, Nsanje, Phalombe, Balaka, Mangochi and Mulanje). An application to CERF has been made to avail additional resources to scale up the response in both IDPs camps and hosting communities.
- The week of 14th to 18th February 2022, CRS with funding from USAID, will distribute WASH dignity kits (each will have 1 packet of pads, 2 pants, 10 tablets of water guard, 5 washing soap, 5 bathing soap, 1 chitenje wrapper) as follows:
  - > 500 WASH dignity kits to HH in camps in Phalombe district through Blantyre CADECOM
  - > 500 WASH dignity kits to HH in camps in Chikwawa district through CARD
  - > Dissemination of Hygiene promotion messaging in the selected camps of Chikwawa and Phalombe where distribution will take place





## COORDINATION

### Overall

- On 26 Jan, Malawi President Lazarus Chakwera declared a state of disaster in all flood-affected districts.
- Department of Disaster Management Affairs (DoDMA) is coordinating the flood response in collaboration with the United Nations and partners.
- A Flood Response Plan and Flash Appeal are being finalised by Malawi Government in collaboration with humanitarian actors.
- The Central Emergency Relief Fund (CERF) has allocated \$3 million for an urgent humanitarian response needs to the impact caused by Tropical Storm Ana in Malawi.
- UN agencies, in collaboration with Government of Malawi, national and international agencies, are supporting provision of life-saving assistance to the flood-affected people.
- Provision of assistance to flood-affected persons is underway in areas of food, medicine, protection services and other non-food-items such as water, sanitation, and hygiene supplies, as well as setting up temporary learning spaces to support children.
- The Emergency Operation Centre (EOC) set up by DoDMA in Lilongwe is coordinating the response efforts. Two sub-EOCs are in Chikwawa and Nsanje.
- OCHA deployed technical support to help in humanitarian coordination and information management.
- Main Emergency Operations Centre (EOC) was set up in Blantyre on 25th January. It will be based in Lilongwe from Monday 14th February and 2 sub EOCs opening up in Chikwawa and Nsanje.
- Flash Appeal proposals are being developed by clusters towards a US\$30M resource envelope
- HCT meeting scheduled for Wednesday 16th February to consider the draft Flash Appeal and the National Response Plan

### Preparedness

- UN and partners are assisting Government to rapidly assess immediate needs to inform the humanitarian response. A rapid interagency assessment is on the ground ascertaining the extent of damage and needs.
- The emergency evacuation centres constructed with UN (UNDP) support have saved many lives, and are providing critical shelter.
- DoDMA and Malawi Red Cross Society developed and disseminated warning messages about the storm. The messages were aired on different radios stations including community radios. The same messages were shared with District Councils and were disseminated through public address system in communities.
- WFP is preparing its concept of operations to guide a 3-phased response (immediate response, response, recovery).
- United Purpose has activated the crisis modifier under the EU-funded SoSuRe programme for recovery activities aligned to Mulanje assessment plan.

### Communication and Community Engagement

- To enhance participation and accountability to affected population, UNICEF through a local CSO, Development Communication Trust (DCT) facilitated dialogue sessions with Community Bwalo Social Accountability Committees, targeting in-camp children and youth in Chikwawa and Nsanje. The dialogue sessions unearthed several issues that are being presented to district level stakeholders during cluster meetings including cases of abuse of power and lack of transparency and accountability in the selection process of beneficiaries by VCPCs and ACPCs; inadequate engagement of youth and children as well as limited capacity by different stakeholders at both district and community level to respond and give feedback to the affected people.
- DCT empowered bwalo members in Traditional Authority of Mulilima in Chikwawa over their failure to engage all key decentralized structures during the planning and stages of disaster response activities.
- UNICEF supported the Ministry of Information in reactivating the Communication and Community Engagement Cluster to ensure harmonized efforts and response on social and behavioural change interventions in the affected districts.