Malawi: Floods
Department of Disaster Management Affairs (DoDMA)
United Nations Office of the Resident Coordinator
Situation Report No. 3
(as of 7th April, 2019)

This report is produced jointly by the Department of Disaster Management Affairs (DoDMA) of Malawi and the United Nations Office of the Resident Coordinator in Malawi, in collaboration with humanitarian and development partners. It covers the period 23 March – 7 April 2019. The next report will be issued on or around 20 April 2019.

Highlights

• Relief assistance has been deployed to affected districts. 12 UN agencies with over 90 partners have assisted over 90,000 households, affected by the floods.

• Surge support has arrived in-country to support critical sectors, including shelter and displacement tracking, protection, coordination, early recovery and logistics.

• Emergency Operations Centres were established in Lilongwe and Blantyre to better support and coordinate the on-going response.

• A Flood Response Plan targeting all activated clusters was launched by the government and its partners on 28 March, 2019. Total requirements are US$45.2 million. Contributions and pledges amount to US$19.6 million, leaving a gap of US$25.6 million.

• An application to the CERF to complement on-going response efforts was submitted. Total amount requested is US$3.3 million.

• A Post Disaster Needs Assessment (PDNA) will be conducted from 8 April after which a report with early recovery needs will be shared.

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<thead>
<tr>
<th>15</th>
<th>868,895</th>
<th>731,879</th>
<th>86,976</th>
<th>90,000</th>
<th>90</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affected districts</td>
<td>Affected throughout the country</td>
<td>People in need</td>
<td>People displaced in IDP camps</td>
<td>Households reached with relief assistance</td>
<td>Partners providing relief assistance</td>
</tr>
</tbody>
</table>
**Situation Overview**

Following the declaration by the Government of Malawi of the State of Disaster on 8 March, an appeal for support from local and international organisations was made. This triggered response operations aimed at meeting the immediate and life-saving needs of affected people. So far, support has continued to be received from various local and international partners. A total of 12 UN agencies and 90 partners have assisted approximately 90,000 people have been reached with various types of assistance including food, WaSH, health, nutrition, shelter and protection. Flood waters have generally receded but approximately 70% of the affected population are still in camps. This is mainly because houses collapsed completely or were weakened and therefore remain a potential threat. As the response in ongoing to fill the critical gaps in food and shelter NFIs. mosquito nets and reproductive kits, government and partners are discussing early recovery options and packages (including seeds) for those households returing to their homes. All areas are now accessible, albeit some isolated pockets remain hard to reach. DoDMA estimates that these areas host approximately 5% of the affected population that is yet to receive assistance. Such areas include Chingale in Zomba district and the Food Security and Logistics Clusters are working together with DoDMA to reach these areas.

The HCT met on 5 April to review the progress on the flood response. The meeting noted tremendous support from partners in responding to the floods but inadequate coordination mainly at district level. Institutions with capacity to support districts with Information Management (IM) support were encouraged to deploy this capacity to the districts. DoDMA will also deploy staff to key affected districts to boost coordination and information management. Surge support arrived in-country to support critical sectors, including shelter and displacement tracking (IOM), protection (UNHCR), coordination (OCHA), early recovery (UNDP) and logistics (WFP).

The government, through the Department of Disaster Management Affairs launched a Flood Response Plan on 28 March, 2019. Total funding requirements for immediate assistance (March to May 2019) are US$45.2 million. Contributions and pledges made so far total from donors, government, bilateral agreements and internal agency arrangements are US$19.3 million, leaving a gap of US$25.6 million. The plan seeks to support response and recovery interventions around Coordination, Food Security, Agriculture, Nutrition, Protection, WASH, Education, Health, Shelter and Camp Management, and Early Recovery. The plan was developed under the leadership of DoDMA with support from UN partners and civil society organisations. An application to the Central Emergency Response Fund (CERF) to complement on-going response efforts was submitted. Total amount requested is US$3.3 million to support prioritised activities in food, health, nutrition, protection, education, shelter/NFIs and logistics.

An application to the Central Emergency Response Fund of the UN Office for Coordination of Humanitarian Affairs to complement on-going response efforts has been submitted. Total amount requested is US$3.2 million to support prioritised activities in the following clusters: Food, health, nutrition, protection, shelter/NFIs and logistics.

The humanitarian response needs to focus on meeting urgent yet diverse needs of affected women - including pregnant and lactating mothers - girls, boys and men, adolescents and youths, the elderly, and people with disabilities, while also protecting them from violence, abuses and exploitation, while maintaining their dignity. To best inform response programming, there is an urgent need to establish gender/age disaggregated data and to apply an age-gender-diversity mainstreaming tool across the clusters.

Coordination and cluster meetings at national and regional level are being held although this needs to be strengthened. Regional meetings are also being held in Blantyre chaired by DoDMA and supported by WFP. However, coordination challenges at district level is affecting the efficacy of the response operations. Mostly, clusters are not meeting regularly and most of the work is left for the Assistant District Disaster
Management Officer who is already busy with overall coordination. There are plans to establish Emergency Operations Centres at regional level to better support response operations at district level.

A Post-Disaster Needs Assessment will be conducted in April. The objective of this assessment is to estimate the physical, economic and human impacts of the 2019 floods on the socio-economic development of the country at the national and district level. It also seeks to inform short, medium and long-term interventions to strengthen the GoM’s recovery, reconstruction and resilience building systems.

An Inter-agency Assessment Committee conducted a verification exercise in Machinga, Mangochi, Zomba and Balaka districts. A total of 357,078 people (80,152 households) were affected across the four districts out of a total population of 3,069,152 representing 11.6% with 4,562 households are displaced in various sites including schools, churches. Major impact was on infrastructure and on household items and crops. The findings also noted minimal protection services in sites which may place women and children vulnerable to abuse. Water and sanitation services were critically low putting pressure on inadequate toilets and water points in schools. Response has been triggered and food and NFIs have been provided by government and its partners. However, the supplies are inadequate considering that the displaced are likely to be in camps for a minimum of a month.

Resource Mobilization

- **Close to USD19.6million has been mobilised for the flood response, leaving a gap of USD25.6million**
  - JICA has provided 250 family tents, 1,025 blankets, 50 plastic sheets and 1,000 sleeping pads.
  - DG-ECHO mobilized the DREF (Red Cross Appeal_ for 100,000 Euro.
  - Through the ECHO ALERT instrument, DG-ECHO provided an additional 1 million Euro to Belgian Red Cross for emergency WASH and shelter relief targeting 9,700 households targeting Chikwawa, Nsanje, Zomba, Phalombe, Mangochi, Mulanje districts.
  - USAID has released a total of US$3,825,324 to partners supporting food security, WASH, health and Education clusters. Through the National Malaria Program, USAID has provided 108,250 tents to Chikwawa (18,000), Neno (22,550), Phalombe (15,000), Zomba (4,600), Mulanje (3,500), Ntcheu (3,500), Thyolo (8,600), Mwanza (10,500) and Neno (22.000).
  - The government of India pledged US$2 million. DoDMA will prioritise the sectors with the most gaps.
  - The African Union provided US$100,000
  - The government of Tanzania provided 200 tonnes of food and 15 tonnes of medical supplies
  - WHO sourced US$250,000 for health response bringing the total contribution sourced by WHO to US$756,000.00.
  - World Vision International activated internal emergency reserve fund and accessed US$ 600,000 to support food security, shelter and NFIs and WASH.
  - Response efforts are on-going and medical team from South Africa is carrying out medical checks and treatments in all camps.

All humanitarian and development partners, including donors and recipient agencies, are encouraged to inform DoDMA of the details for pledges and commitments by e-mailing: fmwafongo@gmail.com
Humanitarian Response

Shelter & Camp Management  
*Cluster Lead: Ministry of Lands and Housing*  
*Co-Lead: Malawi Red Cross*

**Needs:**
- There are over 86,000 people in displacement centres, including people who have erected temporary shelter in their original locations to restore their lives. Most affected households lost all their belongings. There is need to provide temporary shelter for those households whose homes have been completely destroyed, as well as mosquito nets, kitchen utensils, buckets, lighting materials and blankets. In addition, supporting the repair or reconstruction of damaged and destroyed structures should be also addressed taking into account building guidelines and standards for resilience and future shocks.

**Response:**
- IOM has carried out Data Tracking of displacement sites in Nsanje, Chikwawa, Phalombe and Zomba districts. The tracking information is expected to feed into response programming.
- Japan Government through JICA has provided 250 family tents, 1,025 blankets, 50 tarpaulins and 1,000 sleeping pads to DoDMA for distribution in Chikwawa and Zomba through the Malawi Red Cross Society (MRCS).
- Save the Children has distributed 25 rolls (50 meters) of plastic sheet in Zomba district.
- World Vision International has distributed 1,212 rolls of black plastic sheets in Mulanje (417), Balaka (277), Dedza (368) and Ntcheu (180). WVI has further distributed 50 buckets and 50 tarpaulins to Balaka district.
- Of the funding provided by ECHO, approximately EUR 522,000 will be for shelter (temporary shelters sets: tarpaulins, sleeping mats, blankets, kitchen sets, communal tents, solar lamps
- UNHCR has delivered and handed over to the GoM a total of 10,000 assorted. A further consignment of 20,000 NFI’s will be delivered in coming weeks. Plan Malawi will distribute the NFIs.
- A joint government of Malawi and UN assessment was undertaken to identify possible target locations for the distribution of items and protection interventions. A total of 1,000 households will be targeted in Bangula and Nyachilenda camps in Nsanje, 500 households in Mchenga camp in Chikwawa and 500 households in T/A Nkhulambe in Phalombe district.

**Gaps & Constraints:**
- Most sites remain without shelter and people are accommodated in classrooms which is disrupting learning and compromising access to safe water and sanitation.

Food Security  
*Cluster Lead: DoDMA*  
*Co-Lead: WFP*

**Needs:**
- Immediate food needs need to be urgently addressed to prevent rapid deterioration in nutritional status, health and well-being of the worst-affected people with precipitating factors such as a possible increase in water-borne disease and limited access to safe water. Early restoration of food security should include support to livelihoods and agricultural production, by re-planting fields for those communities that can use this window of opportunity and/or residual moisture
- There is need for proper mapping of areas which have been targeted in the districts in order to determine quantifiable gaps.

**Response:**
- 86,976 people displaced in need of immediate shelter countrywide
- 731,879 affected people countrywide in need of immediate food assistance

Department of Disaster Management Affairs of Malawi  
United Nations Office of the Resident Coordinator
• DoDMA and other partners continue to provide food to the affected population. Of the 92,000 households targeted, WFP has reached 20,278 households with 685,473 MT of food supplies and/or cash in Chikwawa, Nsanje and Phalombe districts. Efforts are ongoing to reach the affected households in Zomba, Chiradzulu, Machinga, Mangochi, Neno, Thyolo.

• World Vision International distributed 4,523 (10kgs) bags of maize flour and 904 bales of soya pieces to Mulanje (1,253 bags and 250 bales), Balaka (981 bags and 196 bales), Dedza (1,839 bags and 368 bales) and Ntcheu (450 bags and 90 bales).

• United Purpose, Save the Children and Concern Worldwide activated the EU Resilience Program PROACT Crisis Modifier. Special focus is on pregnant and lactating women and children under 5. A WASH component is included (soaps, dignity packs)/mosquito nets/ Plastic sheets for temporary shelters. Target locations are Mulanje, Nsanje, Zomba (final list of camps being discussed with district authorities). Procurement on going, distribution planned early April.

• USAID has released US$3million to support cash transfers for food purchase.

Gaps & Constraints:
• Response has commenced and required scaling up as most people affected by the floods are also supported through the Lean Season Assistance which ends in April. Although markets are functioning, and food stocks are available, commodity prices have increased. IFPRI and WFP estimate that prices have increased by close to 20%.

• Households who have returned to their communities to start rebuilding need to be considered as well.

• Of the total required US$17,358,926, a total of US$9,145,701 had been committed and pledged, leaving a gap of US$7 million. Significant efforts are ongoing by the food security cluster including DoDMA to mobilise additional resources.

Agriculture

Cluster Lead: Ministry of Agriculture Co-Lead: FAO

Needs:

• With 80% per cent of sampled communities reporting farming as the primary source of income, the most urgent needs are to distribute seeds. The cluster continues to prioritise support with seeds/inputs for winter cropping which should be done before the end of April, 2019. Farmers targeted will be those with access to residual moisture and/or irrigation areas verified and a minimum package will be provided for at least 0.1 ha.

Response:

• Goal Malawi is mobilizing resources for winter cropping. This will target Nsanje and Machinga districts.

• For the winter cropping, FAO and partners plan to support 15,000 targeted households in 6 of the most affected districts. with the following: 3 Kg of Cereal Seed (Maize or others), 2 Kg of Legumes,3 bundles of Orange Fleshed Sweet Potato vines, 20 kg of fertilizer (basal and top dressing), assorted vegetable seeds (at least 5 varieties), tools and small irrigation tools/equipment according to requirements

Gaps and Constraints

• Of the total required US$10,000,000, US$628,833 has been mobilised and US$400,000 has been pledged, leaving a gap of US$8,971,167.
Transport & Logistics

Cluster Lead: Ministry of Transport and Public Infrastructure   Co-Lead: WFP

Needs:

- All areas are now accessible, albeit some isolated pockets remain hard to reach. DoDMA estimates that these areas host approximately 5% of the affected population, who are yet to receive assistance. Such areas include Chingale in Zomba district. The Food Security and Logistics Clusters are working together with DoDMA to reach these areas. As some roads still damaged, people have to use longer alternative roads. Traditional Authority Mlolo which was cutoff has become accessible through Chikwawa-Thabwa road.

Response:

- Logistics Coordination Hubs and warehouses were established in Lilongwe and Blantyre Warehouses including storage units in Chikwawa and Nsanje districts.
- 16 Information Management updates were produced and shared on a dedicated webpage (LINK)
- Concept of operations were developed and shared with partners.
- WFP is facilitating the use of common services including storage ( ), road (commercial trucks -30 mt, 4x4 trucks to reach areas with restricted road access) and river transport (cargo and passenger boats positioned in Bangula and Chikwawa).

Gaps & Constraints:

- Limited road access to some of the affected areas in southern Malawi.
- Limited transport capacity, particularly 4x4 trucks, boats and air assets.
- Need to strengthen logistics information sharing and coordination efforts to optimise operational efficiency.
- Limited storage capacity in remote areas to rapidly forward relief items to affected areas.

Health,

Cluster Lead: Ministry of Health   Co-Lead: WHO

Needs:

- With the resumption of health services in some affected areas, there is a critical need for primary health care drugs to run integrated outreach clinics. District hospitals and health centres in Nsanje and Phalombe are conducting weekly outreach clinics to the camps. However, they are unable to reach all camps and have low stocks of medical supplies to support deliveries as well as management of other diseases. With the presence of stagnant waters, the cluster continues to strengthening disease surveillance to detect and treat waterborne, vectorborne and skin disease outbreaks. In the response phase, to continue supporting districts on disease surveillance and routine outreach clinics for early detection of medium and long term health effects (malnutrition in children, disease outbreaks etc). Health facilities close to the camps in Nsanje have recorded an increased number of population seeking health services. Some pregnant women and girls at health facilities reported that they lost their health records to trace their health history, making diagnosis and treatment difficult. With more than half of the affected population being women whose majority are women of reproductive age, sexual and reproductive health services remain a critical need.

Response:

- A total of 107,000 LLITNs have been distributed in the districts of Phalombe, Zomba, Mulanje, Ntcheu, Thyolo, Mwanza, Chikwawa and Neno
- Govt of the Republic of Tanzania has donated 15 tones of drugs for distribution to affected districts.
• UN Family and others partners have donated medicines and supplies including cholera kits and SRH kits.
• WHO plans to deploy two international staff in the coming week to strengthen health cluster coordination in the affected districts.
• Mobile Medical Team from South Africa and Medical Team from Malawi Medical Society are providing health services in the camps. Another medical team from China will be deployed to Thyolo and Mulanje.
• Districts with support from partners are conducting integrated outreach clinics to the camps (OPD, Family planning, Antenatal, ART, EPI etc services are offered). Over 6,000 people accessed health services over the past 3 weeks in Phalombe and Mulanje.
• 500 health workers have been trained on integrated disease surveillance and response (IDSR). HSAs are going to the camps on daily basis. So far no disease outbreak has been reported in the camps.
• On 28 March, 145 RH Kits procured by UNFPA were dispatched from the Ministry of Health’s Central Medical Storage to 9 District hospitals including Nsanje, Phalombe, Chikwawa, Chiradzulu, Blantyre, Zomba, Mulanje, Balaka, and Mangochi. This includes Kit No2 (clean delivery), No 3 (post rape kits) No. 5 (STI treatment/Post Exposure Prophylaxis), No 6 (medical supplies for delivery) and No. 8 (management of complication/miscarriage/abortion). Additionally, midwifery kits to support safe delivery are scheduled to arrive on 5th April and a targeted distribution will start week beginning 8th April, 2019.
• Sexual and Reproductive Health Thematic Working Group led by the Ministry of Health (Reproductive Health Directorate: RHD) is now functional under the Health cluster. The working group agreed to revamp SRH working groups at the district level and to mainstream SRHR in the assessment questionnaires.
• UNFPA conducted quick orientation for the protection and health committees in Nsanje and Phalombe districts on the relevant areas of Minimum Initial Service Package (MISP). The areas covered included the need for identifying high risk groups, the ‘Do No Harm’ principles, preventive care, STI and HIV prevention, PSEA, code of conducts for officers among others.
• Organized Network of Services for Everyone’s Health (ONSE) with financial support from USAID continue surveillance, monitoring outbreaks, and coordinating health service delivery. ONSE is also delivering 400 safe delivery kits in partnership with American Midwives.

Gaps & Constraints:
• With integrated outreach clinics, districts are overstretched on medicines, supplies and transport. This is in addition to limited resources for supportive supervision and communication.
• Inadequate and slow data sharing from the districts to the national level for ongoing planning and decision making.
• The needs for sexual and reproductive health remain high, especially on medical supplies that would support safe deliveries and management of complications.
• Age-gender disaggregated data needs to be collected at the district level to inform reproductive health and other interventions.
• The cluster requires US$1,851,981 and so far US$322,069 has been received and US$450,000 has been pledged leaving of US$1,079,912.

Protection Cluster Lead: Ministry of Gender, Children and Social Welfare Co-Lead: UNICEF

Needs:
• UNFPA team visiting Nsanje and Phalombe was informed that some women and girls are finding it hard to receive food being distributed in the camps, and they resort to doing piece works in surrounding communities, with potential risk of GBV and sexual exploitation and abuse. This matter is being reviewed by protection and food security clusters.
• Menstrual hygiene management is identified as a challenge by women and girls due to limited bathing facilities and unavailability of sanitary pads.
• In Phalombe, protection activities appear not to be vibrant. Very few GBV activities in the camps have been reported.
• There is need to strengthen complaint feedback mechanism in the camps.
• With close to 10,000 children in camps, child protection services remain a critical need.

Response:

• UNFPA has distributed RH Kits to 9 flood affected districts of Salima, Balaka, Mangochi, Machinga, Mulanje, Blantyre, Chikwawa, Nsanje and Machinga. The kits aim to ensure safe pregnancy and delivery among others. The kits include:
  o RH Kit 2: Clean delivery [Target: (800 deliveries/200) = 4 Kits (expected in 3 months in 9 districts)]
  o RH Kit 3: Post Rape Treatment, including Post Exposure Prophylaxis (PEP) [Target: 5,000 persons in the 9 districts]
  o RH Kit 5: HIV/STI Treatment [Target: 6,000 persons in the 9 districts]
  o RH Kit 8: Management of Miscarriage and Complications of Abortion [Target: 70 cases in 9 districts].
• UNFPA has also started distribution of 5,000 dignity kits targeting the most vulnerable pregnant women, lactating mothers, and adolescent girls in displaced camps in Phalombe and Nsanje.
• UNFPA has deployed RH and GBV humanitarian coordinators and are residing in the southern region to support and strengthen district coordination on GBV and RH humanitarian response activities.
• GBV sub-cluster co-led by the Ministry of Gender and UNFPA met on Tuesday 26 March, in which its ToR and membership was reconfirmed. All GBV partners are requested to update 4Ws, which is also being used as a monitoring tool on GBV response.
• The sub-cluster agreed to harmonize GBV response in terms of targeting, procedures as well as modality of distribution. It also agreed on common GBV key messages drafted by UNFPA to be disseminated at distribution points of food and other relief items and through community radios. The sub-cluster further agreed to support Government structure in terms of monitoring and reporting of GBV cases, rather than creating parallel structures.
• To ensure effective and coordinated GBV response, including case management and referral systems, GBV re-orientation training for service providers will be planned through partnerships among the GBV sub-cluster members.
• UNICEF has established Children’s Corners in 21 sites for psychosocial support, play and recreation of children. Children’s Corner kits have been distributed in 34 sites, reaching over 3,000 children to date.
• Child protection workers deployed in evacuation sites and 600 child protection case management booklets have been distributed to child protection workers for identification of cases, assessment, planning and referral.
• UNHCR has deployed an Emergency team, consisting of four members which will be based in Blantyre and oversee activities in Nsanje, Chikwawa, Phalombe and Zomba.

Gaps & Constraints:

• Meeting needs of people with disabilities and Prevention of Sexual Exploitation and Abuse (PSEA) should be discussed at the Protection cluster as well as at inter-cluster level.
• The committees on health and protection are set up in the camps. However, most of them need capacity support to better respond to and manage GBV issues.
The cluster requires US$2,237,275 and so far US$500,000 has been pledged, leaving a gap of US$1,737,275.

**Water & Sanitation**

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<th>Cluster Lead: Ministry of Water Development and Irrigation</th>
<th>Co-Lead: UNICEF</th>
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**Needs:**

- Based on the number of people affected, about 3,691 water points will be needed in order to provide safe water to the affected population. This could be new boreholes or rehabilitation, water trucking, and provision of water treatment chemicals, and regular water quality monitoring and testing.
- Water points in the affected areas have been submerged in flood affected areas and this has facilitated contamination.
- Due to high population pressure on the available water points in the areas the IDP have camped there is a likelihood chance of water points breakdown.
- About 600 chlorine 50 kgs drums will be needed for water treatment.
- Provision of safe water in the IDP camps is of importance to prevent water borne disease and cholera outbreaks.
- About 40,000 set of latrines and bathroom shelters and hand washing facilities will be required in IDP camps to avoid open defecation and prevent sanitary related diseases including cholera outbreak.

**Response:**

- Save the Children has distributed 185 buckets, 4,597 tablets of soap and 294 bottles of water guard in Zomba district.
- World Vision International has distributed 225kgs of HTH in Mulanje, Balaka, Dedza and Ntcheu districts.
- With the funding from DG-ECO, approximately 280,000 EUR will be used to procure WASH items (chlorine tablets, soaps, communal handwashing facilities, dignity kits, ORS, buckets, mosquito nets). Specific areas to be still determined out of Chikwawa, Nsanje, Zomba, Palombe, Mangochi, Mulanje districts. Procurement is on going and distribution planned early April.
- UNICEF has reached a total of 53,334 people (9,057 households) with WASH services in 12 camps in Chikwawa and Nsanje districts (five camps in Nsanje and seven camps in Chikwawa. Services delivered include provision of safe water in ID camps through pipe extensions, house hold water treatment, repair of boreholes; distribution of WASH related NFI; provision of water treatment chemicals, water buckets with lid and tap, soap; provision of latrines and bath shelters in IDP camps; and delivery of hygiene messages on prevention of cholera and other WASH related diseases.

**Gaps & Constraints:**

- More water point facilities for affected people in IDP camps and communities.
- Water treatment chemicals for IDPs and communities.
- More sanitary facilities in the IDP camps.
- Hygiene promotion partners in the IDP camps.
- The cluster requires US$4,700,000 and so far US$1,641,679 has been mobilized, leaving a gap of US$3,058,321.

**Nutrition**

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<th>Cluster Lead: Department of Nutrition</th>
<th>Co-Lead: UNICEF</th>
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**Needs:**

- Improve and increase integrated community outreach services, together with MCHN services, IYCF and other essential package of care services.
• Provision of sachets of RUTF, registers, report forms, NCST guidelines and health profiles.
• Improve access to OTP and NRU services by providing ambulance services (boats for those that need to cross over to the other side).

Response:

• UNICEF with partners have conducted mass screening in Chikwawa, Mangochi, Machinga, Mulanje, Nsanje, Zomba and Phalombe districts. A total of 6,957 children under-five (2,988 males and 4,069 females) - have been screened across 36 camps.
• From this a total of 363 children were malnourished (62 SAM and 301 MAM) of which 306 (128 males and 178 females) have been referred for treatment.
• Nutrition therapeutic supplies have been procured & distributed, for the treatment of acute malnutrition including 4,767 cartons of RUTF, 70 cartons of F75 and 475 targeting all flood affected districts in the southern region. In addition, UNICEF has procured 15,000 cartons of RUTF for the flood response.
• Preventive and curative nutrition services, active case findings, growth monitoring and Vit. A supplementation continue to be provided by nutrition partners across the districts.

Gaps & Constraints:

• Resource constraint for a comprehensive screening in all the camps. The cluster has agreed to conduct mass screening in the camps and do targeted active case finding across the affected districts.
• The cluster requires US$2,467,463 and so far US$300,000 has been mobilised, leaving a gap of US$2,167,463.

Needs:

• Schools sessions have resumed in some schools while others remain occupied by displaced populations. The only challenge is that in some schools students are outside in order to accommodate the IDPs in the school premises. While most school blocks did not collapse, one school, Nantchengwa primary in Zomba had a collapsed wall of a block.

Response:

• A total of 20,356 learners (9,959 girls) in 139 schools in 6 districts (Chikwawa, Nsanje, Mulanje, Phalombe, Zomba and Machinga) have been reached with education supplies, temporary learning spaces, teachers, school meals and sanitation facilities.
• A total of 2,731 ECD children (1,458 girls) have been reached with ECD kits and tent classrooms in 19 camps in 5 districts (Chikwawa, Nsanje, Mulanje, Phalombe and Zomba)
• 59 cluster volunteer teachers have been deployed to five districts to support resumption of classes, collect data and distribution of supplies
• National education cluster coordination re-established and regular weekly meetings conducted and documented
• World Vision International has provided one tent and toys for N'gabu camp in Chikwawa district.
• With funding from USAID amounting to US$38,640, Malawi Early Grade Reading Activity (MERIT) will distribute 750 English and Chichewa Teachers’ Guides, 6,170 Standard 1-4 Chichewa textbooks, and 31,720 Standard 1-4 English textbooks.

Gaps & Constraints:
• The use of some schools as camps continues to cause classroom shortages in most districts where IDPs are still camped causing a strain the available resources including water and sanitation.

• The cluster requires US$2,400,000 and so far US$860,000 has been pledged, leaving a gap of US$1,540,000.

Early Recovery  
**Cluster Lead: Department for Disaster Management Affairs**  
**Co-Lead: UNDP**

**Needs:**

• The impact of the heavy rains is characterised by partial and complete structural damage of structures, particularly houses, roads and social infrastructure. While a full damage assessment will be conducted to assess loss and damage, there is an urgent need to support communities with early recovery activities.

**Response:**

• UNDP crisis group will provide US$ 500,000 to support early recovery, with additional resources required based on further assessments. Led by DoDMA, UNDP, EU, FAO, World Bank and other partners support assessment of early recovery requirements across the clusters, with focus on building back better and smooth transition from relief to recovery.

• A Post Disaster Needs Assessment will be undertaken from 8th April, 2019 and the whole process is expected to be finalized by 17th April, 2019. A report is planned for 18th April, 2019. The PDNA seeks to estimate the physical, economic and human impacts of the 2019 floods on the socio-economic development of the country at the national and district level. It also seeks to inform short, medium and long-term interventions to strengthen the GoM's recovery, reconstruction and resilience building systems.

**Gaps & Constraints:**

• Early Recovery to fully determine the financial requirement for the cluster.

**General Coordination**

The Government of Malawi is leading the response, through the Department of Disaster Management Affairs (DoDMA), with support from humanitarian partners, including NGOs, the UN System and donors. An inter-agency assessment in Nsanje and Phalombe districts was conducted from 11-15 March while for Mangochi, Balaka, Machinga and Zomba district was conducted from 20 to 25 March, 2019. The cluster system was activated and continues to function while inter-cluster meetings will be held weekly to ensure proper operational cross-sector coordination. An Emergency Operations Centre at national level has been established at Ministry of Homeland Security. However, a big gap remains in the cluster system at district level thereby hindering effective coordination of the response operations. The UN Resident Coordinator in collaboration with DoDMA is convening weekly Humanitarian Country Team meetings to ensure coordinated response operation. The District Commissioners in the 15 affected Districts, with support from the Director of Planning and Development and the District Civil Protection Committee are leading the response efforts at district level. For information management, 4W and funding tracking Matrices and cluster leads contacts have been developed and shared with DoDMA for circulation. Coordination requires US$200,000 and so far US$22,000 has been mobilized and US$14,000 has been pledged, leaving a gap of US$164,000.