



UNICEF Education Specialist, Munamuzunga Siakulu handing over education supplies at an affected school in Chikwawa with the Minister of Education Agnes Nyalonje © UNICEF Malawi/2022

MALAWI FLOODS Situation Report

unicef for every child

Malawi Floods - Humanitarian Situation report – 17 March 2022

Highlights

At least seven people have been killed and hundreds displaced by Tropical Cyclone Gombe which has caused heavy damage in about 10 districts, mainly in southern Malawi.

On 2nd March 2022, Malawi confirmed the first case of cholera in the current cholera season (November 2021-October 2022) at Machinga District hospital.

2,893 children (1531 girls 1362 boys) have benefited from nutrition screening during the reporting period bringing the total reach so far to 27,000.

3,300 children have been aided to access psychosocial support services through the provision of children's corner kits.

A total of 255 villages across 5 Traditional Authorities (TA) and five health care facilities have been supported with safe water access through blanket disinfection of water sources as part of efforts to control the spread of cholera.

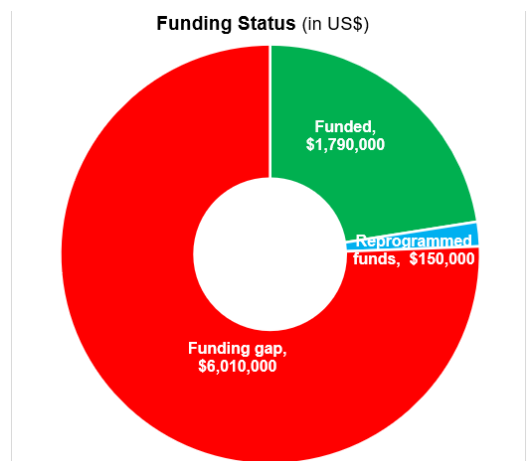
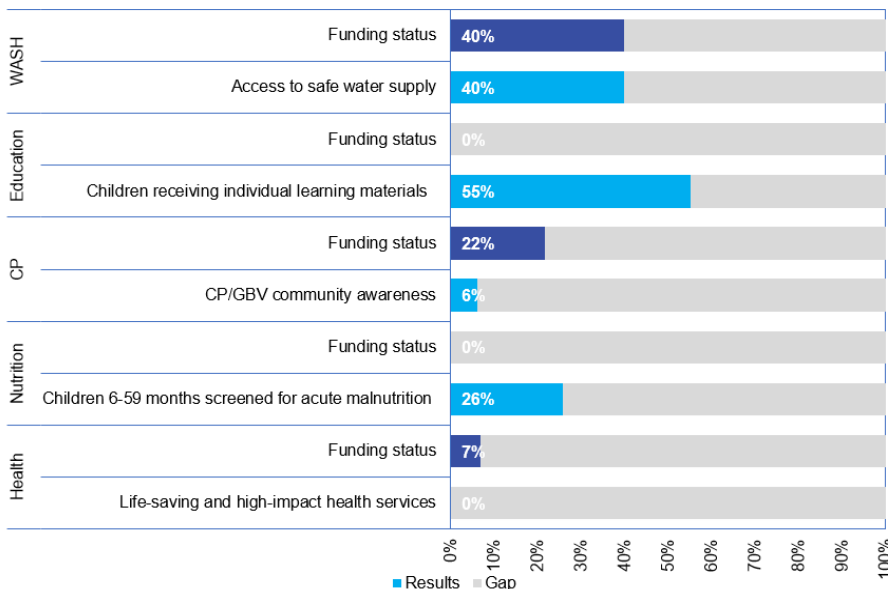
8,704 people have been reached with child protection and gender-based violence community awareness activities bringing the total reached with this intervention so far to 18,675.

Floods – Humanitarian Situation in numbers as 17 March 2022

- More than **500,000** families affected by floods, including over **130,000** under-five children in need of humanitarian assistance
- More than **995,000** people affected by floods
- More than **190,000** people displaced by floods
Source: (Source: Emergency Response Plan, Tropical Storm ANA)
- 3** cases of cholera

Source:
i. Department of Disaster management Affairs
Emergency Response Plan, Tropical Storm ANA
ii. Surveillance data

UNICEF response and funding status



Situation Overview

At least seven people have been killed and hundreds displaced by Tropical Cyclone Gombe, which has caused heavy damage in about 10 districts, mainly in Malawi. Nine communities have been affected by this new flooding (Mulanje, Thyolo, Chiradzulu, Phalombe, Nsanje, Chikwawa, Mangochi, Zomba, and Machinga). Reports from Mulanje district indicate that a police station, the local Revenue Authority offices and an immigration office at the Mozambique border were submerged and temporarily closed. The Chikwawa-Nsanje Road was cut off once again, making Nsanje District inaccessible by road. In several districts, sites hosting displaced people affected by tropical storm ANA and other sporadic flooding events were submerged in water, with the IDPs having to be evacuated. The flooding comes as Malawi starts to recover from the effects of tropical Storm Ana, which hit the country towards the end of January 2021, affecting more than 900,000 people in 17 of the country's 28 districts. Meanwhile, the Department of Disaster Management Affairs (DoDMA) has directed all affected districts to conduct a rapid assessment from Wednesday, March 16 to Friday, March 18. Interagency rapid assessment teams have been deployed to provide technical assistance to the District Civil Protection Committees (DCPCs), which are assessing the damage in three districts that have been severely hit by the recent floods.

The outbreak of Cholera was declared in Malawi on 22nd March 2022. As of 17 March 2021, the outbreak has been reported in two districts (1 case Machinga, 2 cases Nsanje). In addition, the health authorities in Malawi declared an outbreak of wild poliovirus type 1 after a case was detected in a young child in the capital Lilongwe. This is the first case of wild poliovirus in Africa in more than five years. No other case has been reported.

Humanitarian Strategy

The multiple burdens of floods, COVID-19, polio outbreak, and cholera require urgent response to prevent the current emergency from having a severe further impact on the wellbeing of children. UNICEF is providing immediate life-saving and life-sustaining assistance to populations affected by climate-related shocks and is undertaking efforts to stop the spread of the disease outbreaks while also investing in resilience-building interventions. Response to the floods is focusing on the four worst-affected districts of Chikwawa, Nsanje, Phalombe, and Mulanje. UNICEF is delivering the services through a multi-sectoral response in child protection, education, health, nutrition, social protection, and WASH, supported by communication for development community engagement activities.

Humanitarian leadership and coordination

The Government of Malawi is leading the humanitarian response, through the Department of Disaster Management Affairs (DoDMA), with support from humanitarian partners, including NGOs, the UN, and donor agencies. UNICEF actively participates in the Humanitarian Country Team and the inter-cluster coordination forum, which leads to cross-sectoral coordination of humanitarian programmes in the country. UNICEF is the co-lead agency for the Child Protection, Education, Nutrition, and WASH clusters, while also playing a key role in the Health cluster.

The Government of Malawi has developed a four-month response plan, and launched a US \$29.4 appeal, targeting 542,000 people hardest hit by the floods and in urgent need of life-saving humanitarian assistance and protection. The Flash Appeal complements the ongoing and planned interventions by the Government and other actors to respond to the humanitarian situation. UNICEF is participating in the appeal.

Summary Analysis of Programme Response Community Engagement for Behavior and Social Change

UNICEF and partners Development Communication Trust (DCT) and CRECCOM) facilitated sensitisation meetings to provide life-saving messages in five displacement sites in Chikwawa, Mwanza, and Nsanje districts. Integrated messages were disseminated, reaching 1,800 people. The messages were on child rights, access to health services, including routine Vitamin A supplementation, COVID-19 prevention, and the upcoming nationwide Polio vaccination campaign for under-five children.

Lack of transparency and accountability from camp managers is identified as a challenge in most displacement sites, thus affecting the distribution of relief materials.

To this end, UNICEF is strengthening Accountability to Affected Population (AAP) with local Civil Society Organisations (CSOs) through the provision of information resources and materials on AAP and technical support to the CSOs.

Child Protection

Through District Social Welfare Offices, UNICEF has provided 10 children's corner kits to centres in Phalombe, 4 in Mulanje, 10 in Nsanje, and 9 in Chikwawa, aiding the provision of psychosocial support services to 3,300 children. Malawi Police Service has activated community policing forums in displacement sites with support from UNICEF. Plans are underway to enhance the capacities of members of the forums by orientating them on their roles and responsibilities, which include prevention and response to violence, providing security at displacement sites, and providing referral services of cases of violence, abuse, and exploitation to appropriate service providers. This will enable survivors of violence, including gender-based violence (GBV), to access timely, quality, multisectoral response services. Awareness messages on prevention and response to protection issues are being aired through Nyathepa community radio in Nsanje. In Balaka, Mulanje, Nsanje, Chikwawa, Phalombe, Zomba, and Salima, the community policing forums are already undertaking sensitisation meetings at displacement sites to raise awareness about the existence of the police direct line for reporting and referral mechanisms for cases of violence abuse and violence. So far, 8,704 people (3,385 male and 5,319 female) have been engaged through the meetings bringing the total number of people reached with child protection and gender-based violence community awareness activities to promote access to services and respond to incidents of CP/GBV to 18,675.

Health

Malawi is currently handling triple health emergencies, namely polio, cholera, and COVID-19. In view of limited resources and ensuring effectiveness and efficiency, UNICEF is taking an integrated approach in dealing with the three health emergencies which are being encountered in the context of floods.

In relation to Polio, UNICEF is supporting the Malawi government to finalize preparations for the launch of Polio Supplementary Immunisation Activities (SIA) from 21-24 March 2022, targeting 2.8 million children. UNICEF is supporting the ministry of Health (MoH) to ensure readiness for the campaign focusing on social behaviour change communication (SBCC) and cold chain and vaccine management. Training of trainers has been conducted and for 25 national trainers who are cascading the trainings further to 145 district trainers starting from the 14th of March. Vaccine distribution has been completed, and awareness-raising activities, including Public Service Announcements (PSAs) are ongoing. UNICEF has supported with logistical arrangements including transportation and conducting the campaigns.

Regarding COVID-19, UNICEF continues to support COVID-19 express campaigns, including in the flood-affected districts. UNICEF has provided transportation by hiring vehicles (1 in each district), public address systems, and 10 motorcycles in each district. As of 13 March 2022, 863,025 eligible adults were fully vaccinated against 1.89 million, reaching 4.6% of the target population.

People living with HIV (PLHIV) particularly children, adolescents and young women are at elevated risk of defaulting from treatment during any kind of emergency. UNICEF is working with Nsanje district in planning for the roll out of HIV preventive services targeting all camps in the district. The package includes Post Exposure Prophylaxis (PEP), Pre-exposure Prophylaxis (PreP), HIV Testing Services (HITS), Sexually Transmitted Infections (STI) Screening, and management. The intervention is expected to reach to 28 833 people living with HIV with life-saving interventions.

In districts affected by floods, health facilities are overstretched on medical supplies and staffing. Some services are static health units, especially the district hospitals, as some health workers are undergoing training to work in the mobile teams. Using reprogrammed funds from FCDO (Foreign, Commonwealth & Development Office), UNICEF is planning to support Chikwawa and Nsanje with the operation of mobile clinics in the various camps by deploying additional health personnel to beef up the staffing level. UNICEF is working with partners Malawi Recross Society (MRCS) and Society of Medical Doctors (SMD) to mobilize some health workers from outside the affected districts to support mobile teams starting the week of the 14th March. This strategy is expected to help alleviate the situation.

UNICEF is supporting MoH to monitor the availability of supplies and undertake further investigations on the contacts of identified cholera cases. So far, UNICEF has provided assorted supplies to Nsanje district hospital, including 74 cholera beds and 3,170 sachets of oral rehydration salts. The supplies provided are adequate to treat 100 mild to severe cases of cholera.

Nutrition

Through reprogramming of thematic funds, UNICEF has supported the nutrition screening of 2,893 children (1531 girls 1362 boys), reaching over 27,000. UNICEF has also provided financial support to Nsanje, Mulanje, Phalombe, and Chiradzulu to support mass screening and capacity strengthening of health workers in nutrition emergency response. To ensure access to treatment by children identified with malnutrition, UNICEF is dispatching 224 cartons of Ready to Use Therapeutic Food (RUTF) to Nsanje. In addition, UNICEF continues to deploy field monitoring consultants to

support district-level nutrition response coordination, therapeutic supplies tracking, repositing and reporting, and supporting nutrition screening.

UNICEF continues to support risk communication activities, including broadcasting radio jingles and radio drama series across national and community radio stations to promote health-seeking behaviour and improved nutrition. Through a popular radio series, UNICEF is supporting the broadcasting of life-saving nutrition information for people affected by the floods to promote good nutrition practices for adolescents, pregnant and lactating women, and children under five.

WASH

UNICEF has supported blanket disinfection of affected households and water sources and hygiene promotion in Machinga district, where the first case of cholera was registered. Balaka district, which neighbours Machinga is also at high risk. A total of 255 villages across 5 Traditional Authorities (TA) and 5 health care facilities have been supported with this intervention.

Given reports of the two additional cholera cases reported in Nsanje, UNICEF, in partnership with United Purpose, is now assessing the needs to start blanket chlorination and hygiene promotion immediately.

Education

To address information management challenges that the education cluster has identified, UNICEF, as a co-lead of the education cluster, is building the capacity of district-level education clusters on real-time data collection to strengthen coordination among education cluster members.

Human Interest Stories and External Media

UNICEF published a newsletter highlighting the situation of women and children in the flood-affected areas and the additional support required. This was disseminated to development partners and the media.

https://us17.campaign-archive.com/?e=__test_email__&u=c2a11717150e60b4a8894fe11&id=d6fd25330f

Funding Overview and Partnerships

UNICEF is requesting US\$8 million to meet the immediate and medium-term needs of children and women throughout the affected areas for the coming three months. So far, UNICEF has secured US\$ 1.84 million (23 per cent).

Additional predictable, flexible, and timely donor support is critical to scale up the much-needed response activities and prevent further deterioration of the situation in Malawi.

Next SitRep: 31 March 2022

Annex A: Summary of Programme Results

Sector	Sector	Population in need	Cluster Target	Cluster ¹ results	UNICEF target	UNICEF results
Health						
	Children 0-59 months are reached during vaccination campaigns conducted to reduce risk of epidemic-prone outbreaks.	170,227			153,000	0
	Women, adolescent girls and newborns safely and equitably access quality life-saving and high-impact maternal and neonatal health services.	106,250			57,000	0
WASH*						
	# of people in camps and affected communities accessing safe water supply of acceptable quality and quantity	731,996	300,000	100,000	250,000	100,000
	# of people in camps and affected communities that have access to safe sanitation facilities	650,000	270,000	500	135,000	500
	# of people reached with hygiene promotion messages	731,996	731,996	2000	350,000	2,000
Community engagement for behavior and social change						
	# of people affected and at risk reached with behavior change or health saving messages	731,996			730,000	3,400
	# of people participating in engagement actions for social and behavioral change	500,000			500,000	500
	# of vulnerable people actively providing suggestions, complaints, and feedback	300,000			300,000	120
Nutrition*						
	# of children 6-59 months screened for acute malnutrition	170,227	142,805	27,000	105,000	27,000
	# of children 6-59 months with SAM admitted for treatment	3500	3,500	682	3,500	682
	# of primary caregivers of children aged 0 to 23 months receiving IYCF counselling	43188	41,112	0	41,000	0
Child Protection						
	# people reached through CP/GBV community awareness activities to promote access to services to respond to incidents of CP/GBV	993,149	700,000	18,675	300,000	18,675
	# women, girls, and boys accessing CP/GBV risk mitigation, prevention, or response interventions	699,808	40,000	5,297	20,000	5,297
	# UNICEF-targeted (i) girls and boys; and (ii) parents and primary caregivers in humanitarian	699,808	50,000	10,953	20,000	10,953

¹ Cluster results were not yet available as at the time of reporting. Data gathering by the various clusters is in progress will be included in subsequent reports. In this report, cluster results are thus similar to UNICEF results

	situations provided with community-based mental health and psychosocial support, including access to child friendly spaces with intersectoral programming interventions					
Education						
	# children receiving individual learning materials	398,908	255,494	112,000	199,000	109,683
	# teachers, members of parent teacher-association and school management committee trained on emergencies in education	578	578	210	210	0
Social Protection						
	# people benefit from continuity of essential services and humanitarian assistance	598,851			598,000	0
	# households benefitting from new or additional social assistance measures to respond to the floods with UNICEF support	310,000			310,000	0
	# households benefitting from new or additional social assistance measures to respond to the floods have access to Grievance & Redress Mechanisms with UNICEF support	221,127			220,000	0
	# households benefitting from new or additional social assistance measures to respond to the floods have access to Grievance & Redress Mechanisms with UNICEF support	221,127			220,000	0

*Data on the support by other WASH, nutrition and protection cluster partners is being compiled and will be included in subsequent reports

ANNEX B: Malawi humanitarian funding status by sector 17 March 2022

Sector	Requirements	Funds available		Gap	
		Humanitarian resources received	Other resources reprogramm ed for humanitarian response	US\$	%
Health	3,500,000	390,300	50,000	3,059,700	87%
WASH	1,250,000	618,400	-	631,600	51%
Community engagement for SBC	160,000	120,000	-	40,000	25%
Education	700,000	50,000	-	650,000	93%
Social Protection	300,000	100,000	-	200,000	67%
Nutrition	1,300,000	210,000	100,000	990,000	76%
Child Protection	700,000	151,300	-	548,700	78%
Coordination	90,000	50,000	-	40,000	44%
Total	8,000,000	1,690,000	150,000	6,160,000	77%

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