Highlights

* An overall emergency Malawi food insecurity response plan has been developed and released under the leadership of the Department Of Disaster Management Affairs (DoDMA), with active participation from all cluster.

* The overall plan is targeting **6.5 million people** in 24 of the most affected districts and requires US $380 million. The appeal currently has a gap of US $313 million.

* 436,666 people are in need of nutritional response which includes: 77,263 Severely Acute Malnourished (SAM) children; 81,205 Moderately Acute Malnourished (MAM) children; 80,798 malnourished Pregnant and Lactating Women (PLW); and 97,400 malnourished adults living with HIV and TB.

* The Malawi Nutrition Cluster’s total requirements for Food Insecurity Response Plan is (US$) 29.1 million for the period of July 2016 to March 2017. Out of that the Confirmed pledges are $ 25.4 million with the Resource Gap of US $ 3.7 million.

Mass Screenings and mobilization activities to continue in all 28 districts, Malawi nutrition cluster aims to save the lives of malnourished under-five children through early case identification and referral for treatment of moderate and severe acute malnutrition.

UNICEF and Ministry of Health has conducted a consultative review of phase-I response with major stakeholders /partners. All lesson learns have been considered to be addressed and best practices to be carried forward in phase-II nutrition drought response implementation.

SMART survey report released and endorsed by the Government of Malawi and Nutrition Cluster.

Nutrition in Emergencies Trainings planned in August for all districts in the country.

### Life Saving Nutrition Response In Drought Emergency Phase II

**The response will have six components:**

I. Treatment of Moderate and Severe Acute Malnutrition in children 6 months to 59 months old. This will be achieved through provision of corn soy blend (CSB) and therapeutic foods like RUTF, F75, F100, and ReSoMal in line with the CMAM guidelines. This will also include strengthening of monitoring mechanisms at district level for emergency response and system strengthening for supply and logistics of commodities at national and district level.

II. Treatment of Moderate and Severe Malnutrition in adolescents and adults, especially HIV and TB patients. This will be achieved through the provision of fortified blends and therapeutic foods in line with the PLW and NCST for adolescents and adults.

III. Strengthening community mobilization and outreach to ensure early detection and referral of severe acutely malnourished children aged 6-59 months old. This aims to increase coverage and maximize effectiveness of treatment as a basis for scaling up high impact nutrition interventions.

IV. Strengthening and creating storage facilities (small warehouses) in at least 10 facilities for preposition of nutrition supplies i.e. buffer stock

V. Strengthening the data and surveillance system for food and nutrition security.

VI. Safety net program for People Living with HIV (PLHIV). This is aimed at improving the household food security and will be given during the emergency response. There are various transfer modalities which can be used to achieve this including food transfers, voucher and cash transfers as per the recommendations from the market assessments. For the purpose of this concept cash transfers have been planned. The planned cash transfer is equivalent to a household ration of 50kg cereal, 10kg pulses and 2 liters of vegetable oil, enough to cover a household of 5 people.

**Funding**– In Humanitarian Response plan Current funding gap is 14% ($3.7 million) 86% funded with $25 million.

**Human Resources**- At district level Health Surveillance Assistants (HAS) will conduct the mass screening and referrals, while implementing partners in collaboration with UNICEF field monitors and district nutrition coordination committees will provide supportive supervision for activities on ground. While Department of Nutrition HIV and AIDS (DNHA), Ministry of Health (MoH), United Nations Children Fund (UNICEF) and World Food Program (WFP) will support the response with dedicated field based program and coordination staff.

**Supplies**- UNICEF will make sure that supplies reached to the children through last mile approach for all the targeted OTPs, NRUs and supplies required for Child Health Days (CHD) campaign.

WFP will support the supplies component for SFPs and nutrition supplies required for Nutrition Care Support and Treatment (NCST) program.

**Partnerships**- UNICEF and DNHA have established the partnership agreements with I/NGO partners for the implementation of mass screening and nutrition mobilization activities in 28 districts.
Survey Objectives:

∗ To estimate the prevalence of acute malnutrition among children aged 6-59 months in flood and drought affected areas in Malawi.

∗ To estimate the prevalence of underweight among children aged 6-59 months in flood and drought affected areas in Malawi.

∗ To estimate morbidity rates (ARI, Fever and Diarrhea) among children 6-59 months two weeks prior to the survey in flood and drought affected areas in Malawi.

∗ To determine the proportion of children 6-59 months that have received Vitamin A in the flood and drought affected areas in Malawi.

∗ To determine the household food security in the flood and drought affected areas in Malawi.

Results:
The results indicate a significant variation in the nutrition situation by livelihood zone ranging from acceptable in six livelihood zones and poor in Lower Shire Zone. Lower Shire recorded the highest GAM Prevalence of 6.6% while Chitipa-Karonga/Mzimba recorded a prevalence of 1.1%. The SAM Prevalence ranged between 0.3% and 0.9%. The Southern Region recording a Weighted GAM Prevalence of 4.8% while the Northern/Central Region recorded a Weighted GAM of 1.2%.

Conclusions:
The overall nutrition situation in all the five livelihood zones surveyed in 2015 and again in 2016 has deteriorated with significant worsening of the nutrition situation observed in three livelihood zones i.e. Lower Shire, Shire Highlands and Lake Chirwa Phalombe Plain.

Given that the survey was done during the post-harvest season, then the situation is likely to deteriorate further with the on-set of the lean season from August.

Recommendations:

∗ Intensive nutrition surveillance should continue and be optimized in order to continue monitoring the nutrition situation.

∗ The country should also consider doing another round of SMART Survey during the lean period (October 2016 – February 2017).

∗ The delivery of the nutrition interventions should continue.

∗ The survey recommends for the need of multi-sectorial intervention/approach in averting the food insecurity in the country.

∗ Recording of Vitamin A Supplementation in Health Passports should be strengthened.

Malnutrition Severity Map In Malawi
LINKING CMAM WITH SAFETY NET AND OTHER CHILD SURVIVAL PROGRAMS IN BALAKA DISTRICT

**Balaka** has a total population of 409,420 individuals with 70,078 children under five years of age. During the mass screening drive, 46,637 children were screened while 610 Severely Acute Malnourished (SAM) children were admitted in OTPs and NRUs, while 2197 children were admitted in SFPs with Moderate Acute Malnutrition condition. **UNICEF** is supporting the strengthening of communities through convergence of emergency nutrition program with the Social Cash Transfer Program (SCTP) which aims to reduce poverty and hunger in vulnerable, labour-constrained and ultra-poor households and increasing child school enrolment. Currently, UNICEF through the help of the district social welfare office and Ministry of Health, has managed to link 4 Severely Acute Malnourished Children under 5 from SCTP households to CMAM services and others households have been linked to care groups within their communities. The Social Cash Transfer Program (SCTP) in Balaka has an enrollment of 8,351 households (38,566 people); which includes Infants and young children, school going children, pregnant and lactating mothers. Linking will aid in providing long lasting solutions to the multiple varied vulnerabilities and exclusions that families living in ultra-poverty, food insecure and labour constrained situation. It is also supporting the vulnerable children to remain healthy and not to suffer by malnutrition and reducing relapse rates.

The social welfare office provides the list of households of SCT households with under 5 children. Once UNICEF nutrition field monitor, Mr. Misheck identifies the households along with in charge HAS, the under five children are screened and referred to nearest CMAM facility; if the nutrition status is not satisfactory or at risk, the caregivers are counselled and linked to protection groups like a care group in the community.

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**Care Group Volunteer Empowers a Mother to Fight Child Malnutrition**

**Neno, Malawi**—With pride and hope in her eyes, Alinafe Kapito shows off her three-month-old healthy bouncing baby girl Lucy. Such a gesture is expected from a mother who two years ago almost lost her first born child due to malnutrition. Her baby was saved thanks to Ethel Pembere, a health promoter on maternal, infant and young child nutrition. Ethel is part of the Chikalema Care Group, formed by the Neno District Council supported by UNICEF. It was Ethel who shared information on infant and young child feeding with Alinafe and contributed to saving the life of her first child and changed her experience with her second child.

Born and bred in Chikalame Village, Traditional Authority Dambe, Neno District, Alinafe dropped out of school in Standard Three before she could read and write. When she got married and then pregnant with her first child, the only knowledge on child care she received was from her mother. During pregnancy, Alinafe never visited the health facility for antenatal care, and was unaware of the availability of the service. Upon noting birth signs, like her mother, Alinafe was rushed to the traditional midwife. She almost lost her and that of her baby’s during delivery as a result of birth complications.

Once she recovered, Alinafe breastfed her baby for the first three months but then stopped because she was not producing enough milk. Her baby soon became malnourished. She was constantly sick, underweight and later developed oedema on both feet.
The 20 May 2015, is a day that Alinafe cannot forget because it was the day she received a visit from a care group volunteer named Ethel Pembere. Ethel saw Alinafe’s child and instantly encouraged her to take the baby to the health facility where she was screen and then admitted for Severe Acute Malnutrition. When the baby was released from hospital, Ethel paid follow up visits to Alinafe and advised her on good maternal, infant and young child nutrition and hygiene practices. She explained to Alinafe the importance of antenatal care during pregnancy, proper nutrition during pregnancy, exclusive breastfeeding of children during the first six months of life, complementary feeding after 6 months with continued breastfeeding and good hygiene practices.

Alinafe followed the Ethel’s advice. Today, Alinafe’s son is in good health and progressing well. Alinafe gave birth to another child, Lucy, with whom she observed good maternal, infant and young child nutrition practices from pregnancy. Currently, three months old, Lucy is a healthy baby weighing 6 Kgs. Alinafe was so inspired by the transition in her first child’s life that she joined the care group and is now educating other mothers on maternal, infant and young child nutrition. The Chikalema Care Group has been supported by UNICEF to strengthen the delivery of community based health surveillance assistants (HSAs) by providing them with trainings in disseminating messages on maternal, infant and child nutrition and Scaling up Nutrition (SUN) tools. This intervention, along with other interventions and behaviour change communication are aimed at fighting malnutrition.