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MALAWI

Situation Report

SITUATION IN NUMBERS

6,692,114 million

People are food insecure

3.6 million

Children are food insecure

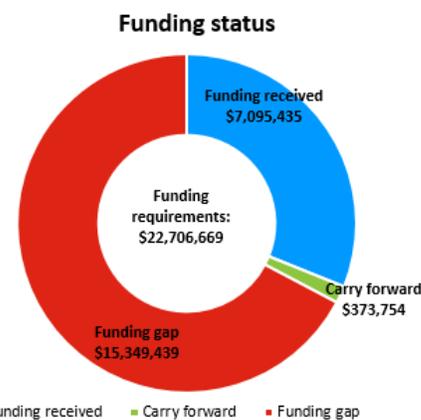
(The Malawi Vulnerability Assessment Committee (MVAC) Food Security Forecast Update: 2016-2017, Bulletin No. 12/16 Volume 2)

1,244,212

Children were screened for malnutrition in November 2016

UNICEF Appeal 2016

US\$22,706,669



* Funds available includes funding received for the current appeal year as well as the carry-forward from the previous year.
 **In view of the substantial underfunding, UNICEF reprogrammed funds (with donor approval) to assist with the response. After this, the funding gap reduced to 14 per cent.

Highlights

- Results from the SMART nutrition survey conducted in December 2016 indicate that the overall national global acute malnutrition (GAM) rate is significantly higher at 4.1% increasing from 2.5% recorded in May 2016 while severe acute malnutrition (SAM) rate is at 0.8% increasing from 0.5% recorded in May. Overall, four out of the seven livelihood zones surveyed are classified as registering poor nutrition status having recorded GAM rates above 5%.
- UNICEF in collaboration with the Ministry of Health conducted a preventive mass oral cholera vaccination from 14-20 November 2016, in areas around cholera prone Lake Chilwa, targeting 90,000 fishermen and surrounding community members within 20 kilometers of the lake.
- An additional 30,967 children under 5 in the drought affected districts have received measles vaccinations since the last report in October 2016 bringing the total number of children vaccinated in 2016 to 307,450.

UNICEF's Response with Partners

UNICEF Malawi Programme Targets & Cumulative Results as of November 2016	Sector/Cluster		UNICEF	
	Cluster Target	Cumulative results	UNICEF Target	Cumulative results
Children 6-59 months with SAM enrolled in OTP and NRU programmes	65,931	49,378	65,931	49,378
Children provided with access to life-saving curative interventions			276,500	339,972
Children aged 6 to 59 months vaccinated against measles			453,500	307,450

Situation Overview & Humanitarian Needs

Results from an October update to the Malawi Vulnerability Assessment Committee (MVAC) report show that there are an additional 200,267 food insecure people in the districts of Kasungu and Ntcheu. The increase which is largely attributed to downward revision of production figures during the third round crop estimates released by the Ministry of Agriculture, Irrigation and Water Development, brings the total number of food insecure people to 6,692,114 people.

Results of the SMART Nutrition survey conducted in December 2016 indicate that the overall national Global Acute Malnutrition (GAM) rate is significantly higher at 4.1% increasing from 2.5% recorded in May 2016 while the Severe Acute malnutrition (SAM) rate is at 0.8% increasing from 0.5% recorded in May. Overall, four out of the seven livelihood¹ zones surveyed have recorded GAM rates above 5% and are thus classified as having registered poor nutrition status. The overall prevalence of diarrhoea has been estimated at 39.7% which is slightly higher than the 37.3% recorded in May. Food security indicators also show a worsening situation with 45% of the households being classified as having inadequate food consumption which is higher than the 33% recorded in May 2016.

The Department of Disaster Management Affairs (DoDMA) is leading the National Contingency Planning process which, according to this year's forecast, will respond to a weak La Nina. The forecast indicates the possibility of normal to above normal rainfall amounts. The Southern part of the country is expected to receive normal to above normal rainfall amounts while the northern half is projected to have normal to below normal rainfall. The forecast further indicates that the areas along the Shire Valley and Lake Shore and other low lying areas are expected to experience floods while the northern half is expected to experience dry spells.

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.

Humanitarian Strategy

UNICEF's humanitarian strategy includes assessment, planning, coordination and response measures, working directly and through Government and NGOs. Multi-sector interventions in health, WASH, nutrition, education and child protection integrate HIV and AIDS and gender dimensions within the response. Communication for knowledge, mobilisation and behaviour change cut across all programme response areas. Two particular areas of focus are malnutrition of children under the age of five and the prevention of disease outbreaks, including cholera.

Wherever possible, UNICEF aims to reduce vulnerability and strengthen resilience to future disasters. To do this, UNICEF works with the Government and communities to take necessary preparedness measures; empower response capacities; and put in place improved infrastructure that is resistant to flooding and to withstand drought. To break the vicious cycle related to the impact of seasonal disasters, UNICEF is strengthening the government's capacity in disaster risk management at national and decentralized levels. UNICEF ensures that agreements with existing partners operating in disaster-prone districts include an emergency response component to facilitate fast and effective response in times of emergency.

¹ Lower Shire Zone at 6.2% compared to 6.6% in May, Lake Chirwa Phalombe Zone at 6.0% doubled from 3.1% in May, Shire Highlands Zone at 5.8% increasing from 4.0% in May and Thyolo-Mulanje Zone at 5.2% increasing from 3.4% in May

Summary Analysis of Programme Response

NUTRITION

As part of the 2016/2017 drought response, UNICEF's implementing partners, in collaboration with district authorities are supporting nutrition mass screening of children 6-59 months. In November 2016 a total of 1,244,212 children from 16 districts were screened out of which 33,502 (4,475 with SAM and 29,027 with MAM) were referred for further treatment and management. This November screening is in addition to the 1,062,519 screened in October 2016 and 827,525 screened in September 2016 in 14 high nutrition risk districts.

A total of 4,091 children under five suffering from SAM were treated during the month of November 2016, representing an overall 109 per cent increase compared to 1,960 children during the same month in 2015. At Nutrition Rehabilitation Units (NRUs), cure rates of 84.7 per cent and mortality rates of 7.8 per cent were registered while at Out Patient Therapeutic Programmes (OTP) cure rates of 92.5 per cent were registered, meeting UNICEF's targets of >75 per cent cure rate and < 10 per cent death rate respectively.

In November, UNICEF supported the last mile distribution of 11,937 cartons of Ready to Use Therapeutic Food (RUTF) to all the service points. This included a 30% buffer stock pre-positioned at District Health Offices for the replenishment of stocks for all accessible OTPs. A total of 153 OTPs sites that are prone to being cut-off due to flooding also received extra RUTF to cover them beyond March 2017.

Education

UNICEF, in collaboration with the Ministry of Education Science and Technology and WFP is strengthening education cluster information management through collection, analysis and dissemination of real time data from primary schools and youth clubs using a network of trained standby emergency teachers, youth and sports officers in 15 drought affected districts.

With UNICEF financial support, 1,500 adolescent girls have successfully completed a 9 month literacy programme in drought affected Chikwawa district. In the other three districts, 3,024 girls continue to access the literacy programme and observations are that those who started without being able to read and write in Chichewa and English are now able to read and write in both subjects.

WASH

During the month of November 2016, UNICEF, through District Councils and NGO partners, supported the construction and rehabilitation of water points that resulted in 8,000 drought affected people having access to potable water. In the same period, UNICEF partners carried out interventions to stimulate the demand for improved toilets in remote and hard to reach areas. This resulted in 7,200 people in drought affected areas using improved toilets.

UNICEF has further developed stand-by programme cooperation agreements with the Malawi Red Cross to assist with immediate emergency responses. Similar partnership agreements are being developed with additional NGO partners to strengthen preparedness and response to the upcoming flooding and cholera (La-Nina) season.

UNICEF, as co-cluster lead, is working with the Ministry of Water and Agriculture, to strengthen cluster coordination at district level by assigning focal NGO partners that will work with local authorities.



Health and HIV

UNICEF, in collaboration with the Ministry of Health (MOH), conducted a preventive mass oral cholera vaccination campaign from 14-20 November 2016 in areas around cholera prone Lake Chilwa, targeting 90,000 fishermen and surrounding community members within 20 kilometres of the Lake. During the first round of the Oral Cholera Vaccination (OCV) campaign, a total of 93,457 people were vaccinated (43,669 male and 49,788 female). Among those vaccinated, 14,596 were children between 1-4 years, 37,668 were 5-15 years and 41,193 were >15 years. The table below shows the distribution of vaccinated individuals by age, sex and districts.

Table 1: Vaccinated individuals by age, sex and districts

	1-4yrs		5-14yrs		>15 yrs.		Total		
	M	F	M	F	M	F	M	F	Total
Machinga	3,894 (47%)	4,319 (53%)	9,251 (49%)	9,632 (51%)	8,510 (42%)	11,964 (58%)	21,655 (46%)	25,915 (54%)	47,570 (51%)
Zomba	3,229 (51%)	3,154 (49%)	9,181 (49%)	9,604 (51%)	9,604 (46%)	11,115 (54%)	22,014 (48%)	23,873 (52%)	45,887 (49%)
Total	7,123 (49%)	7,473 (51%)	18,432 (49%)	19,236 (51%)	18,114 (44%)	23,079 (56%)	43,669 (47%)	49,788 (53%)	93,457 (100%)

Access to essential health services for vulnerable children under 5 years and women in child bearing age groups in drought affected districts continue to be supported by UNICEF. In November, 79,035 children were assessed, tested and treated for malaria, diarrhoea, Acute Respiratory Infections (ARIs) and other conditions. Mothers/caregivers received health promotion messages on child growth and development and early care seeking practices. In addition, 30,967 children under 5 years received measles vaccinations.

UNICEF also continued to track the national uptake of HIV testing in the Community Management of Acute Malnutrition Program. 67% of children admitted in CMAM were tested for HIV. The testing rates are high in NRU (76%) and OTP (71%) as compared to SFP (54%). HIV positivity in CMAM is at 7% with NRU recording the highest (11%), OTP (7%) and SFP (4%). Initiation rates are at 86%.

In the districts of Chikwawa and Mangochi, mentor mothers based at health facilities pre-screened a total of 1,161 infants aged between 6 to 24 months. Of these 58 were referred for confirmatory assessment from which 50 were diagnosed with malnutrition and were admitted in the CMAM program. In addition, Mentor Mothers based in the community assessed 991 infants for malnutrition and 157 were referred for confirmatory assessment; of these, 59 were confirmed malnourished and admitted in the CMAM programme. Mothers of infants with mild malnutrition were counselled on nutrition and HIV. A total of 15,965 women, both HIV-negative and positive clients, had a one-on-one interaction with a mentor mothers during their initial and return visits. The mentor mothers also interacted with 1,405 couples for HIV testing and counselling. They counselled 767 new HIV-positive women on HIV, Infant and Young Feeding (IYCF), Early Infant diagnosis of HIV (EID), nutrition, Prevention of Mother to Child Transmission (PMTCT) of HIV, Male Engagement, and couple and family-centred HIV testing.



Child Protection

In 10 drought affected districts², various interventions aimed at preventing and reducing violence are currently being implemented. These include awareness on violence, strengthening the child protection structures and workforce to respond to violence, strengthening coordination and information management, empowering children to prevent themselves from violence and communities to demand accountability during humanitarian response. In Machinga, Zomba and Mangochi, Community Victim Support Unit (CVSU) committees have been revamped to provide counselling and referral of victims to appropriate services. In addition, CVSU offices in Machinga and Mangochi have been improved for provision of quality services.

² Nsanje, Chikwawa, Balaka, Blantyre, Machinga, Chiradzulu, Zomba, Mangochi, Phalombe and Mulanje

In November 2016, 42 children survivors of violence received care and support through Police Victim Support Units in the 10 districts. At community children survivors of violence are being supported by Government Community Child Protection Workers through case management.

A Violence Against Children (VAC) campaign focusing on radio and community outreach is currently being implemented through UNICEF partnership with two civil society organisations. This is significantly improving demand for child protection services and influencing positive social and cultural practices in the country.

UNICEF is also offering technical support to the Protection Cluster to establish the humanitarian accountability framework and has partnered with civil society organisations (Link for Citizen Empowerment and Mhub) to implement a program aimed at creating a nationwide coherent Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse (AAP-PSEA) mechanism that will among others support affected communities are involved in the entire humanitarian programming. Both Link and Mhub have been trained on PSEA and Humanitarian Assistance and the 23 participants have all signed the Statement of Commitment on Eliminating Sexual Exploitation and Abuse.

Mobile reporting has also been introduced in all the 34 police stations in the country to enhance information management. In addition, child protection workers in Balaka, Zomba, Blantyre, Chikwawa and Nsanje have been empowered to report caseloads for victims of violence in community victim support units and to provide psychosocial support in children's corners using SMS.



Social Protection

UNICEF has been advocating for, and supporting the creation of linkages between social protection and the humanitarian response. The Humanitarian Response Committee agreed that the 132,916 ultra-poor households receiving a basic cash grant under the government-led Social Cash Transfer Programme (SCTP) be included in the drought response caseload for 2016-2017. It was also agreed that SCTP beneficiaries automatically receive full rations, be it cash-based or food-based, in line with other MVAC beneficiaries. The policy is being implemented by DoDMA, Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW), WFP and the INGO Consortium.

To support the implementation of the policy decision, UNICEF collaborated with stakeholders of the Cash Working Group to develop standard operating procedures and key messages that harmonize information sharing, promote transparency and support community cohesion.

In addition, the use of the Unified Beneficiary Registry (UBR) as a basis for initial targeting of beneficiaries for humanitarian assistance is being tested in two districts (Dedza and Nkhata Bay). The UBR is used to collect socio-economic data for the 50% poorest individuals, for harmonized targeting of the Malawi National Social Support Programme. UNICEF is part of a multi-partner effort to assess and learn lessons from this initiative, to see how humanitarian and development systems can be better aligned and the social protection system can better respond to shocks, such as drought and floods.



Communication for Development (C4D)

UNICEF partnered with the Development Broadcasting Unit (DBU) of Malawi Broadcasting Corporation from October-early November 2016, to conduct a qualitative vulnerability and resilience assessment in two traditional authorities (T/As) in the lower shire of Malawi. The key findings were: (a) women and children are the most affected groups when it comes to flood disasters; (b) communities lack timely information on impending floods disaster; (c) limited knowledge on women and children rights; and low quality of education in the areas where the study was conducted; (d) challenge with access to health services for pregnant women; and (e) immunisation services are a challenge due to impassable roads, lack of vaccines and sometimes absence of health workers. As a coping mechanism, communities have resorted to having second homes in the upland areas where they could move to should they experience flooding in the homes that are close to river banks.

UNICEF has engaged the Story Workshop Education Trust (SWET) and Centre for Communication Development (CDC) to mobilise and raise awareness among caregivers in the 16 food insecure districts on the importance of taking their children for nutrition screening. Both organisations are currently conducting assessments to inform the interventions. Printing of health-related information, Education and Communication (IEC) is also underway. 84,000 posters and 415,000 leaflets and counselling charts are under production and will be used to reinforce verbal-information provided in NRUs and feeding centres on three key hygiene practices. The materials will be used by both the community and health care workers.

Funding

In view of substantial underfunding against its appeal of US\$ 22,706,669, UNICEF re-programmed funds (with donor approval) to assist with the response so as achieve significant progress against planned results. After this re-programming of funds, the funding gap reduced to 14 per cent.

The humanitarian funding overview detailed in the table below includes US\$ 373,755 carry-forward from 2015, due to multi-year funding planned for 2016/2017 implementation. UNICEF wishes to express its sincere gratitude to all public and private donors including the Government of the United Kingdom and Northern Ireland through DFID, German Committee for UNICEF, the Government of Japan, USAID/Food for Peace for the and Republic of Korea contributions so far received. Continued donor support is critical to maintain and scale up the response as the country continues to respond to the El Nino induced drought effects in the first quarter of 2017 and prepares for a potential response to floods that may occur during the current rainy season.

UNICEF Malawi Funding Requirements (as defined in Humanitarian Appeal)				
Appeal Sector	Requirements	Funds available*	Funding gap	
			\$	%
Nutrition	13,971,681	5,465,790	8,505,891	61%
Health	1,493,751	691,300	802,451	54%
WASH	3,479,520	364,500	3,115,020	90%
Child Protection	360,000	35,640	324,360	90%
Education	2,451,717	0	2,451,717	100%
HIV and AIDS	150,000	0	150,000	100%
Cluster/Sector Coordination	800,000	911,959	0	0%
Total	22,706,669	7,469,189	15,349,439	68%**

* Funds available includes funding received against the current appeal as well as carry-forward (\$373,755) from the previous year.

** The funding gap reduced to 14% after re-programming of funds.

Next SitRep: 28 February 2017

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SUMMARY OF PROGRAMME RESULTS

Sector	Cluster/Sector Response			UNICEF and IPs		
	2016 Target	Total Results	Change since last report ▲▼	2016 Target	Total Results	Change since last report ▲▼
WATER, SANITATION & HYGIENE						
Internally displaced persons and host community members provided with safe water as per agreed standards	155,000	74,860	▲ 8,000	70,000	65,260*	▲ 8,000
People provided with access to sanitation/temporary latrines	155,000	39,110	▲ 7,200	38,750	36,460	▲ 7,200
People benefitted from hygiene promotion campaigns	775,000	418,309	No change	400,000	403,029	No change
EDUCATION						
Children provided with access to quality education services	208,000	142,847	41,407	125,000	101,764	825
Adolescents who are in and out of school accessing relevant alternative education services	41,600	18,244	5,898	25,000	18,244	18,244
HEALTH						
Children aged 6 to 59 months immunized against measles				453,500	307,450	▲ 30,967
Children provided with access to life-saving curative interventions				276,250	339,972	▲ 79,035
NUTRITION						
Children 6-59 months with SAM enrolled in OTP and NRU programmes	65,931	49,378	▲ 7,870	65,931	49,378	▲ 7,870**
Children aged 6 to 59 months provided with micronutrient supplementation	453,500	440,248	No change	453,500	440,248	No change
CHILD PROTECTION						
Child protection cases recorded and referred to appropriate services	3,000	2,276	548	3,000	2,276	No change
People reached with child protection messages to expand knowledge on protection services and service points	2,000,000**	300,000***	▲ 100,000	500,000**	300,000	No change
HIV and AIDS						
Women retained on HIV treatment				10,000	5,796****	No change
Adolescents provided with HIV-related information and access to services				100,000	17,000****	No change

*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.