



# MALAWI

## Humanitarian Situation Report

### SITUATION IN NUMBERS

## Highlights

- In January, a total of 1,158,442 children were screened for malnutrition through an active case finding campaign, supported by UNICEF. Of which, 24,194 (21,685 Moderate Acute Malnutrition and 2,507 Severe Acute Malnutrition) were referred for further management. In comparison, a total of 1,072,300 children were screened in December 2016.
- Recent rainstorms and floods in Lilongwe, Nkhotakota, Machinga, Mangochi, Thyolo, Balaka, and Mulanje have affected more than 100 schools. According to recent reports, 34,031 pupils have had education-disruption as a result of the damage to school infrastructure.
- An estimated 4,732 people in emergency affected districts have gained access to safe water through the use of 17,746 bottles of water guard provided by UNICEF for treatment.
- So far, only 22% of UNICEF's humanitarian funding needs for 2017 have been met. UNICEF requires urgent support in order to adequately address the needs of children in Malawi.

**28 February 2017**

**6.7 million**

Total population of food insecure people

**3.6 million**

Total children classified as food insecure

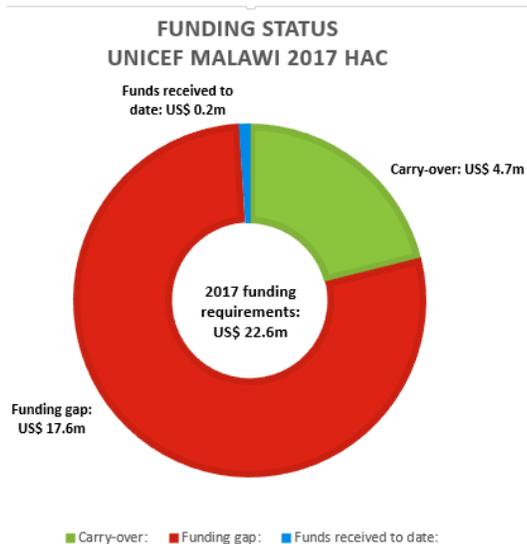
*(The Malawi Vulnerability Assessment Committee (MVAC) Food Security Forecast Update: 2016-2017, Bulletin No. 12/16 Volume 2)*

**120,000** people affected by heavy rains, strong winds and floods as of 12 February 2017 *(Department of Disaster Management Affairs Disaster Profile)*

**US\$ 22,593,000** required for humanitarian response in 2017

## UNICEF's Response with partners

|  | Sector/Cluster |                        | UNICEF         |                        |
|--|----------------|------------------------|----------------|------------------------|
|  | UNICEF Target  | Cumulative results (#) | Cluster Target | Cumulative results (#) |
| People in humanitarian situations accessing safe and sufficient water for drinking, cooking and personal hygiene                   | 50,000         | 4,732                  | 25,000         | 4,732                  |
| Children in humanitarian situations aged 6 to 59 months affected by Severe Acute Malnutrition (SAM) who are admitted for treatment | 64,826         | 6,110                  | 64,826         | 6,110                  |
| Children provided with access to quality education services  | 208,000        | 6,120                  | 125,000        | 6,120                  |



## Situation Overview & Humanitarian Needs

Between the period of July 2016 to March 2017, 6.7 million people in 24 out of the 28 districts in Malawi have received humanitarian assistance through the Government of Malawi, in partnership with the UN and NGOs.<sup>1</sup>

A Standardized Monitoring and Assessment of Relief and Transitions (SMART) Nutrition survey conducted from November - December 2016<sup>2</sup>, estimated the overall prevalence of Global Acute Malnutrition (GAM) at 4.1 per cent and Severe Acute Malnutrition (SAM) at 0.8 per cent; a significant deterioration when compared with the situation in May 2016 when the GAM Rate was estimated at 2.5 per cent and SAM Rate at 0.5 per cent. Through UNICEF supported active case finding campaigns, more children were screened in January 2017 as compared to December 2016. In January 2017, a total of 1,158,442 children were screened in 15 out of 28 districts of which a total of 24,194 (21,685 MAM<sup>3</sup> and 2,507 SAM<sup>4</sup>), were referred for further management increasing from a total of 1,072,300 screened in 14 districts in December 2016, with 21,373 (19,199 MAM and 2,174 SAM) children referred for further management.

Furthermore, the country has been experiencing heavy rains and flooding during the current rainy season which started in November 2016. As of 12 February 2017, an estimated 18,719 households<sup>5</sup> have been affected by heavy rains; 3,845 households<sup>6</sup> by floods and another 2,414 households<sup>7</sup> by strong winds<sup>8</sup>.

## Humanitarian leadership and coordination

The Government of Malawi is leading the humanitarian response, through DoDMA, with support from humanitarian partners, including NGOs, the UN System and donors. UNICEF participates actively in the Humanitarian Country Team (HCT) and the Inter Cluster coordination fora, which lead strategic and cross-sectoral coordination of humanitarian programmes in the country. UNICEF also continues to play a key role as the sector co-lead agency for the Nutrition, Education, WASH and Child Protection clusters, while also playing a major role in the Health cluster. Interagency assessments were conducted, with leadership from the Department of Disaster Management Affairs (DoDMA), in the most affected districts of Salima and Lilongwe. A report of the interagency assessment is being finalized. In the meantime, humanitarian agencies, are providing lifesaving support to the affected population. For example DoDMA provided packages to some of the affected households which constitutes a 50 kg bag of maize, 1 plastic pail, 4 plastic plates and plastic sheeting to each affected while UNICEF has provided water guard for water treatment and partnered with MSF to build temporary latrines in IDP camps in Salima District with squatting plates provided by UNICEF.

## Humanitarian Strategy

UNICEF continues to provide for government-led responses which provide life-saving services and support to address the needs of the most-affected populations. UNICEF's strategy is being delivered through sectoral responses in health, nutrition, child protection, education, HIV/AIDS, social protection and water, sanitation and hygiene (WASH), supported by various communication and community engagement strategies.

Additionally, UNICEF supported preparedness planning and is responding to the impact of rains brought on by the La Niña phenomenon. In order to be able to respond to any rapid onset crisis in a timely manner, UNICEF prepositioned stocks including school in a box and recreation kits, Early Childhood Development kits, water treatment chemicals, buckets, soap, plastic sheeting and cholera beds in six strategically positioned hubs across the country. These supplies are being used to provide immediate assistance to drought and flood affected populations, based on requests from government ministries/departments and other partners in affected areas.

<sup>1</sup> The Malawi Vulnerability Assessment Committee (MVAC) Food Security Forecast Update: 2016-2017, Bulletin No. 12/16 Volume 2

<sup>2</sup> A simplified and standardized cross-sectional survey method used to understand the severity and magnitude of a nutrition situation in either humanitarian or development context.

<sup>3</sup> Moderate Acute Malnutrition

<sup>4</sup> Severe Acute Malnutrition

<sup>5</sup> About 93,595 people

<sup>6</sup> About 19,225 people

<sup>7</sup> About 12,070

<sup>8</sup> Source: Department of Disaster Management Affairs Disaster Profile

## Summary Analysis of Programme Response

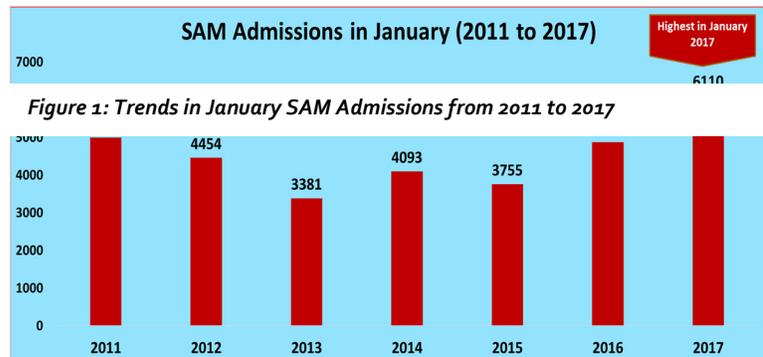


### NUTRITION

Through UNICEF supported active case finding campaigns, more children were screened in January 2017 as compared to December 2016. In January 2017, a total of 1,158,442 children were screened in 15 out of 28 districts of which a total of 24,192 (21,685 MAM and 2,507 SAM) were referred for further management increasing from a total of 1,072,300 screened in 14 districts in December 2016, with 21,373 children (19,199 MAM and 2,174 SAM) referred for further management.

In January 2017, 6,110 SAM children were admitted to Community Management of Acute Malnutrition (CMAM) programme and provided with lifesaving treatment. This is an increase from 4,875 admitted during the same month in 2016.

UNICEF continues to provide technical support at all levels of service delivery and ensure the provision of critical lifesaving nutrition supplies (Vitamin A, ready-to-use-therapeutic food (RUTF), F75, F100, ReSoMal, and amoxicillin) to 100 percent of facilities providing CMAM services across the country. In 2016, UNICEF supported CMAM interventions contributed to the enhanced uptake and increased demand for CMAM services for children with SAM with a 90 percent cure rate, meeting the more than 75 percent target and death rate of 2 percent meeting the target of less than 10 percent.



Additionally, UNICEF, through the nutrition cluster, has supported advocacy for automatic inclusion of households with malnourished children in emergency food and cash response as vulnerable children's families' safety net.



### WASH

UNICEF, in collaboration with district and NGO partners, provided vital WASH support, which mitigated the cholera outbreak and improved health among vulnerable communities. An estimated 4,732 people in emergency-affected districts have gained access to safe water through the use of 17,746 bottles of water guard which UNICEF provided for treatment.

Hygiene promotion activities have been conducted benefitting at least 19,500 people in the districts of Phalombe, Machinga, Dowa and Kasungu. This effort has been further enhanced by distribution of 11,250 IEC material posters in the six Districts of Balaka, Mwanza, Blantyre, Chikwawa, Nsanje and Thyolo. These materials are being used to disseminate messages on good hygiene and sanitation practices like proper hand washing, safe water chain, safe sanitation and cholera prevention.

UNICEF also provided technical support and carried out monitoring of UNICEF supported WASH activities. District level coordination meetings and consultations with the technical leads in the Districts, were held and were vital in updating District level contingency plans, as well as requirements for supplies.



### Education

With support from UNICEF, 5,537 girls in three drought affected districts of Dedza, Mangochi, and Salima are accessing the literacy programme. Besides acquiring reading and writing skills in Chichewa and English, the girls were provided with livelihood skills and simple communal income generating projects such as piggery and poultry keeping.

With financial support from UNICEF an emergency and resilience building program for 5,537 adolescent girls attending functional literacy classes was implemented in Dedza, Mangochi and Salima districts.

Flood and rainstorms in Lilongwe, Nkhosakota, Machinga, Mangochi, Thyolo, Balaka, and Mulanje have affected more than 100 schools and the learning of 34,031 children UNICEF has provided 18 72m<sup>2</sup> tents; 36 School-In-A Box kits, 18 recreation kits and 18 chalkboards to seven schools from three of the affected districts<sup>9</sup> in response to the findings from the Education needs assessment. UNICEF partnered with the Malawi Police Services to support the installation of the tents and to provide bi-monthly surveillance of affected schools.

UNICEF, in collaboration with Ministry of Education Science and Technology and WFP, is strengthening education cluster information management through the collection, analysis and dissemination of real time data from primary schools and youth clubs using a network of trained standby emergency teachers and youth and sports officers in the 15 drought affected districts. Direct reporting of damage has also been established with the District Education Manager in nine of the worst drought affected districts. UNICEF will respond to assessment reports by rehabilitating classrooms, providing essential school supplies and sharing disaster-risk reduction messaging to learners, through teachers.



## Health and HIV

Results of a post coverage survey of the two rounds of Oral Cholera Vaccine (OCV) provided for fishermen and host community members in and around Lake Chilwa indicate that out of 90,000 people targeted, a total of 96,833 people were reached in the first round conducted in November 2016, and 68,310 were reached in the second round conducted in December 2016. Lower coverage in the second round is due to the end of the fishing season at the lake and people return to their villages, as well as some misconceptions about the smell of the vaccine. The OCV campaigns were conducted in partnership with the Ministry of Health, WHO, UNICEF and Agence' de Medicine Preventive (AMP). UNICEF assistance included procurement of the vaccines and technical support.

As part of cholera preparedness interventions, UNICEF is supporting training of health workers on cholera case identification and management in 16 cholera prone districts through partnership with Malawi Red Cross Society. Out of the planned 1000 Health workers to be trained in 10 districts, so far 800 are trained in 9 districts. It is expected that all the targeted districts will be covered by end of March 2017. UNICEF has also supported identification of sites for Cholera Treatment Centres and sensitized local health units about the identified sites. Additionally, UNICEF partner, Malaria Alert Centre, provided training on Integrated Management of Childhood Illnesses, Integrated Disease Surveillance Reporting and Cholera sensitization, identification, referral and management to 600 Health Surveillance Assistants and 500 Community Volunteers in the cholera prone districts.



## Child Protection

UNICEF has partnered with civil society organisations (Link for Citizen Empowerment and Mhub) to carry out an assessment that will inform the design of a humanitarian accountability framework and community based complaints mechanism; the two key mechanisms which are expected to result in a nationwide coherent accountability to affected populations and Protection from Sexual Exploitation and Abuse (PSEA). The Malawi Police Service, with funding from UNICEF, is currently implementing its emergency response programme aimed at prevention of sexual abuse and exploitation. A strategy meeting by the Malawi Police Service was held on 22<sup>nd</sup> December 2016 at which key strategies were agreed and are currently being implemented. The four strategies agreed include: strengthening Community Policing Structures and raising community awareness on prevention of sexual exploitation and abuse, mainstreaming PSEA in the activities of lower police formations, identification and support referral focal persons on PSEA in Police formations and increased situation and program monitoring.

From the 10 drought affected districts that have been prioritised for the protection interventions, PSEA focal persons were identified to provide leadership in the response by Malawi Police Service to PSEA. Awareness sessions have so far reached over 10,000 people with protection messages in the districts.



## Social Protection

UNICEF is contributing to strengthening of linkages between social protection and humanitarian action. In the 2016-2017 food insecurity response, ultra-poor households receiving a basic cash grant under the government-led Social Cash Transfer Programme (SCTP) were automatically included in the humanitarian response caseload.

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<sup>9</sup> Mulanje, Thyolo and Machinga

In support to the Ministry of Finance - Economic Planning and Development division (MoFEPD), UNICEF engages in inter-agency learning from the implementation of the automatic inclusion, together with line ministries, the Cash Working Group, Non-Governmental Organizations, WFP and DFID. Findings will inform the operationalisation of linkages between humanitarian action and social protection during the next response cycle and feed into longer-term processes such as the Malawi National Social Support Programme revision.

With the lean season, and thus the humanitarian food response, coming to an end in March 2017, UNICEF in collaboration with the Cash Working Group and the Food Security Cluster, has furthermore supported MoFEPD with key messages that facilitate target group communication and enhance the communities' understanding of different assistance mechanisms and their respective objectives, lifespans, and transfer values.



## Multi cluster/Sector

UNICEF deployed Unmanned Aircraft Systems (UASs), also known as drones, to support the emergency response to Malawi's recent floods, led by the DoDMA. The aim of the UAS flights is to conduct faster, more efficient and cost-effective assessments of the situation of communities and families following a flood. The first flights went out in TA Pemba's area in Salima to provide aerial footage to help assess the needs of affected families. This was followed by demonstration flights in Lilongwe and Salima.



Salima floods drone footage: February 2017

The UASs are being used to generate aerial images showing damage to roads, buildings, fields, wells and latrines. This information is being analysed by DoDMA to inform their disaster response, by identifying families that have lost homes and crops, and providing shelter and food for these people. Other potential uses of UAVs which will be explored include tracking the movement of displaced people and the delivery of small low weight supplies, such as life vests, for people trapped by flood waters or emergency medical supplies to evacuation centres.

## Communications for Development (C4D)

In 16 drought affected districts, UNICEF has partnered with the Story Workshop Education Trust to mobilise and sensitise communities about nutrition screening targeting 500,000 community members. This is aimed at mobilising and influencing parents/caregivers to have children screened/treated. A series of intra-district fora have been conducted with 750 traditional leaders, who facilitated the drama performances in their areas, and catalysed support from village chiefs, religious leaders and Health Surveillance Assistants. The engagement and interpersonal process is being reinforced through community radio broadcasts, Public Service Announcements (PSAs), and jingles. UNICEF is working with five national radio/ television/media outlets to provide engaging nutrition-based programming, and community-based interaction and monitoring. Additionally, the Centre for Development Communications is mobilising communities on nutrition issues through 'Community Cinema'.

UNICEF has also partnered with Population Service International to increase awareness and knowledge and improve health-seeking practices on cholera prevention, treatment and control (as well as other diarrhoeal diseases) among fishing communities, and hard to reach urban and rural settings in 16 cholera-prone districts.



## Media and External Communication

UNICEF developed and published two stories in Malawi's national media (The Nation and the Sunday Times) on the indirect impacts of the hunger crisis. These included the impact on fishing villages of migration from farming areas, including overfishing, poor sanitation and cholera outbreaks, and the impact on adolescent girls including those forced into early marriage in exchange for a dowry, or into selling sex. UNICEF's support to the government with the deployment of Unmanned Aircraft Systems (drones) to assess and respond to floods was also covered via web and social media.



## Supply and Logistics

UNICEF has established six prepositioning warehouses in high-risk areas thereby ensuring that emergency supplies are conveniently located and readily available to facilitate a speedy response in areas affected by floods or cholera. Supplies valued at \$237,499 were prepositioned in the hubs. In the nutrition sector, UNICEF continued supporting with last mile distribution of Ready to Use Therapeutic Food (RUTF) for children affected by SAM and distributed 6,689 cartons of RUTF in January 2017. Furthermore, UNICEF procured 132 x 72 sqm tents which are expected to arrive in Malawi by the end of March 2017. These tents will be used as temporary learning facilities in schools severely damaged by heavy rains and winds.



## Funding

UNICEF's Humanitarian Action for Children (HAC) requirements for Malawi in 2017 is US\$ 22,593,000. In 2016, only 32 per cent of the funding requirements were raised through the HAC, though additional funding received outside the HAC included US\$ 13,325,217 from regular grants to respond to the emergency situation. UNICEF Malawi wishes to thank the German National Committee for their contribution to the 2017 HAC.

The table below shows the funding status as of 20 February 2017.

| Funding Status as at 20 February 2017* |                   |                   |                   |            |
|--|-------------------|-------------------|-------------------|------------|
| Sector                                 | Requirements      | Funds Available** | Funding Gap       |            |
|  |                   |                   | \$                | %          |
| Health                                 | 2,750,000         | 1,887,595         | 862,405           | 31         |
| Nutrition and HIV/AIDS                 | 14,816,000        | 2,413,059         | 12,402,941        | 84         |
| Water, sanitation and hygiene          | 2,345,000         | 190,295           | 2,154,705         | 92         |
| Child protection                       | 400,000           | 335,839           | 64,161            | 16         |
| Education                              | 2,282,000         | 154,765           | 2,127,235         | 93         |
| <b>Total (US\$)</b>                    | <b>22,593,000</b> | <b>4,981,553</b>  | <b>17,611,447</b> | <b>78%</b> |

\* The figures are provisional and subject to change due to the 2016 year-end financial closure in late January.

\*\* Funds available include funding received against the current appeal as well as carry-forward funds from the previous year (approximately US\$ 4.76 million).

## Next SitRep: 30 April 2017

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## Annex A

## SUMMARY OF PROGRAMME RESULTS 2017

| Sector   | Cluster Response |               | UNICEF and IPs |               |
|--|------------------|---------------|----------------|---------------|
|  | 2017 Target      | Total Results | 2017 Target    | Total Results |
| <b>WATER, SANITATION &amp; HYGIENE</b>   |                  |               |                |               |
| People in humanitarian situations with access to critical hygiene promotion to prevent communicable diseases     | 350,000          | 19,500        | 200,000        | 19,500        |
| People in humanitarian situations accessing safe and sufficient water for drinking, cooking and personal hygiene | 50,000           | 4,732         | 25,000         | 4,732         |
| <b>EDUCATION</b>   |                  |               |                |               |
| Children provided with access to quality education services  | 208,000          | 6,120         | 125,000        | 6,120         |
| Adolescents who are in and out of school accessing relevant alternative education services                       | 41,600           | 5,537         | 25,000         | 5,537         |
| <b>HEALTH</b>  |                  |               |                |               |
| Children aged 6 to 59 months immunized against measles   |                  |               | 214,200        | 0*            |
| Children and women in humanitarian situations provided with access to health care services                       |                  |               | 276,500        | 0**           |
| <b>NUTRITION</b>   |                  |               |                |               |
| Children in humanitarian situations aged 6 to 59 months affected by SAM who are admitted for treatment           | 64,826           | 6,110         | 64,826         | 6,110         |
| Children aged 6 to 59 months provided with Vitamin A supplementation   | 1,105,000        | 0             | 1,105,000      | 0***          |
| <b>CHILD PROTECTION</b>  |                  |               |                |               |
| Children in humanitarian situations access psychosocial support through safe spaces                              | 80,000           | 7,604         | 80,000         | 7,604         |
| Child protection cases recorded at appropriate services  | 1,000            | 80            | 1,000          | 80            |
| <b>HIV and AIDS</b>  |                  |               |                |               |
| Women retained on HIV treatment at 6 months  |                  |               | 10,000         | 0****         |

\*Data is not yet available. Update to be provided in the next report.

\*\*Data is not yet available. Update to be provided in the next report.

\*\*\* The number of children provided with Vitamin A supplementation will be reported after the next campaign slated for the second quarter of 2017.

\*\*\*\*This is retention at 6-months; an update will be provide at mid-year.

## Annex B

## SUMMARY OF PROGRAMME RESULTS 2016

| Sector  | Cluster/Sector Response |               | UNICEF and IPs |               |
|---|-------------------------|---------------|----------------|---------------|
|   | 2016 Target             | Total Results | 2016 Target    | Total Results |
| <b>WASH</b>   |                         |               |                |               |
| Internally displaced persons and host community members provided with safe water as per agreed standards    | 155,000                 | 74,860        | 70,000         | 65,260*       |
| People provided with access to sanitation/temporary latrines  | 155,000                 | 39,110        | 38,750         | 36,460        |
| People benefitted from hygiene promotion campaigns  | 775,000                 | 418,309       | 400,000        | 403,029       |
| <b>EDUCATION</b>  |                         |               |                |               |
| Children provided with access to quality education services   | 208,000                 | 142,847       | 125,000        | 101,764       |
| Adolescents who are in and out of school accessing relevant alternative education services                  | 41,600                  | 18,244        | 25,000         | 18,244        |
| <b>HEALTH</b>   |                         |               |                |               |
| Children aged 6 to 59 months immunized against measles  |                         |               | 453,500        | 307,450       |
| Children provided with access to life-saving curative interventions   |                         |               | 276,250        | 339,972       |
| <b>NUTRITION</b>  |                         |               |                |               |
| Children 6-59 months with SAM enrolled in OTP and NRU programmes  | 65,931                  | 49,378        | 65,931         | 49,378        |
| Children aged 6 to 59 months provided with micronutrient supplementation                                    | 453,500                 | 440,248       | 453,500        | 440,248       |
| <b>CHILD PROTECTION</b>   |                         |               |                |               |
| Child protection cases recorded and referred to appropriate services  | 3,000                   | 2,276         | 3,000          | 2,276         |
| People reached with child protection messages to expand knowledge on protection services and service points | 2,000,000**             | 300,000***    | 500,000**      | 300,000       |
| <b>HIV and AIDS</b>   |                         |               |                |               |
| Women retained on HIV treatment   |                         |               | 10,000         | 5,796****     |
| Adolescents provided with HIV-related information and access to services                                    |                         |               | 100,000        | 17,000****    |

\*Even though the WASH sector is only 10% funded, UNICEF has managed to reach some of its planned results using regular programme funds.

\*\* This includes an adjustment by 29 for September which was not captured as at the time of reporting

\*\*\*The Child Protection cluster target has been pro-rated until the end of 2016 based on the 3,000,000 protection target in the RIASCO Action Plan (May 2016-April 2017) while UNICEF's Child Protection target has been revised from the original HAC to reflect men, women and children, rather than only women and children.

\*\*\*\*HIV has not received funding for the humanitarian response and has had to redirect some of its regular resources to achieve the results reported.