



Drone demonstration at Katayanthona, Kasungu  
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# MALAWI

## Humanitarian Situation Report

January – June 2017



### SITUATION IN NUMBERS

## Highlights

- Results of SMART surveys conducted, in seven livelihood zones, in May 2017 show a slight improvement in nutrition in Malawi, with Global Acute Malnutrition (GAM) prevalence declining from 2.5 per cent in May 2016 to 2.2 per cent in May 2017. Severe Acute Malnutrition (SAM) also declined from 0.5 to 0.3 per cent in the same period.
- Joint Measles-Rubella and Vitamin A supplementation campaigns were implemented in June 2017. Preliminary results show 100 per cent coverage (1,105,000) of the targeted children aged 6-59 months. A corresponding number of children were also de-wormed.
- UNICEF and partners have reached 87,377 people with safe water and 145,657 people with hygiene promotion messages in response to floods in Salima and Karonga districts, as well as cholera prevention and response in Zomba, Phalombe, Nsanje, and Chikhwawa districts.
- Against the 2017 HAC requirement of \$22.5 million, UNICEF currently has a gap of 77 per cent. UNICEF expresses gratitude to all donors for their contribution to the humanitarian response.

**64,826**

Children aged 6 to 59 months in need of treatment for Severe Acute Malnutrition  
*(Estimated caseload for 2017, UNICEF Humanitarian Action for Children (HAC) appeal)*

**90**

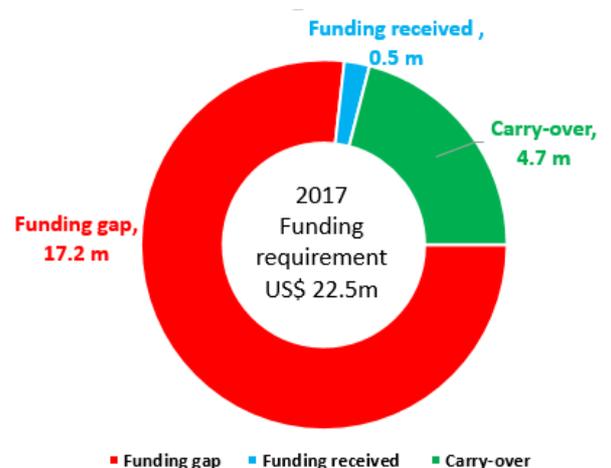
Cholera cases reported with 1 death  
*(Ministry of Health, Weekly Cholera Updates)*

**120,644**

Children under five vaccinated against measles

**UNICEF HAC Appeal 2017**  
**US\$ 22.5 million**

## 2017 Funding Status



	UNICEF		Sector/Cluster	
	UNICEF Target	Total Results*	Cluster Target	Total Results*
<b>WASH</b> : People with access to critical hygiene promotion to prevent communicable diseases	200,000	145,657	350,000	194,255
<b>Education</b> : Children provided with access to quality education services	125,000	99,992	208,000	613,549
<b>Health</b> : Children aged 6 to 59 months immunized against measles	214,200	120,644		
<b>Nutrition</b> : Children aged 6 to 59 months affected by SAM who are admitted for treatment	64,826	29,593	64,826	29,593
<b>Child Protection</b> : Children in humanitarian situations access psychosocial support through safe spaces	80,000	25,958	80,000	25,958
<b>HIV</b> : Women retained on HIV treatment at 6 months	10,000	0		

## Situation Overview & Humanitarian Needs

The nine month humanitarian response to the 2016 drought and hunger crisis, where 6.7 million people received assistance, officially ended on 31 March 2017. An evaluation of the response is underway led by Malawi's Department of Disaster Management Affairs (DoDMA) to identify challenges, best practices and lessons learned. Increased production in the 2016/17 agriculture season is expected to improve food security in many parts of the country, with overall favorable food security outcomes as near average harvests come in. However, households in some areas may not fully recover from the impact of two consecutive years of drought. The food security situation will be clearer once assessment results for this year are released in September.

The May 2017 SMART survey results indicate a stable nutrition situation, compared with last year, with the overall weighted global acute malnutrition (GAM) prevalence at 2.2 per cent<sup>1</sup> and severe acute malnutrition (SAM) prevalence at 0.3 per cent<sup>2</sup> compared to May 2016 when the GAM was 2.5 per cent<sup>3</sup> and SAM was 0.5 per cent<sup>4</sup>. Continued sub-national coordination of the nutrition response is needed, to ensure that gains achieved during the emergency resources are sustained.

Cholera outbreaks were experienced in three districts, all of which border Mozambique which is where the index cases originated.<sup>5</sup> A total of 90 cases and 1 death were recorded between 11 March 2017, when the outbreak started, and 14 June, when the last case was recorded.

Malawi is currently experiencing an influx of asylum seekers from the Democratic Republic of Congo (DRC), as a result of the on-going political and humanitarian situation taking place. It is estimated that 10,000 people may seek refuge in Malawi by the end of the year. Led by the Government of Malawi and UNHCR, an inter-agency mission to assess the state of the reception facilities in Karonga and Chitipa districts will take place in the week beginning 24 July and will form the basis for contingency planning. Meanwhile, Neno district in the southern region is still hosting about 3,000 refugees from Mozambique.

## 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 donors. UNICEF actively participates in the Humanitarian Country Team 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 child protection, education, nutrition, and water sanitation and hygiene (WASH) clusters,<sup>6</sup> while also playing a major role in the Health cluster.

## Humanitarian Strategy

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

In order to respond to any rapid onset crisis in a timely manner, UNICEF has prepositioned stocks in strategically positioned hubs across the country. These include school in a box and recreation kits, early childhood development kits, water treatment chemicals, buckets, soap, plastic sheeting, and cholera beds. These supplies are used to provide immediate assistance to drought and flood affected people, based on requests from the Malawi government and other partners in affected areas.

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<sup>1</sup> 1.7 – 2.8, 95% CI

<sup>2</sup> 0.2 – 0.6, 95% CI

<sup>3</sup> 2.0 – 3.3, 95% CI

<sup>4</sup> 0.3 – 0.9%, 95% CI

<sup>5</sup> The first identified case in a group of related cases of a particular communicable or heritable disease

<sup>6</sup> Although Malawi does not have a formal cluster system, there is a government led coordination system which is led by government and co-led by the UN and/or International NGOs.

## Summary Analysis of Programme Response

### Nutrition

From January to June 2017, over 80 per cent of targeted children in 14 of 24 food insecure districts were screened for malnutrition. Of these, 82,194 were referred for further investigation and 29,593 children were admitted for treatment of severe acute malnutrition (SAM) in 2017, representing a five per cent decrease compared to the corresponding period in 2016 when 30,296 children left the nutrition program. Of these, 28,326 (93.5 per cent) were discharged having recovered and 687 (2.3 per cent) died. Cure, default and death rates were within SPHERE<sup>7</sup> minimum standards (>75 per cent, <15 per cent and <10 per cent respectively).

UNICEF supported monthly distribution of lifesaving therapeutic supplies to the “last-point-of-use” in health facilities, while a robust monitoring of supplies ensured there were no stock-outs during the first six months of 2017. 36,708 cartons of ready-to-use therapeutic food (RUTF) were distributed and pre-positioned to prevent any site based shortages. Integration of RUTF distribution with the routine medical supplies delivery system is underway, as funds are dwindling. Any discontinuation of last-point-of-use supply could lead to future stock outs.

Joint Measles-Rubella, Vitamin A supplementation and de-worming campaigns were implemented in June 2017. Preliminary results show that 1,105,000 children were reached, representing 100 per cent coverage.

### Health

With financial support from UK Aid, UNICEF was able to play a key role in responding to cholera outbreaks and floods. In this reporting period, the following achievements were made:

- a National Cholera Preparedness and Response Plan was developed and endorsed by the Ministry of Health
- A total of 1,789 health workers, 1,832 health surveillance assistants (HSAs), and 1,894 community volunteers were provided with refresher training on cholera case management, integrated disease surveillance and response (IDSR) and Integrated Community Case Management (iCCM) through the Ministry of Health (MoH) and partners.
- The Malaria Alert Center and MoH continue to provide mentorship activities to trained HSAs and community volunteers.
- Supplies (including cholera kits and Ringer’s lactate solution) procured using funds from UK Aid were prepositioned and used in this cholera season.

In addition, oral cholera vaccination (OCV) campaigns were conducted, targeting 40,000 people in Chapananga Traditional Authorities (TA) - Chikhwawa, and 20,000 in Ndamera TA - Nsanje with more than 100 per cent coverage. This exercise will continue throughout July and August to reach the remaining TAs which were not included in the campaign due to limited vaccines.

In the first six months of 2017, 120,644 children under the age of five, living in the 19 cholera prone districts were reached with measles immunization, representing 56.3 per cent of the annual target. In addition, Health Surveillance Assistants reached 133,068 women and children (48.2 percent of annual target) and provided services related to the Integrated Management of Childhood Illnesses (IMCI), and disseminated key health messages on Malaria, Pneumonia, and Diarrhoea.

### Water, Sanitation and Hygiene (WASH)

UNICEF has reached 87,377 people with safe water and 145,657 people with hygiene promotion messages in response to floods in Salima and Karonga districts, as well as cholera prevention and response in Zomba, Phalombe, Nsanje, and Chikhwawa districts.

UNICEF and other members of the WASH cluster provided safe water and hygiene promotion during floods and cholera outbreaks. This helped to contain cholera outbreaks that were experienced in Chikhwawa and Nsanje districts during the months of May and June 2017. In the flood affected district of Karonga, emergency WASH services provided by UNICEF

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<sup>7</sup> The most widely known and internationally recognized sets of common principles and universal minimum standards for the delivery of quality humanitarian response.

through NGO partners and other cluster members also prevented cholera outbreaks. In the cholera-prone Zomba and Phalombe districts, preventive hygiene promotion by UNICEF's NGO partners (United Purpose and Malawi Red Cross) also prevented any outbreak of cholera.

As Cluster Co-Lead, UNICEF supported emergency WASH coordination for the affected districts, and provided support at the national level.

## Education

UNICEF has provided 99,992 children with quality education services during the first half of 2017. This includes support to 1,334 refugee children with early childhood, primary and complementary basic education services. UNICEF is also working with the Jesuit Refugee Council to support the development of ECD services, training of caregivers and the construction of a permanent ECD Facility. UNICEF provided a total of 67 tents in the last two months which have been used as temporary learning spaces, as well as assorted school materials, recreation kits, mobile chalkboards, assorted WASH items and Education and Communication (IEC) materials including leaflets, comic books and posters for 22 schools. These provisions reached 48,186 children (24,052 girls and 24,134 boys) in seven districts of Salima, Mangochi, Karonga, Nsanje, Chikwawa, Thyolo and Lilongwe Rural East affected by storms and floods.

In addition, 35,613 adolescents in and out of school have been reached with alternative education services. This includes 16,246 adolescents in four drought affected districts<sup>8</sup> who were reached with integrated life-skills and livelihood trainings through NGO partners.

## Child Protection

A mission of the Inter Agency Standing Committee (IASC) Task Force on Accountability to Affected Populations / Protection from Sexual Exploitation and Abuse (AA/PSEA) visited Malawi in May. During the mission, a lessons learned workshop on existing complaints and feedback mechanisms was held to inform future work in this area. An in-country Protection from Sexual Exploitation and Abuse Network for Malawi was also launched during this mission. As a result of these capacity building efforts, nine districts have mapped out community based complaints mechanisms, developed referral pathways for managing complaints from affected communities, identified and oriented focal persons, and strengthened coordination among protection stakeholders in implementing community based complaint mechanisms.

During the first half of 2017, UNICEF has reached 14,276 children with psychosocial support in children's corners to deal with the trauma arising out of the effects of the food insecurity. This includes creating space for children to reflect and express their emotions, play, and to increase their awareness on rights to protection, as well as provision of educational support. In addition 3,530 cases of violence were recorded at police victim support units and provided with counselling to deal with the abuse and access justice. These results were achieved through support to Community Child Protection Workers, which is an initiative carried out by the Malawi Police Service and Ministry of Gender, Children, Disability and Social Welfare. Community psychosocial support service provision has improved through the engagement of child protection workers who engage children in "children's corners", which are supported through UNICEF recreation kits. At police-level, victim support services have been strengthened in all police formations, allowing more victims access to services. A new children's corner facilitators' guide has been developed to improve services provided in these centres and will be rolled out in all 2,672 children's corners in the country.

## HIV & AIDS

UNICEF is supporting district health offices and the NGO Mothers to Mothers (M2M) to implement integrated HIV and nutrition services (IHN) to maximize early identification and referral of HIV-exposed children in nutrition centres in three districts – 14 sites each in Chikhwawa, Mangochi and Nsanje districts. IHN services were introduced in Chikhwawa and Mangochi in November 2016, and in Nsanje in January 2017. An increased number of HIV-positive, malnourished children are being newly initiated onto antiretroviral therapy (ART).

As of June 2017	Nsanje	Mangochi and Chikhwawa
Supplementary Feeding Programme (SFP)	HIV testing uptake: 32% Positive results: 7% ART initiation: 77%	HIV testing uptake: 55% Positive results: 4% ART initiation: not available

<sup>8</sup> Dedza, Salima, Mangochi and Chikhwawa

Outpatient Therapeutic Programme (OTP)	HIV testing uptake: 79% Positive results: 11% ART initiation: 73%	HIV testing uptake: 72% Positive results: 8% ART initiation: not available
Nutrition Rehabilitation Unit (NRU)	HIV testing uptake: 96% Positive results: 10% ART initiation: 100%	HIV testing uptake: 80% Positive results: 15% ART initiation: 78%

Overall, major progress in HIV Testing and Counselling (HTC) uptake has been observed in NRUs and OTPs, increasing the likelihood of identifying children suffering from co-morbidities of HIV and malnutrition.

## Social Protection

In support of the Malawi Government, UNICEF led a process to review the decision to automatically grant beneficiaries from the Social Cash Transfer Programme (SCTP) in drought-affected districts with additional food assistance during the lean season. Following this, UNICEF led a workshop to engage all partners in a shared vision on shock-responsive social protection. UNICEF supported the review of emergency food assistance guidelines, ensuring the systematic consideration of all eligible households whether or not they are enrolled in social protection initiatives.

UNICEF's social policy and WASH sections are also working jointly to expand the role of the SCTP pay points to include acting as a communication channel for cholera sensitization.

## Communications for Development (C4d)

In cholera-affected Chikhwawa and Nsanje districts, UNICEF supported civil society organizations to conduct 186 road shows, reaching over 315,000 people. In addition, 131 community dialogues sessions have been conducted reaching 7,448 leaders, and 91 Health Surveillance Assistants reached 9,102 households through door to door visits. UNICEF supported three national radio stations and four local radio stations, reaching 3.6 million people with cholera messages on 1,995 radio spots across 16 districts.

UNICEF completed the second phase of mass screening and referral for treatment of childhood malnutrition in 16 districts. A total of 486,851 community members participated in community dialogues facilitated by over 800 theatre for development groups. Of these, 187,305 were mothers and caregivers of under-five children. Through 162 community cinema and dialogue sessions, 158,700 community members have been reached. Through 140 radio programs complemented by daily jingles and public service announcements (PSA) aired on national and community radios, an estimated six million listeners have been reached with messages on Community Management of Acute Malnutrition services, Infant and Young Child feeding Practices, and hand washing with soap consistently for the past six months.

## Supply and Logistics

Since January 2017, UNICEF provided timely emergency supplies for floods and cholera responses by using the six emergency response hubs located throughout Malawi.

UNICEF continued last mile distributions of Ready to Use Therapeutic Food (RUTF) for children with SAM and distributed 36,708 cartons of RUTF since January. In addition to large scale RUTF distributions UNICEF distributed assorted WASH supplies, soap, water treatment chemicals, plastic sheeting, buckets and Information, Education and Communication (IEC) materials on cholera prevention. To also assist with the cholera response, UNICEF provided one cholera kit to the southern district of Nsanje and prepositioned another kit in the northern district of Mzuzu as a contingency for any outbreak. Cholera kits include injectable drugs, antibiotics, ORS, IV fluids, paracetamol, zinc

In addition to school materials (school-in-a-box and recreation kits) the Education section distributed tents to schools that were damaged by rains and winds in the flood affected areas.

In 2017 the Malawi office also procured a swamp cruiser boat capable of carrying eight passengers or 2.5 MT cargo. This boat will greatly assist with undertaking emergency assessments and delivering lifesaving supplies in flood affected

areas where infrastructures (roads, bridges) have been damaged and access to some flood affected areas is only possible by boat.

## Media and External Communication

In July 2017, the Government of Malawi and UNICEF launched an air corridor to test potential humanitarian use of Unmanned Aerial Vehicles (UAVs), also known as drones. The Humanitarian Drone Testing Corridor will facilitate testing in imagery, transport and connectivity. The launch was covered by national and international media, notably The Nation and Daily Times newspapers (Malawi), AFP BBC, CNN, Reuters, RTL, The Mail and Guardian (South Africa) and Xinhua News (China).

UNICEF also helped raise awareness of the national Measles-Rubella (MR) campaign and UK AID-funded cholera response.

## Funding

UNICEF's funding needs for Malawi under the Humanitarian Action for Children (HAC) appeal in 2017 are US\$ 22,593,000. UNICEF Malawi wishes to thank the German, Japanese and UK Committees for UNICEF for their contributions. The funding gap against the appeal stands at US\$ 17.2 million which is required to respond to the ongoing impact of the prior years' drought as well as for projected drought, flood and disease outbreak response.

Funding Status as at 30 June 2017				
Appeal Sector	Requirements	Funds Available*	Funding Gap	
			\$	%
Health	2,750,000	1,945,761	804,239	29
Nutrition and HIV/AIDS	14,816,000	2,471,226	12,344,774	83
Water, sanitation and hygiene	2,345,000	248,461	2,096,539	89
Child protection	400,000	394,005	65,995	1
Education	2,282,000	212,931	2,069,069	91
Social protection	0	32,216	0	0
<b>Total (US\$)</b>	<b>22,593,000</b>	<b>5,304,602</b>	<b>17,288,398</b>	<b>77</b>

\* 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 Situation Report: 30 September 2017

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# SUMMARY OF PROGRAMME RESULTS

Sector	UNICEF and IPs			Cluster Response		
	2017 Targets	Total results	Change since last report ▲▼	2017 Targets	Total Results	Change since last report ▲▼
<b>WATER, SANITATION &amp; HYGIENE</b>						
People in humanitarian situations with access to critical hygiene promotion to prevent communicable diseases	200,000	145,657	39,838 ▲	350,000	194,255	48,648 ▲
People in humanitarian situations accessing safe and sufficient water for drinking, cooking and personal hygiene	25,000	87,377	11,851	50,000	118,084	15,007 ▲
<b>EDUCATION</b>						
Children provided with access to quality education services	125,000	99,992	61,679 ▲	208,000	613,549	No change
Adolescents who are in and out of school accessing relevant alternative education services	25,000	35,613	5,430 ▲	41,600	35,613	5,430 ▲
<b>HEALTH</b>						
Children aged 6 to 59 months immunized against measles	214,200	120,644	109,856 ▲			
Children and women in humanitarian situations provided with access to health care services	276,500	133,068	59,124 ▲			
<b>NUTRITION</b>						
Children in humanitarian situations aged 6 to 59 months affected by SAM who are admitted for treatment	64,826	29,593	11,082 ▲	64,826	29,593	11,082 ▲
Children aged 6 to 59 months provided with Vitamin A supplementation	1,105,000	1,105,000	1,105,000 ▲	1,105,000	1,105,000	1,105,000 ▲
<b>CHILD PROTECTION</b>						
Children in humanitarian situations access psychosocial support through safe spaces	80,000	25,958	14,276 ▲	80,000	25,958	14,276 ▲
Child protection cases recorded at appropriate services	1,000	6,803	3,530 ▲	1,000	6,803	3,530 ▲
<b>HIV and AIDS</b>						
Women retained on HIV treatment at 6 months	10,000	0****	No change			