**Highlights**

As of 15 February, 221,127 households (995,072 people) have been affected by the Tropical Storm ANA related floods and heavy winds, with about 33,000 displaced and seeking temporary shelter in approximately 178 displacement sites.

Teaching and learning is compromised for 398,908 learners (201,135 boys; 197,773 girls) in 476 schools affected by tropical storm ANA. Support is needed to restore quality learning, protection, and support the well-being of the affected learners.

A total of 53,962 latrines collapsed, 337 boreholes, 206 water taps, and eight gravity-fed water schemes are damaged. As a result, there is low sanitation coverage, limited access to safe water and poor hygienic practices. Safe water supply, sanitation and hygiene services are immediately needed to address water, sanitation, and hygiene issues.

UNICEF has so far reached an estimated population of 88,000 people including 44,880 in six highly affected districts with safe water. Additional funding is urgently required to continue providing the much-needed safe water and to reach all the people that are in need.

A total of 10,200 children under five, were screened for malnutrition with UNICEF support during the reporting week of which 675 were malnourished and were referred for appropriate treatment.

The United Nations will soon launch a joint appeal that includes input from UNICEF. In the meantime, to respond to immediate needs, UNICEF is requesting US $7,680,000 to meet the needs of children and women in the affected areas.
Tropical storm ANA which made landfall on the Mozambique coast on Monday, 24 January, and thereafter headed for Malawi, caused heavy flooding in several districts in Malawi, especially in the southern part of the country. According to the Department of Climate Change and Meteorological Services, while ANA is in the category of a tropical storm, it recorded more than 250 mm rainfall within 24 hours in several weather stations compared to 2019 Cyclone IDAI which recorded rainfall amounts of 150 mm within 24 hours.

As of 15 February, there are over 220,000 households (more than 940,000 people) affected in 15 districts, with over 30,000 households (approximately 200,000 people) displaced and seeking temporary shelter in 178 displacement sites. The people displaced are being accommodated in sites established in schools, churches, mosques, health facilities, police units and open spaces. There is urgent need for temporary shelter, non-food items (NFIs), and support with camp management and coordination.

A total of 53,962 latrines collapsed, 337 boreholes, 206 water taps, and 20 gravity-fed water schemes are damaged. The floods caused an overflow of pit latrines contaminating water sources in communities. Water, Sanitation and Hygiene (WASH) services in schools are affected causing risks to students resuming classes. The presence of internally displaced persons (IDPs) in some schools used as displacement sites also puts pressure on already inadequate latrines in school premises. Safe water supply, sanitation and hygiene services are immediately needed to address water, sanitation, and hygiene issues. Furthermore, there is a need for the rehabilitation of household toilets to avoid infectious and waterborne diseases.

Availability of food at the household level is critically compromised as most of the affected population lost nearly all their food reserves. The situation is critical for people that are living in displacement sites as they lost almost all their household items including food. Furthermore, the households that are hosting their displaced relatives are under high pressure to provide the essential items with a high demand for food. Also, the implementation of an ongoing food distribution programme and of regular social protection programmes including the Social Cash Transfers Programme (SCTP) is at risk of being compromised in the most affected districts. Inaccessibility of the affected areas for data collection will make it difficult to undertake retargeting, validation, and payment activities. SCTP passbooks, national identity cards and sim cards are lost or damaged, thus delaying identification processes. The increased risk of food insecurity amongst the affected population has the potential of resulting in increased acute malnutrition among the more vulnerable, including children and women.

Forty-seven health facilities have infrastructural damage, power cuts, loss of drugs, damage of medical equipment, fridges, vaccines, and other supplies. Cold chain remote temperature monitoring devices in 160 health facilities are damaged and not able to send temperature readings to the control centre at the Ministry of Health. This raises concern that the affected districts could have lost substantial amounts of COVID-19 vaccine doses and other routine vaccines. Access to medical care is limited because of damaged roads and bridges among other challenges. Affected people are at risk of 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 a conducive breeding environment for mosquitoes that might increase incidences of malaria and lead to other waterborne diseases such as cholera and diarrhoea. In addition, there is congestion in some camps that may facilitate the transmission of infectious diseases which may culminate into disease outbreaks, including COVID-19. There are over 21,000 pregnant women who are internally displaced and residing in camps who will require delivery kits. There is an urgent need to ensure that affected people including children, women, adolescent girls, and new-borns access quality life-saving and high-impact maternal and neonatal health services safely and equitably.

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, teacher houses, latrines, administration blocks, libraries, dormitories, kitchens, feeding shelters and boreholes are some of the infrastructures damaged. The influx of IDPs in some schools is further disrupting teaching and learning processes.

Poor road access is negatively impacting the movement of supplies into the affected areas. Key roads, bridges and culverts across the affected districts are hardly accessible or at risk of further damage as the rains persist. Sections of seven main tarmac roads, ten secondary roads and numerous tertiary and district roads are washed away, making most of the affected areas, including evacuation camps, inaccessible by road. Transport capacities need to be increased to sustain the humanitarian supply chain.
Power transmission lines (132KV and 66KV), distribution infrastructure (poles, broken jumpers, and conductors), and generation stations are damaged, leading to reduced power generation from 385.8 MW to 194 MW. The country is undergoing significant electricity disruptions compromising the delivery of socio-economic services.

Programme response by UNICEF and partners

Humanitarian Strategy

UNICEF is providing immediate lifesaving support and assistance to populations affected while also investing in resilience-building interventions. This support focuses on people in displacement sites in the four worst affected districts (Chikwawa, Mulanje, Nsanje and Phalombe). UNICEF is delivering services through multi-sectoral responses in child protection, education, health, nutrition, social protection, and WASH, supported by community engagement activities in the four targeted districts. UNICEF also supported the rescue mission using a boat that operated mainly in the Nsanje district. The boat will also be used to deliver supplies to areas that cannot be reached by other means of transport. UNICEF is delivering the interventions through line ministries as well as implementing partners.

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.

Interagency planning processes are ongoing through the clusters. An interagency rapid assessment was conducted which informed preparation the response plan based on which a flash appeal has been produced and will soon be launched.

Summary Analysis of Programme Response

WASH

Various WASH NFIs including water treatment chemicals, water storage facilities, personal hygiene materials, emergency latrines and water quality kits are distributed. As a result of this, approximately 100,000 people gained access to safe and treated water including almost 50,000 in the 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.

Education

Approximately 105, 649 (53, 581 females and 52, 068 males) in 70 primary schools, in five districts namely, 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 Early Childhood Development (ECD) kits and 30 (72sqm) tents, 400 mobile chalkboards and 700 boxes of surgical masks (35, 000 masks). Of the 70 primary schools, 35 schools are hosting IDPs, of which 31 have damages to infrastructure, and five had all their teaching and learning materials damaged.

Child protection

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 five of the affected districts (Nsanje, Chikwawa, Mulanje, Phalombe and Mangochi) for the provision of psychosocial support services to an estimated 4,200 children through children's corners. UNICEF is also strengthening coordination of protection actors in five districts through
orientation of protection cluster members in Blantyre, Mwanza, Machinga, Nkhotakota and Mzimba. UNICEF is providing case management services to children in need of care and protection in these districts.

**Nutrition**

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 3717) 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 approximately 800 children with severe acute malnutrition.

**Health**

UNICEF is supporting the Ministry of Health to ensure that Primary Health Care continues to be provided through health facilities and community-based service delivery mechanisms. On 8 February, UNICEF provided assorted health and infection prevention and control consumable and non-consumable supplies valued at USD 122,000 to Nsanje and Chikwawa districts. The supplies will benefit 34 health centres in the two districts for a period of three months. Additionally, 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.

The Malawi Red Cross Society (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 conducting water quality testing across the four districts.

Through MRCS, UNICEF together with WHO provided financial and technical support to the Ministry of Health to conduct a detailed health facility assessment to establish the impact of floods on the health service delivery in Chikwawa and Nsanje districts. The preliminary report shows that four health facilities; Makhanga, Mbenje, Bereu and Ndamela were severely affected by the floods damaging medical equipment that included six cold chain fridges as well as routine and COVID-19 vaccines, drugs, and other medical supplies (consumable and non-consumable). The damage to the cold chain equipment and loss of vaccines is estimated at over $1,000,000.

Overall, the assessment report reveals that most health facilities did not sustain major infrastructural damage apart from minor damages on some staff houses that had the roofs damaged. However, the impact on power, water and sanitation resulted in some facilities not being able to provide the full range of services, especially immunizations, that was severely 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 per cent outreach to IDP camps.

**Community engagement for behaviour and social change**

UNICEF through a local CSO, Development Communication Trust (DCT) facilitated dialogue sessions with community social accountability committees focusing on promoting participation and accountability in decision making process of most affected people including children and young people. In five camps in Chikwawa 90 people were engaged in the dialogue sessions which unearthed a number of issues that are being presented to district level stakeholders during cluster meetings including; alleged cases of abuse of power and lack of transparency and accountability in the selection process of beneficiaries by Village Civil Protection Committees (VCPCs); 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 with Community Social Accountability Committees in TA of Mulilima in Chikwawa over their failure to engage all key decentralized structures during the planning and stages of disaster response activities.
UNICEF further supported the Ministry of Information in reactivating the Communication and Community Engagement Cluster to ensure harmonized efforts and response on social and behaviour change interventions in the affected districts.

**Human Interest Stories and External Media**

UNICEF organised a media field visit to affected areas such as camps, a primary school, and a health centre. This was covered by national newspapers, radio, TV as well as one international media outlet, VOA.

*Malawi Flood Victims Appeal for Assistance*
*Tropical Storm ANA: Life in Camps for the Displaced*
*Tropical ANA survivors risk developing water borne diseases*
*Tropical storm ANA: UN appeals for urgent support*

Photos showcasing the impact of tropical storm and UNICEF support to affected children and families are available [here](#). These are also being used on social media, reaching over 75,000 in the reporting period.

**Funding Overview and Partnerships**

UNICEF is currently working with partners and UN agencies in the preparation of a joint appeal that will be launched in the coming days. In the meantime, and to respond quickly, UNICEF is requesting an initial $7,680,000 to meet the immediate and medium-term needs of children and women throughout the affected areas for the coming three months. Early funding is needed to save more lives and reduce suffering and restore access to services by the affected people especially children.

**Next SitRep:** 22 February 2022

**Annex A: Malawi tropical Storm ANA funding status by sector 15 February 2022**

<table>
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<tr>
<th>Appeal Sector</th>
<th>Funding Requirements</th>
<th>Funds received against the appeal</th>
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