Humanitarian Needs

As of 18 January 2015, an estimated 22,000 households (121,000 people) were reported to have been displaced with the most affected districts- Nsanje, Chikwawa and Phalombe. Reports of a large number of displaced people in Phalombe districts are being investigated. Many of the displaced households are seeking shelter at camps, schools, churches and evacuation centres. As of 19 January, 219 schools are reported to be occupied by displaced people.

In Chikwawa and Nsanje districts, health services at a number health facilities have been temporarily affected by poor access to the facilities due to the flooding. In Nsanje, Makhanga health centre was submerged by water. This facility is still not operational. Two health facilities reported to be worse affected so far are Thuchila in Mulanje district where staff houses were flooded resulting in evacuation of all health facility staff and closure of the health centre. The Mulanje District Health Officer has indicated that services are expected to resume by 20th January 2015.

Reports from UNICEF field teams which visited the districts and camps portray a fairly normal nutrition situation one week into the emergency. Severely malnourished children are already benefiting from community-based management of acute malnutrition. In the camps where health workers are present, children suffering from severe/acute malnutrition (SAM) are being referred to the nearest health centre for management. However, there are some camps where health workers are not yet present, and this is an area of growing concern.

Generally, all the facilities implementing the out-patient therapeutic feeding programme (OTP) are operational, with the exception of Makhanga Health Centre in Nsanje and six health centres in Mangochi namely Nakhwali, Chilonga, Nankhumba, Malombe, Chiwunda and Mase. These centres in Mangochi are inaccessible and do not have adequate therapeutic supplies for management of SAM. The main challenge is inactive screening of malnourished children in the camps which has to be intensified. The other critical challenge is the lack of variety of food being distributed- mostly maize flour and beans. There is therefore a likelihood of having more children becoming malnourished in the affected areas.
UNICEF’s Response with Partners

Health

Many children and women are without access to health services and shelter. The heavy rains and strong winds are affecting the vulnerable children and their families and expose them to communicable diseases and may lead to deaths caused by malaria, diarrheal diseases, acute respiratory infections and measles. Pregnant women are also affected as antenatal care and delivery services cannot be performed adequately. Both adults and children living with HIV need to have continued access to antiretroviral therapy (ART). Disrupted ART can result in treatment failure and increased morbidity and mortality.

Action

- In October 2014, UNICEF pre-positioned medical and other supplies in all the districts in readiness for the Ebola Virus Disease. The districts have been advised to use these items in this critical time, and report to UNICEF for possible replenishment.
- In addition, medical and other supplies have been prepositioned this week to seven districts considered to be at greater risk of cholera and diarrhoea diseases. These are: Nsanje, Chikwawa, Phalombe, Zomba, Machinga, Blantyre and Mangochi. So far, water chlorination and intensified health education supported by UNICEF appear to be effective in mitigating disease outbreak.
- UNICEF is working closely with the Epidemiology Unit of the Ministry of Health, and the districts to monitor disease incidence, with the view to provide support as soon as the districts require.
- In Nsanje and Chikwawa districts, MSF has been conducting mobile clinics in camps for displaced people on a daily basis.
- UNICEF is working with the Clinton Health Access Initiative to support the urgent distribution of HIV supplies to areas where they are needed.
• UNICEF has also signed an agreement with Population Services International to provide health, HIV/AIDS, and hygiene promotion to displaced persons.
• The Malawi Red Cross has agreed to work with UNICEF to provide support to camps in establishing shelter, identifying health and HIV/AIDS needs, and making referrals to health services, while YouthNet and Counselling will provide counselling services, HIV prevention education, and edutainment for children and adolescents.

Nutrition

Malnutrition is expected to increase considerably due to increased risk of outbreaks cholera, increased prevalence of malaria and infection, as well as food deficit. Vitamin A deficiency (VAD) among the under-five children may increase susceptibility to infections such as measles and acute respiratory infections (ARIs). An urgent response is required to accelerate the reduction of any forms of VAD in the population.

Action

• Data is being collected on the admissions, death rates, default rates and cure rates of community based management of acute malnutrition in affected districts.
• The distribution of therapeutic milk and 2,000 blankets for nutrition rehabilitation units is in progress.
• UNICEF is procuring and will distribute ready-to-use therapeutic food, Vitamin A supplementation and deworming tablets to camp sites.

WASH

Water and sanitation facilities have been destroyed cutting off access to safe water supplies, destroying pit latrines and preventing proper hand washing with soap practices. The flooding has also contaminated existing boreholes and reduced access to safe water drinking supplies. Faced with water shortages, people moving into camps are relying in unsafe water sources, placing their health at great risk. The destruction of sanitation facilities at homes and at health facilities and schools has resulted in affected people resorting to open defecation, or seeking these services at displaced persons locations. The present situation makes flood victims prone to dysentery and cholera outbreaks, as well as other water-borne diseases.

Action

• Pre-positioned chlorine, plastic sheets, plastic buckets in high-risk districts are being utilised and 75 x 50kg chlorine supplies have been ordered.
• 75 drums of chlorine are being sent to the affected areas, water trucks have been dispatched to in 8 camps in Nsanje and Chikwawa districts.

Education

More than 350 schools have been affected (displaced, flooded and communities have settled in schools) in various districts and approximately 300,000 learners affected. Some schools have been transformed into camps while others are totally inaccessible. The primary concern is ensuring that school is not interrupted during this emergency and that the situation of children in the affected schools is normalized.

Action

• The immediate response needs are providing temporary school shelter, school in a box kits, school meals and ensuring teachers have the necessary skills to manage teaching and learning in emergency.
• UNICEF has finalized an agreement with World Vision Malawi to accelerate response in 8 districts namely Nsanje, Chikwawa, Phalombe, Mulanje, Zomba, Machinga, Chiradzulu and Karonga districts targeting 150 schools and 105,000 learners.
• UNICEF is currently developing a scale up plan for its response with the support of other NGOs such as DAPP.

Child protection

The widespread damage to homes, communities and essential infrastructure, including schools has increased the risk of trauma and stress for children. Additionally, due to the precarious nature of temporary camps (including cramped conditions in buildings been used in interim), children, especially girls are at risk of sexual abuse and exploitation. Increased stress and trauma amongst the guardians resulting from the effect of the floods may lead to increased cases of child neglect. Psychosocial support for these children will be crucial to their long-term well-being.
Action

- All children that have been separated from their families need to be identified and family tracing must be initiated. In the meantime, interim care will be provided for unaccompanied and separated children.
- Child friendly spaces where children can feel safe, play, and receive psychosocial support will be established- toys and games provided.
- Information will be provided on the increased risk of exploitation and abuse.

Communication for Development (C4D)

- As a cross-sectoral function, all C4D activities are embedded in programme response plans for Health, Nutrition, Protection, WASH and Education.
- Predesigned C4D information materials are available and have been sent for printing.
- Community radio station nationwide will be requested to develop programme for affected communities to reinforce key messages.

Supply and Logistics

- Affected districts continued to distribute supplies valued at USD 181,467 that were prepositioned in the districts which included tents, WASH supplies, medical supplies. Additionally UNICEF provided to Karonga and Nsanje districts tents and survival kits that also being distributed to the affected people.
- On 19 January UNICEF dispatched additional supplies including medical supplies, school in a box kits and wash supplies to 7 of the 15 affected districts up the response.
- UNICEF is expecting to receive an additional 90 tone consignment on 23rd January 2014 composed of essential medical supplies and WASH items.

Media and External Communication

- Photos have been sent to UNICEF Geneva and HQ offices. So far there has been extensive coverage of the floods on all major news outlets- CNN, BBC, Al Jazeera etc.
- Further communication resources are being gathered and an implementation plan is underway for increased media coverage

Funding

- To respond to recent floods, UNICEF Malawi is appealing for US$ 9,291,292 to support the response to the January floods for an initial three months. Through discussion with donors in country, a total of US$ 4,094,819 has been reallocated from existing resources and $50,000 received against the Unicef Appeal for the floods. A funding gap of US$ 5,146,473 remains to support the flood response as of 18 January.

<table>
<thead>
<tr>
<th>Appeal Sector</th>
<th>Requirements</th>
<th>Funds received against the appeal</th>
<th>Funds reallocated*</th>
<th>Funding gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1,592,542</td>
<td>0</td>
<td>544,987</td>
<td>1,047,555</td>
</tr>
<tr>
<td>Health</td>
<td>2,218,750</td>
<td>0</td>
<td>1,324,981</td>
<td>893,769</td>
</tr>
<tr>
<td>WASH</td>
<td>1,800,000</td>
<td>50,000</td>
<td>950,400</td>
<td>799,600</td>
</tr>
<tr>
<td>Education</td>
<td>1,870,000</td>
<td>0</td>
<td>948,611</td>
<td>921,389</td>
</tr>
<tr>
<td>Child protection</td>
<td>891,000</td>
<td>0</td>
<td>223,221</td>
<td>667,779</td>
</tr>
<tr>
<td>Coordination and Logistics</td>
<td>470,000</td>
<td>0</td>
<td>57,619</td>
<td>412,381</td>
</tr>
<tr>
<td>Communication</td>
<td>329,000</td>
<td>0</td>
<td>0</td>
<td>329,000</td>
</tr>
<tr>
<td>HIV</td>
<td>120,000</td>
<td>0</td>
<td>45,000</td>
<td>75,000</td>
</tr>
<tr>
<td>Total</td>
<td>9,291,292</td>
<td>50,000</td>
<td>4,094,819</td>
<td>5,146,473</td>
</tr>
</tbody>
</table>

* 'Funds received' does not include new contributions or pledges.
Who to contact for further information:

Mahimbo Mdoe  
Representative  
Country Office  
Malawi  
Telephone: 265 999 964 130  
Facsimile: 265 1 773 162  
Email:mmdoe@unicef.org

Roisin De Burca  
Deputy Representative  
Country Office  
Malawi  
Telephone: 265 992 961 100  
Facsimile: 265 1 773 162  
E-mail:rdeburca@unicef.org

Angela Travis  
Communication Chief  
Country Office  
Malawi  
Tel: +265 999 964 208  
Fax: + 265 1 773 162  
Email: atravis@unicef.org